# 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

STATEME	NT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
	y Transmissions by	DATE RECEIVED	AMOUNT	_	
	ms (Short Form)		\$	For additional information,	
	tions are located	2/21/2020		Contact the U.S. Copyright Office Licensing Division at:	
in the first tab c	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	YYY/(Period))		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optional	- see instructions)		
Accounting Period					
В	<b>Instructions:</b> Give the full legal name of the owner of th of the subsidiary, not that of the parent cc		diary of another corporation, give the full cor	porate title	
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.		
	If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should s ing period.	ubmit a	
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	31252	
	LEGAL NAME OF OWNER/MAILING	G 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. 100 (Number, street, rural route, apartment, or suite ni				
	Anchorage, AK 99503-2751 (City, town, state, zlp)				
	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2				
System	IDENTIFICATION OF CABLE SYSTEM:				
	GCI Cable, Inc Kenai MAILING ADDRESS OF CABLE SYSTEM	:			
	44661 Sterling Hwy Suite E				
	2 (Number, street, rural route, apartment, or suite m Soldotna, AK 99669 (City, town, state, zip code)	umber)			

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.	31252					
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.						
A.r.o.o.	Note: Entities and properties such as hotels, apartments, condominiums, or						
Area Served	identified city.						
	CITY OR TOWN	STATE					
First	Kenai	AK					
nity	Soldotna	AK					
ecessary	y						

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1-	TEM I		
Name	GCI Cable Inc.	ABLE STOTEM					010	312		
Е	SECONDARY TRANSMISSION									
-	In General: The information in s system, that is, the retransmission			-	•					
Secondary	about other services (including p			• •	•					
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•								
Rates	each category by counting the n	•								
	separately for the particular service									
	Rate: Give the standard rate of unit in which it is generally billed	-					-			
	category, but do not include disc									
	Block 1: In the left-hand block			-	•					
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-	-					
	subscriber who pays extra for ca					nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system					e different	from those			
	• •	-		•						
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is									
	sufficient.		BLOC	< 2						
		NO. OF					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE C	ATEGORY OF SE	RVICE	SUBSCRIBERS	RA		
	• Service to first set		1,544	\$25.00						
	Service to additional set(s)		1,344	\$35.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		74	\$35.00						
	Converter									
	Residential									
	Non-residential									
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				to all vour cable s	vstem's ser	vices that were			
F	not covered in space E, that is, t									
Samilana	service for a single fee. There a	•		•		0 (	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	·	-	-		-			
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Rates	-	• •			• •					
	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	CK 1				BLOCK 2			
			-			CATEG	ORY OF SERVICE			
	CATEGORY OF SERVICE	RATE	CATEGOR	Y OF SERVICE	RATE			RA		
	CATEGORY OF SERVICE Continuing Services:	RATE		Y OF SERVICE 1: Non-residentia				RA		
	Continuing Services: • Pay cable	RATE 20.88	Installation • Motel, H	n: Non-residentia notel			Converter	Į		
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installation • Motel, H • Comme	n: Non-residentia notel ercial		Tier 2		؛ \$4^		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installation • Motel, I • Comme • Pay cal	n: Non-residentia notel ercial ole		Tier 2 Digital	Tiers	ب \$4 <sup>2</sup>		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installation • Motel, I • Comme • Pay cal • Pay cal	n: Non-residentia notel ercial ble ble-add'l channel		Tier 2 Digital HD Tie	Tiers r	\$41 \$41 \$		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	20.88	Installation • Motel, I • Comme • Pay cal • Pay cal • Fire pro	n: Non-residentia notel ercial ble ble-add'l channel tection		Tier 2 Digital	Tiers r	\$4 \$4 \$9		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	20.88 25.50	Installation • Motel, H • Comme • Pay cal • Pay cal • Fire pro • Burglar	n: Non-residentia notel ercial ble ble-add'I channel tection protection		Tier 2 Digital HD Tie	Tiers r	\$4 \$4 \$9		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	20.88 25.50	Installation • Motel, I • Comme • Pay cal • Pay cal • Fire pro	n: Non-residentia notel ercial ole ele-add'I channel tection protection ices:		Tier 2 Digital HD Tie	Tiers r	RA \$41 \$5 14		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	20.88 25.50	Installation • Motel, I • Comme • Pay cal • Pay cal • Fire pro • Burglar Other serv	n: Non-residentia notel ercial ble-add'I channel tection protection ices: ect	al	Tier 2 Digital HD Tie	Tiers r	\$41 \$41 \$		
	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)	20.88 25.50	Installation • Motel, I • Comme • Pay cal • Pay cal • Fire pro • Burglar Other serv • Reconr • Disconr	n: Non-residentia notel ercial ble-add'I channel tection protection ices: ect	al	Tier 2 Digital HD Tie	Tiers r	\$4 \$4 \$9		

