This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

2-9-22

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT
22
\$
ALLOCATION NUMBER

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α                    | ACCO     | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
|----------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                      |          | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
|                      |          | Barcode Data Filing Period (optional - see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| Accounting<br>Period |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| В                    |          | Instructions:<br>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of<br>the subsidiary, not that of the parent corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| Owner                |          | List any other name or names under which the owner conducts the business of the cable system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|                      |          | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                      |          | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9888       |
|                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                      |          | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|                      | -        | GCI Communication Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
|                      |          | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|                      |          | MAILING ADDRESS OF OWNER OF CABLE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|                      |          | 2550 Denali Street, Ste. 1000<br>(Number, street, rural route, apartment, or suite number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
|                      |          | Anchorage, AK 99503-2751<br>(City, town, state, zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
|                      | INCT     | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | laga thaga |
| С                    |          | s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space and the system of |            |
| System               | 1        | IDENTIFICATION OF CABLE SYSTEM:<br>GCI Cable, Inc Juneau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|                      |          | MAILING ADDRESS OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
|                      | 2        | 8390 Airport Rd., Ste. 101<br>(Number, street, rural route, apartment, or suite number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
|                      | -        | Juneau, AK 99801<br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|                      | <u> </u> | ICITY, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| Name              | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SYSTEM ID# |  |  |  |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|--|
| Nume              | GCI Communication Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9888       |  |  |  |  |
| D                 | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified |            |  |  |  |  |
| Area<br>Served    | city.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |  |  |  |
|                   | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE      |  |  |  |  |
| First             | Juneau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AK         |  |  |  |  |
| Community         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
| Rows as Necessary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |  |  |

|                           | LEGAL NAME OF OWNER OF CA                                                                                                                                                                                                                      | ABLE SYSTEM:                                                                                                          |           |                  |            |                 |             | SYS                   | TEM ID |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|------------------|------------|-----------------|-------------|-----------------------|--------|
| Name                      | GCI Communication Corp                                                                                                                                                                                                                         |                                                                                                                       |           |                  |            |                 |             |                       | 988    |
|                           | SECONDARY TRANSMISSION                                                                                                                                                                                                                         | SERVICE: SL                                                                                                           | IBSCRIP   |                  | TES        |                 |             |                       |        |
| Е                         | n General: The information in space E should cover all categories of secondary transmission service of the cable                                                                                                                               |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           |                                                                                                                                                                                                                                                | ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information |           |                  |            |                 |             |                       |        |
| Secondary<br>Transmission | bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the<br>ast day of the accounting period (June 30 or December 31, as the case may be).                                        |                                                                                                                       |           |                  |            |                 |             |                       |        |
| Service: Sub-             | Number of Subscribers: Both                                                                                                                                                                                                                    |                                                                                                                       |           |                  |            |                 | able system | n, broken             |        |
| scribers and              | down by categories of secondary                                                                                                                                                                                                                | , transmission                                                                                                        | service.  | In general, you  | can com    | pute the numb   | er of subso | ribers in             |        |
| Rates                     | each category by counting the n                                                                                                                                                                                                                | •                                                                                                                     |           | <b>U I I</b>     |            | •               | •           | s charged             |        |
|                           | separately for the particular serv<br>Rate: Give the standard rate c                                                                                                                                                                           |                                                                                                                       |           |                  |            |                 |             | and the               |        |
|                           | unit in which it is generally billed                                                                                                                                                                                                           | -                                                                                                                     | -         | •                |            |                 |             | -                     |        |
|                           | category, but do not include disc                                                                                                                                                                                                              | · · ·                                                                                                                 | ,         |                  | y otanidai |                 |             |                       |        |
|                           | Block 1: In the left-hand block                                                                                                                                                                                                                | •                                                                                                                     |           | •                |            | -               |             |                       |        |
