Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2/21/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: 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 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.	14299
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Cable Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2550 Denali Street, Ste. 1000	
		(Number, street, rural route, apartment, or suite number) Anchorage, AK 99503-2751 (City, town, state, zip)	
	INICT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM: GCI Cable, Inc Supervision	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751 (City, 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#						
	GCI Cable Inc.	14299						
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.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the						
Servea								
	CITY OR TOWN	STATE						
rst nunity	Tanana	AK						
ity								
ecessary								
ecessary								

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM						
Name	GCI Cable Inc.	ADLE STOTEM						010	142						
Е	SECONDARY TRANSMISSION														
	In General: The information in s system, that is, the retransmission	•		-		•									
Secondary	about other services (including p														
Fransmission	last day of the accounting period														
Service: Sub-	Number of Subscribers: Both	•													
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged														
Rateo	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).														
	Rate: Give the standard rate of	-	-	•				-							
	unit in which it is generally billed category, but do not include disc				y standa	rd rate variatior	is within a	particular rate							
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable							
	systems most commonly provide	•		-		•									
	that applies to your system. Not			-		-									
	categories, that person or entity subscriber who pays extra for ca				••		•								
	first set" and would be counted of						idei Seiv								
	Block 2: If your cable system					service that are	e different	from those							
	printed in block 1 (for example, t					•									
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.														
		DCK 1		П			BLOC	< 2							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA						
	Residential:	SUBSCIUD	ENG		UATI		(VICL	SUBSCRIBERS							
	Service to first set		85	\$35.00											
	 Service to additional set(s) 														
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial														
	Converter														
	Residential														
	 Non-residential 														
	SERVICES OTHER THAN SEC						ntom'o oor	visco that ware							
F	In General: Space F calls for rain not covered in space E, that is, t	•			•	• •									
	service for a single fee. There are					,	,								
Services	furnished at cost or (2) services														
Other Than	amount of the charge and the ur		usually b	illed. If any rate	es are ci	harged on a var	lable per-p	rogram basis,							
Secondary	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.														
Secondary ransmissions:	Block 1: Give the standard rat	Block 2: List any services that your cable system furnished or offered during the accounting period that were not													
•	Block 2: List any services that	t your cable sy		shed or offere	-	-	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charç	ge was ma	shed or offere ade or establis	-	-	vices in th	e form of a							
ransmissions:	Block 2: List any services that	t your cable sy separate charç	ge was ma	shed or offere ade or establis	-	-		e form of a							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable sy separate charg otion and inclue BLO	ge was ma de the rate CK 1	shed or offere ade or establis e for each.	hed. List	these other ser		BLOCK 2							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sy separate charg otion and includ	ge was ma de the rate CK 1 CATEGC	shed or offered ade or establis e for each.	hed. List	-			RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate charg otion and inclue BLO RATE	ge was ma de the rate CK 1 CATEGC Installati	shed or offered ade or establis e for each. DRY OF SERV on: Non-resid	hed. List	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg otion and inclue BLO	ge was ma de the rate CK 1 CATEGC Installati • Mote	shed or offere ade or establis e for each. DRY OF SERV on: Non-resid	hed. List	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg otion and inclue BLO RATE	ge was ma de the rate CK 1 CATEGC Installati • Mote • Com	shed or offere ade or establis e for each. DRY OF SERV on: Non-resid I, hotel mercial	hed. List	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg otion and inclue BLO RATE	ge was ma de the rate CK 1 CATEGC Installati • Mote • Comi • Pay c	shed or offere ade or establis e for each. DRY OF SERV on: Non-resid I, hotel mercial	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sy separate charg otion and inclue BLO RATE	ge was ma de the rate CK 1 CATEGO Installati • Mote • Com • Pay c • Pay c	shed or offere ade or establisis e for each. DRY OF SERV on: Non-resid I, hotel mercial cable	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sy separate charg otion and inclue BLO RATE	ge was ma de the rate CK 1 CATEGO Installati • Mote • Comu • Pay o • Fire p	shed or offere ade or establisi e for each. DRY OF SERV on: Non-resic I, hotel mercial cable cable-add'l cha	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable sy separate charg btion and inclus BLOO RATE 25.00	ge was ma de the rate CK 1 CATEGO Installati • Mote • Comu • Pay o • Fire p	shed or offere ade or establisi e for each. DRY OF SERV on: Non-resid I, hotel mercial cable cable-add'I cha protection ar protection	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg btion and inclus BLOO RATE 25.00	ge was ma de the rate CK 1 CATEGO Installati • Mote • Com • Pay o • Fire p • Burg	shed or offere ade or establis e for each. DRY OF SERV on: Non-resic I, hotel mercial cable cable-add'l cha protection ar protection rvices:	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg btion and inclus BLOO RATE 25.00	ge was ma de the rate CK 1 CATEGC Installati • Mote • Com • Pay c • Pay c • Fire p • Burgl Other se	shed or offere ade or establisi e for each. DRY OF SERV on: Non-resic I, hotel mercial cable cable-add'l cha protection ar protection rvices: nnect	ICE	these other ser		BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg btion and inclus BLOO RATE 25.00	ge was ma de the rate CK 1 CATEGC Installati • Mote • Comi • Pay o • Fire p • Burgl Other se • Reco • Disco	shed or offere ade or establisi e for each. DRY OF SERV on: Non-resic I, hotel mercial cable cable-add'l cha protection ar protection rvices: nnect	ICE	these other ser		BLOCK 2	RA						