|                           | systems most commonly provide that applies to your system. <b>Not</b>                                                                                                                                                                          |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | categories, that person or entity                                                                                                                                                                                                              |                                                                                                                       |           | -                |            | -               |             |                       |        |
|                           | subscriber who pays extra for ca                                                                                                                                                                                                               |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | first set" and would be counted o                                                                                                                                                                                                              |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Block 2: If your cable system                                                                                                                                                                                                                  | -                                                                                                                     |           | •                |            |                 |             |                       |        |
|                           | printed in block 1 (for example, t<br>with the number of subscribers a                                                                                                                                                                         |                                                                                                                       |           |                  |            | ,               | ,,          | , 0                   |        |
|                           | sufficient.                                                                                                                                                                                                                                    |                                                                                                                       | c ngnt-ne | and block. A two | 5- 01 1110 |                 |             |                       |        |
|                           | BLC                                                                                                                                                                                                                                            | DCK 1                                                                                                                 |           |                  |            |                 | BLOC        |                       |        |
|                           | CATEGORY OF SERVICE                                                                                                                                                                                                                            | NO. OF<br>SUBSCRIB                                                                                                    |           | RATE             | CATE       | GORY OF SE      | RVICE       | NO. OF<br>SUBSCRIBERS | RAT    |
|                           | Residential:                                                                                                                                                                                                                                   |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Service to first set                                                                                                                                                                                                                           |                                                                                                                       | 2,550     | \$16.37          |            |                 |             |                       |        |
|                           | <ul> <li>Service to additional set(s)</li> </ul>                                                                                                                                                                                               |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | • FM radio (if separate rate)                                                                                                                                                                                                                  |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Motel, hotel                                                                                                                                                                                                                                   |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Commercial                                                                                                                                                                                                                                     |                                                                                                                       | 106       | \$15.70          |            |                 |             |                       |        |
|                           | Converter                                                                                                                                                                                                                                      |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Residential                                                                                                                                                                                                                                    |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | Non-residential                                                                                                                                                                                                                                |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | SERVICES OTHER THAN SEC                                                                                                                                                                                                                        | ONDARY TRA                                                                                                            | NSMISS    |                  |            |                 |             |                       | •      |
| -                         | In General: Space F calls for rat                                                                                                                                                                                                              |                                                                                                                       |           |                  | pect to a  | l your cable sy | stem's ser  | vices that were       |        |
| F                         | not covered in space E, that is, t                                                                                                                                                                                                             |                                                                                                                       |           |                  |            |                 |             |                       |        |
| Services                  | service for a single fee. There ar<br>furnished at cost or (2) services                                                                                                                                                                        |                                                                                                                       |           |                  |            |                 |             |                       |        |
| Other Than                | amount of the charge and the ur                                                                                                                                                                                                                |                                                                                                                       |           |                  |            |                 |             |                       |        |
| Secondary                 | enter only the letters "PP" in the                                                                                                                                                                                                             | rate column.                                                                                                          |           |                  |            | 0               |             | •                     |        |
| ransmissions:             | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.                                                                                                                                        |                                                                                                                       |           |                  |            |                 |             |                       |        |
| Rates                     | <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           | listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.                                                    |                                                                                                                       |           |                  |            |                 |             |                       |        |
|                           |                                                                                                                                                                                                                                                | BLO                                                                                                                   |           |                  |            |                 |             | BLOCK 2               |        |
|                           | CATEGORY OF SERVICE                                                                                                                                                                                                                            |                                                                                                                       |           | ORY OF SERV      | ICF        | RATE            | CATEG       | ORY OF SERVICE        | RAT    |
|                           | Continuing Services:                                                                                                                                                                                                                           | TUTE                                                                                                                  |           | tion: Non-resid  |            | TUTE            | O, TEO      |                       |        |
|                           | • Pay cable                                                                                                                                                                                                                                    | \$20.90                                                                                                               | • Mote    | el, hotel        |            |                 | Digital     | Converter             | 5.     |
|                           | • Pay cable—add'l channel                                                                                                                                                                                                                      |                                                                                                                       |           | mercial          |            |                 | Tier 2      |                       | \$61   |
|                           | Fire protection                                                                                                                                                                                                                                |                                                                                                                       |           | cable            |            |                 | Digital     | Tiers                 | 14.    |
|                           | •Burglar protection                                                                                                                                                                                                                            |                                                                                                                       |           | cable-add'l cha  | innel      |                 |             |                       |        |
|                           | Installation: Residential                                                                                                                                                                                                                      |                                                                                                                       |           | protection       |            |                 | DVR Tu      | uner                  | 14.    |
|                           | • First set                                                                                                                                                                                                                                    | 25.50                                                                                                                 | • Burg    | lar protection   |            |                 |             |                       |        |
|                           | <ul> <li>Additional set(s)</li> </ul>                                                                                                                                                                                                          | 15.00                                                                                                                 | Other s   |                  |            |                 |             |                       |        |
|                           | • FM radio (if separate rate)                                                                                                                                                                                                                  |                                                                                                                       | • Rec     | onnect           |            | 20.00           |             |                       |        |
|                           | Converter                                                                                                                                                                                                                                      |                                                                                                                       | • Disc    | onnect           |            |                 |             |                       |        |
|                           | Converter                                                                                                                                                                                                                                      |                                                                                                                       |           | onnoot           |            | I               |             |                       |        |
|                           |                                                                                                                                                                                                                                                |                                                                                                                       | • Outl    | et relocation    |            | 20.00           |             |                       |        |

|                                    | LEGAL NAME OF OWNER O                                                                                                                                    | OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       | SYSTE                                                                                                                         |  |  |  |  |  |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Name                               | GCI Communication                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                                                                                                               |  |  |  |  |  |  |
|                                    | PRIMARY TRANSMITTERS:                                                                                                                                    | PRIMARY TRANSMITTERS: TELEVISION                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                               |  |  |  |  |  |  |
| G                                  | carried by your cable syste<br>FCC rules and regulations                                                                                                 | entify every television station (including tr<br>em during the accounting period, <i>except</i> (<br>in effect on June 24, 1981, permitting the                                                                                                                                                                                   | <ol> <li>stations carried only on a part-tine</li> <li>carriage of certain network progra</li> </ol>                                                  | me basis under<br>ams [sections                                                                                               |  |  |  |  |  |  |