ounting Period: 2	2015/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER O	SYSTEM ID#							
	GCI Cable Inc.			14299					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream 								
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κτυυ	2.1	N	Anchorage, AK					
	КТВҮ	4.1	I	Anchorage, AK					
s as Necessary	KAKM	7.1	E	Anchorage, AK					
	KTVA	11.1	Ν	Anchorage, AK					
	KYUR	13.1	N	Anchorage, AK					
		1							

EGAL NAME OF GCI Cable Ir		ONDLE O	I U I EINI.					SYSTEM 142
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		-, -				2,2		
						·	·	
							·	
							·	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	GCI Cable Inc.							14299
	SUBSTITUTE CARRIAG)G			
	In General: In space I, ident				-	tion that ve	ur cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	". leave the	e rest of this pa	age blank. If vour answer i	s "Yes." vou i	must comp	lete the prod	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.						;	.
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa					hot during	the energy	tin a
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		s program. O	SC Humera	is, with the f	nontin
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0 [.]	1:15 p.m. to 6	6:28:30 p.m	i. should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	lired
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the	letter "P" if	the listed pr	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
		•						r
					WHEN SUBSTITUTE			
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
							=	
							<u> </u>	
							_	
							_	
								"
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Accounting Period:	2019/2 FORM SA1-	-2E. PAGE 6							
Name		STEM ID#							
	GCI Cable Inc.	14299							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 16, (Amount of gross	740.00 s receipts)							
	COPYRIGHT ROYALTY FEE								
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 								
	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 this six-month accounting period is \$52.00								
	Line 1. Royalty fee for accounting period	52.00							
	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 \$	52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	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								
	6. Subtract line 5 from line 4								
	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								
	2. Base amount under statutory formula \$ 263,800.00								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00							
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.								

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc.	SYSTEM ID# 14299
M 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	5 37
N Individual to Be Contacted 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	7-868-5615
Information	Address 2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number) Anchorage, AK 99503 (City, town, state, zip)	
	Email Chall2@gci.com Fax (optional) 907-868-98	17
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. 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)] 	tem as identified
	X /s/ Duncan Whitney Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Duncan Whitney Title: Vice President, Product Management (Title of official position held in corporation or partnership)	
	Date:	

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.

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
CI Cable Inc.	1429
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
	—
x 0.00274	
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 block 3 line 6	
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C	Cabl Work	e sheet	Total amount of remittance	Num	ber of SAs rec'd	Initials	
			Date of remittance	Check	EFT	G FILIN	G FEES
Cable ID #						Amount	Initials
Examined by	Re	viewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	☐ January 1	- June 30, 2017	E	July 1 - Decemi	per 31, 2017		
	Letter ser	nt	E	Information rec	eived		
	Accepted		Phone call/Date/Contact				
Space B Owner							
	Letter ser	ht	C	Information rec	eived		
	Accepted		Phone call/Date/Contact				
Space D Area Served							
	Letter ser	ıt	C	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter ser	ıt	E	Information rec	eived		
and Rates	Accepted		E	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Letter ser	ıt	Γ	Information rec	eived		
	Accepted			Phone call/Date	e/Contact		
Space H Primary Transmitters:							
Radio	Accepted		[Phone call/Date	e/Contact		

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