| Primary<br>nsmitters:<br>elevision | substitute program basis, a Substitute Basis Stations                                                                                                    | (e)(2) and (4), or 76.63 (referring to 76.61)<br>as explained in the next paragraph.<br><b>s:</b> With respect to any distant stations car                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                               |  |  |  |  |  |  |
|                                    |                                                                                                                                                          | rules, regulations, or authorizations:<br>re in space G—but do list it in space I (the<br>n a substitute basis.                                                                                                                                                                                                                   | e Special Statement and Program L                                                                                                                     | _og)—if the                                                                                                                   |  |  |  |  |  |  |
|                                    | basis. For further informati<br><b>Column 1:</b> List each statio                                                                                        | also in space I, if the station was carried<br>ion concerning substitute basis stations, s<br>on's call sign. <i>Do not</i> report origination pro                                                                                                                                                                                | see page (v) of the general instruction ogram services such as HBO, ESP                                                                               | ions.<br>PN, etc. Identify each                                                                                               |  |  |  |  |  |  |
|                                    | "WETA-2" as the same on<br>Column 2: Give the chann                                                                                                      | nel number the FCC assigned to the televi                                                                                                                                                                                                                                                                                         | <b>c</b>                                                                                                                                              |                                                                                                                               |  |  |  |  |  |  |
|                                    | Column 3: Indicate in each<br>educational station, by enter<br>(for independent multicast)<br>For the meaning of these to<br>Column 4: Give the location | VRC is channel 4 in Washington, D.C.<br>h case whether the station is a network st<br>ering the letter "N" (for network), "N-M" (fo<br>), "E" (for noncommercial educational), or<br>erms, see page (iv) of the general instruc<br>on of each station. For U.S. stations, list th<br>adian stations, if any, give the name of the | or network multicast), "I" (for indepe<br>"E-M" (for noncommercial educatio<br>tions in the paper SA1-2 form.<br>the community to which the station i | endent), "I-M"<br>onal multicast).<br>is licensed by the                                                                      |  |  |  |  |  |  |
|                                    | 1. CALL SIGN                                                                                                                                             | 2. B'CAST CHANNEL NUMBER                                                                                                                                                                                                                                                                                                          | 3. TYPE OF STATION                                                                                                                                    | 4. LOCATION OF STATION                                                                                                        |  |  |  |  |  |  |
|                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                       |                                                                                                                               |  |  |  |  |  |  |
|                                    | K.JUD                                                                                                                                                    | 8.1                                                                                                                                                                                                                                                                                                                               | Ν                                                                                                                                                     | Juneau, AK                                                                                                                    |  |  |  |  |  |  |
|                                    | KJUD<br>KJUD-2                                                                                                                                           | 8.1                                                                                                                                                                                                                                                                                                                               | N<br>I-M                                                                                                                                              | Juneau, AK<br>Juneau, AK                                                                                                      |  |  |  |  |  |  |
| we as Necessary                    | KJUD<br>KJUD-2<br>KJUD-3                                                                                                                                 | 8.1<br>8.2<br>8.3                                                                                                                                                                                                                                                                                                                 | N<br>I-M<br>I-M                                                                                                                                       | Juneau, AK                                                                                                                    |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3                                                                                                                                         | 8.2<br>8.3                                                                                                                                                                                                                                                                                                                        | I-M<br>I-M                                                                                                                                            | Juneau, AK<br>Juneau, AK                                                                                                      |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH                                                                                                                                 | 8.2<br>8.3<br>35.1                                                                                                                                                                                                                                                                                                                | I-M                                                                                                                                                   | Juneau, AK<br>Juneau, AK<br>Juneau, AK                                                                                        |  |  |  |  |  |  |
| tws as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2                                                                                                                       | 8.2<br>8.3<br>35.1<br>38.2                                                                                                                                                                                                                                                                                                        | I-M<br>I-M<br>N<br>I                                                                                                                                  | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK                                                                       |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES                                                                                                               | 8.2<br>8.3<br>35.1<br>38.2<br>5.1                                                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N                                                                                                                             | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK                                                         |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO                                                                                                       | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1                                                                                                                                                                                                                                                                                         | I-M<br>I-M<br>N<br>I<br>N<br>E                                                                                                                        | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK                                           |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2                                                                                             | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2                                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M                                                                                                            | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK                             |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3                                                                                   | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3                                                                                                                                                                                                                                                                         | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M                                                                                                     | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK               |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3                                                                                   | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3                                                                                                                                                                                                                                                                         | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M                                                                                                     | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK               |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |
| ows as Necessary                   | KJUD-2<br>KJUD-3<br>KATH<br>KDMD-2<br>KYES<br>KTOO<br>KTOO-2<br>KTOO-3<br>KTOO-4                                                                         | 8.2<br>8.3<br>35.1<br>38.2<br>5.1<br>10.1<br>10.2<br>10.3<br>10.4                                                                                                                                                                                                                                                                 | I-M<br>I-M<br>N<br>I<br>N<br>E<br>E<br>E-M<br>E-M<br>E-M                                                                                              | Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Anchorage, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK<br>Juneau, AK |  |  |  |  |  |  |

| LEGAL NAME C     | F OWNER OF                            | CABLE S    | YSTEM:                                                              |                    |                 |            |                     | SYSTEM ID              |
|------------------|---------------------------------------|------------|---------------------------------------------------------------------|--------------------|-----------------|------------|---------------------|------------------------|
| GCI Commu        | unication C                           | orp        |                                                                     |                    |                 |            |                     | 988                    |
| PRIMARY TRA      | NSMITTERS:                            | RADIO      |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            | arried on a separate and discre<br>nerally receivable by your cable |                    |                 |            |                     | Н                      |
| Special Instru   | ctions Conce                          | rning All  | I-Band FM Carriage: Under Co                                        | opyright Office re | gulations, an   | FM sign    | al is generally     | Primary                |
| •                |                                       |            | tem whenever it is received at<br>ived at the headend, with the s   | •                  | • • •           |            |                     | Transmitters:<br>Radio |
| For detailed inf | ormation abou                         | it the Co  | pyright Office regulations on th                                    | is point, see pag  | e (v) of the ge | eneral in  | structions in the.  |                        |
|                  | dentify the call                      |            | each station carried.<br>n is AM or FM.                             |                    |                 |            |                     |                        |
|                  |                                       |            | nal was electronically processe                                     | d by the cable s   | /stem as a se   | parate a   | nd discrete         |                        |
| signal, indicate | this by placing                       | g a checl  | k mark in the "S/D" column.                                         |                    |                 |            |                     |                        |
|                  |                                       |            | on (the community to which the                                      |                    |                 | C or, in t | he case of          |                        |
| Mexican of Ca    | naulan stations                       | s, ii any, | the community with which the s                                      |                    | iu).            |            |                     |                        |
| CALL SIGN        | AM or FM                              | S/D        | LOCATION OF STATION                                                 | CALL SIGN          | AM or FM        | S/D        | LOCATION OF STATION |                        |
| KVIM             | FM                                    | x          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KJNO             | AM                                    | x          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KTOO             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KTKU             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KSUP             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KBJZ             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KXLI             | AM                                    | Х          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| MOODY            | FM                                    | Х          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KINY             | AM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KXLL             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
| KRNN             | FM                                    | X          | JUNEAU, AK                                                          |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          | +                                                                   |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | +          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | 1          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | 1          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | [          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       | 1          |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |
|                  | · · · · · · · · · · · · · · · · · · · |            |                                                                     |                    |                 |            |                     |                        |
|                  |                                       |            |                                                                     |                    |                 |            |                     |                        |

| Accounting Perio                                                   | d: 2021/2                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     | FOR                                                                                                                                                                                     | M SA1-2E. PAGE 5.                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Name                                                               | LEGAL NAME OF OWNER OF                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                     | TEM:                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                         | SYSTEM ID#                                   |
|                                                                    | GCI Communication C                                                                                                                                                                                                                    | orp                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                         | 9888                                         |
| I                                                                  | SUBSTITUTE CARRIAGE<br>In General: In space I, identi<br>substitute basis during the a                                                                                                                                                 | fy every nor<br>ccounting p                                                                                                                                                                                                                                                                                                         | nnetwork televis<br>eriod, under spe                                                                                                                                                                                                                                                                                                       | <i>tion program,</i> broadcast by ecific present and former F                                                                                                                                                                                                                                                                                                                                                                                   | a <i>distant</i> statio<br>CC rules, regul                                                                                                                                                                                                            | ations, or aut                                                                                                                                                                                                      | thorizations                                                                                                                                                                            | . For a further                              |
| Substitute<br>Carriage:<br>Special<br>Statement and<br>Program Log | Column 3: Give the call<br>Column 4: Give the broat<br>the case of Mexican or Can<br>Column 5: Give the mon<br>first. Example: for May 7 giv<br>Column 6: State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | CONCER<br>iod, did you<br>ion?<br>i, leave the<br><b>PROGRA</b><br>itute progra<br>ce, please<br>of every no<br>distant star<br>gulations, c<br>ies like "mo<br>Bulls."<br>n was broa<br>sign of the<br>idcast statif<br>adian stati<br>didast statif<br>adian stati<br>didast statif<br>adian stati<br>example: a<br>er "R" if the | NING SUBST<br>ir cable system<br>rest of this page<br>MS<br>am on a separa<br>add additional<br>innetwork televition<br>and that yc<br>or authorization<br>ovies" or "basked<br>dcast live, enter<br>station broadca<br>on's location (th<br>ons, if any, the<br>when your systen<br>e substitute pro-<br>a program carr<br>listed program | ITUTE CARRIAGE<br>a carry, on a substitute bar<br>ge blank. If your answer is<br>nows to the tables.<br>ision program ("substitute<br>our cable system substitut<br>s. See page (v) of the gene<br>etball." List specific progra<br>asting the substitute progra-<br>he community to which the<br>community with which the<br>tem carried the substitute<br>or mass carried by your<br>ied by a system from 6:01<br>was substituted for program | "Yes," you mi<br>"Yes," you mi<br>wherever pos<br>program") the<br>ed for the prog<br>heral instructio<br>m titles, for ex<br>No."<br>am.<br>e station is lice<br>station is lice<br>program. Use<br>cable system<br>:15 p.m. to 6:2<br>amming that y | etwork televis<br>ust complete<br>ssible, if thei<br>at, during the<br>gramming of<br>ns for furthe<br>cample, "I Lo<br>ensed by the<br>ntified).<br>e numerals, v<br>. List the tim<br>28:30 p.m. s<br>your system | sion progra<br>YES<br>e the progra<br>r meaning i<br>e accountin<br>another sta<br>r informatic<br>ve Lucy" of<br>FCC or, in<br>with the mo<br>thes accurate<br>hould be<br>was require | m X NO<br>am<br>is<br>g<br>ation<br>on.<br>r |
|                                                                    | was substituted for program<br>effect on October 19, 1976.                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                               | WHE                                                                                                                                                                                                                                                   | N SUBSTIT                                                                                                                                                                                                           | TUTE                                                                                                                                                                                    | 7. REASON FOR                                |
|                                                                    | 1. TITLE OF PROGRAM                                                                                                                                                                                                                    | 2. LIVE?<br>Yes or No                                                                                                                                                                                                                                                                                                               | E PROGRAM<br>3. STATION'S<br>CALL SIGN                                                                                                                                                                                                                                                                                                     | 4. STATION'S LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                           | 5. MONTH<br>AND DAY                                                                                                                                                                                                                                   | AGE OCCU<br>6. TI<br>FROM -                                                                                                                                                                                         | MES                                                                                                                                                                                     | DELETION                                     |
|                                                                    |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                         |                                              |
|                                                                    |                                                                                                                                                                                                                                        | ·                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                         |                                              |

| Accounting Period:                        | 2021/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FORM SA1-2E. PAGE 6. |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SYSTEM ID#           |
| Name                                      | GCI Communication Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9888                 |
| K<br>Gross Receipts                       | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts. | ission service       |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| L<br>Copyright<br>Royalty Fee             | <ul> <li>COPYRIGHT ROYALTY FEE<br/>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200 see block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>                                                              | 263,800              |
|                                           | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
|                                           | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | his six-month        |
|                                           | Line 1. Royalty fee for accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |
|                                           | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.00                 |
|                                           | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
|                                           | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 00)                  |
|                                           | 1. Base amount under statutory formula         \$ 263,800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
|                                           | 2. Enter amount of gross receipts from space K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                           | 3. Subtract line 2 from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                           | 4. Enter the amount of gross receipts from space K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |
|                                           | 5. Enter the amount from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                           | 6. Subtract line 5 from line 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                           | 7. Multiply line 6 by .005 (enter figure here)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                           | 8. Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00                 |
|                                           | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
|                                           | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600)                 |
|                                           | 1. Enter the amount of gross receipts from space K       \$ 476,848.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
|                                           | 2. Base amount under statutory formula \$ 263,800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
|                                           | 3. Subtract line 2 from line 1 \$ 213,048.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
|                                           | 4. Multiply line 3 by .01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2,130.48             |
|                                           | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1,319.00             |
|                                           | 6. Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.00                 |
|                                           | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 3,449.48          |
|                                           | FILING FEE AND TOTAL REMITTANCE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Filing Fee and<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3,449.48             |
|                                           | 2. Filing Fee (See the instructions for more information on filing fee calculations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20.00                |
|                                           | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 3,469.48          |
|                                           | EFT Trace # or TRANSACTION ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                           | <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register<br>See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |

| Accounting Period:                                | 2021/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORM SA1-2E. PAGE 7. |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name                                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>GCI Communication Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SYSTEM ID#<br>9888   |
| M<br>Channels                                     | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13<br>304            |
| N<br>Individual to<br>Be Contacted<br>for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Cindy Hall Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 907-868-5615         |
| Information                                       | Address 2550 Denali Street, Ste. 1000<br>(Number, street, rural route, apartment, or suite number)<br>Anchorage, AK 99503<br>(City, town, state, zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
|                                                   | Email chall2@gci.com Fax (optional 907-868-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9817                 |
| O<br>Certification                                | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> | rstem as identified  |
|                                                   | X       /s/ Duncan Whitney         Enter an electronic signature on the line above to certify this statement.<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Duncan Whitney         Title:       Chief Product Officer<br>(Title of official position held in corporation or partnership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
|                                                   | Date: February 08, 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| unting Period: 2021/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                              |                                                                                                     | FORM SA1-2E. PAGE 8                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| AL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                              |                                                                                                     | SYSTEM ID                                                        |
| Communication Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                                                                                                     | 988                                                              |
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS REC</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gis service of providing secondary transmissions of primary bescribers and amounts collected from subscribers receiving.</li> </ul> </li> <li>For more information on when to exclude these amounts, see the located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any smade by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n 111(d)(1)(A), of the Copyrigh<br>ross amounts paid to the cable<br>proadcast transmitters, the sys<br>g secondary transmissions pur<br>e note on page (vii) of the gene<br>amounts of gross receipts for s | e system for the basic<br>tem shall not include sub-<br>suant to section 119."<br>eral instructions | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N                                                                                                                                                                                                            |                                                                                                     |                                                                  |
| Name<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name<br>Mailing Address                                                                                                                                                                                      |                                                                                                     |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                                                                                                     |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                                                                                                     |                                                                  |
| You must complete this worksheet for those royalty payments su<br>For an explanation of interest assessment, see page (viii) of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |                                                                                                     | Q                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | general instructions located in                                                                                                                                                                              |                                                                                                     | Q<br>Interest Assessment                                         |
| For an explanation of interest assessment, see page (viii) of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | general instructions located in                                                                                                                                                                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |
| For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | general instructions located in                                                                                                                                                                              |                                                                                                     | Q<br>Interest Assessment                                         |
| For an explanation of interest assessment, see page (viii) of the<br>Line 1 Enter the amount of late payment or underpayment<br>Line 2 Multiply line 1 by the interest rate* and enter the sum he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | general instructions located in                                                                                                                                                                              | the paper SA1-2 form.<br>x<br>xdays<br>-                                                            | Q<br>Interest Assessment                                         |
| For an explanation of interest assessment, see page (viii) of the<br>Line 1 Enter the amount of late payment or underpayment<br>Line 2 Multiply line 1 by the interest rate* and enter the sum her<br>Line 3 Multiply line 2 by the number of days late and enter the sum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | general instructions located in                                                                                                                                                                              | the paper SA1-2 form.<br>x<br>x<br>x<br>x<br>days<br>-<br>x 0.00274                                 | Q<br>Interest Assessment                                         |
| For an explanation of interest assessment, see page (viii) of the<br>Line 1 Enter the amount of late payment or underpayment<br>Line 2 Multiply line 1 by the interest rate* and enter the sum her<br>Line 3 Multiply line 2 by the number of days late and enter the sum<br>Line 4 Multiply line 3 by 0.00274** and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | general instructions located in                                                                                                                                                                              | the paper SA1-2 form.<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x              | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum her</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or b</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | general instructions located in                                                                                                                                                                              | the paper SA1-2 form.<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x<br>x              | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum her</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or b</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i></li> <li>contact the Licensing Division at (202) 707-8150 or licensing</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.          x                                                                    | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or b</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest of a list below the owner, address, first community served, ID number</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or b</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensin ** This is the decimal equivalent of 1/365, which is the interest of action of the interest of the sector of the sect</li></ul> | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or be * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensine ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of action list below the owner, address, first community served, ID number Owner</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or be * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensine ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of action list below the owner, address, first community served, ID number Owner</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |
| <ul> <li>For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the set Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or be * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensire ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of act list below the owner, address, first community served, ID number Owner Address</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | general instructions located in re sum here block 3 line 6 ficensing/interest-rate.pdf. For th ng@copyright.gov. st assessment for one day late scount already submitted to the                              | the paper SA1-2 form.                                                                               | Q<br>Interest Assessment                                         |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| C                                   | Cab       | ole<br>Late a t   | Total amount of remittance    | Number of SAs red           | 'd Initials   |
|-------------------------------------|-----------|-------------------|-------------------------------|-----------------------------|---------------|
| VVOrksne                            |           | ksneet            |                               | -                           |               |
|                                     |           |                   | Date of remittance            | Check DEFT                  | ☐ FILING FEES |
| Cable ID #                          |           |                   |                               |                             | Amount Initia |
| Examined by                         | R         | eviewed by        | Date examination<br>completed | Allocation number           |               |
| Space A<br>Accounting<br>Period     |           |                   |                               |                             |               |
|                                     | □January  | 1 - June 30, 2017 | C                             | ]July 1 - December 31, 2017 |               |
|                                     | □Letter s | ent               | C                             | Information received        |               |
|                                     |           | :d                | Ľ                             | Phone call/Date/Contact     |               |
| Space B<br>Owner                    |           |                   |                               |                             |               |
|                                     | Letter s  | ent               | C                             | Information received        |               |
|                                     |           | d                 | C                             | Phone call/Date/Contact     |               |
| Space D<br>Area Served              |           |                   |                               |                             |               |
|                                     | Letter s  | ent               | C                             | Information received        |               |
|                                     |           | ed                | Ľ                             | Phone call/Date/Contact     |               |
| Space E<br>Secondary<br>Transission |           |                   |                               |                             |               |
| Service<br>Subscribers:             | □Letter s | ent               | C                             | Information received        |               |
| and Rates                           |           | d                 | C                             | Phone call/Date/Contact     |               |
| Space G<br>Primary<br>Transmitters: |           |                   |                               |                             |               |
| Television                          | Letter s  | ent               | C                             | Information received        |               |
|                                     |           | d                 | [                             | Phone call/Date/Contact     |               |
| Space H<br>Primary<br>Transmitters: |           |                   |                               |                             |               |
| Radio                               |           | ed                | [                             | Phone call/Date/Contact     |               |

|                       |                          | Space I<br>Substitute<br>Carriage                  |
|-----------------------|--------------------------|----------------------------------------------------|
| Letter sent           | ☐ Information received   |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |
|                       |                          | Space J<br>Part-time<br>Carriage Log<br>(SA3 only) |
| ⊡Letter sent          | ☐ Information received   |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |
|                       |                          | Space K<br>Gross Receipts                          |
| Letter sent           | □Information received    |                                                    |
| Letter sent           | Phone call/Date/Contact  |                                                    |
|                       |                          | Space L<br>Copyright Filing<br>and Royalty Fee     |
| Royalty Fee should be | Refund request to fiscal |                                                    |
| Letter sent           | □Information received    |                                                    |
| Accepted              | Phoe call/Date/Contact   |                                                    |
|                       |                          | Space M<br>Channels                                |
| Letter sent           | □Information received    |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |
|                       |                          | Space O<br>Certification                           |
| Letter sent           | □Information received    |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |
|                       |                          | Space P<br>Statement of<br>Gross Receipts          |
| Letter sent           | □ Information received   |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |
|                       |                          | Space Q<br>Interest<br>Assessment                  |
| Letter sent           | □Info/add'l fee received |                                                    |
| Accepted              | Phone call/Date/Contact  |                                                    |