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	SYSTEM ID#		
Name	GCI Cable Inc.			31252
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	KTUU	2.1	N	Anchorage, AK
	KTUU-2	2.2	I-M -	Anchorage, AK
Add Rows as Necessary	КТВҮ	4.1	- -	Anchorage, AK
	KYES	5.1	<b>I</b>	Anchorage, AK
	KAKM	7.1	E	Anchorage, AK
	KAKM-2	7.2	E-M	Anchorage, AK
	KAKM-3	7.3	E-M	Anchorage, AK
	KAKM-4	7.4	E-M	Anchorage, AK
	ΚΤVΑ	11.1	Ν	Anchorage, AK
	KYUR	13.1	N	Anchorage, AK
	KYUR-2	13.2	I-M	Anchorage, AK
	KCFT	35.1	I	Anchorage, AK
	KDMD-2	38.2	I-M	Anchorage, AK

GCI Cable In	OWNER OF C	JABLE S	I STEINI.					SYSTEM   312
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be receint the Consign of e he station on's sign g a check o's location	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. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC	) it can ertain st eneral ii parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5		C. LE CION	, 01 1 101	5,0		
						·		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 5.								
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	GCI Cable Inc.							31252
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident							
Substitute	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special	During the accounting per	-			sis anv noni	network telev	vision prog	ram
Statement and		-	ui cabie syster	fically, on a substitute be	1313, any 11011			
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 your answer i	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.	o <b>te:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program g in block 2.						
	2. LOG OF SUBSTITUTI							
	<b>General:</b> List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is							
	clear. If you need more space, please add additional rows to the tables. <b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting							
	<b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	, with the n	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cable evete	m list tha tir	mes accur	atoly
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regulat		
	,							
	_			_		N SUBSTIT		
	S	1	E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	<ol> <li>STATION'S CALL SIGN</li> </ol>	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		
							-	
							_	
						_		
						_	-	
							-	
							-	
						_		
							-	
						=	-	
						_		
						_		
						_		

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc.			ę	31252 SYSTEM
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation 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	system's s tion of how	econdary trans to compute this	mission servio amount, se \$ 4(	
L Copyright Royalty Fee	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	) but less tl	nan \$527,600	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				<u> </u>
	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 li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore 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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	408,640.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	144,840.00		
	4. Multiply line 3 by .01		\$	1,448.40	
	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	l, 5, and 6 .		\$	2,767.40
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing For and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,767.40	
Due	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			\$	2,787.40
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc.	SYSTEM ID# 31252
<b>M</b> 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 and nonbroadcast services	17 218
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name     Cindy Hall     Telephone     90       Address     2550 Denali Street, Ste. 1000	17-868-5615
	(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	<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; of (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</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 owner 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> <li>X (S/ Duncan Whitney)</li> </ul>	tem as identified
	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.

counting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
CI Cable Inc.	3125
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 ade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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 Assessmen
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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       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       \$	-
x	
x	-
x	
x	
x	
x	
x	

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 th 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.

Cable Worksheet		Total amount of remittance	Num	ber of SAs rec'd	f SAs rec'd Initials			
			Date of remittance	Check	EFT		G FEES	
Cable ID #						Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocatio	n number			
Space A Accounting Period								
	🔲 January	y 1 - June 30, 2017	[	July 1 - Decem	ber 31, 2017			
	Letter s	sent	E	Information rec	reived			
	Accepte	ed	Ε	Phone call/Date	e/Contact			
Space B Owner								
	Letter s	sent	C	Information rec	eived			
	Accepte	ed	C	Phone call/Date	e/Contact			
Space D Area Served								
	Letter s	sent	Ľ	Information rec	reived			
	Accepte	ed	E	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter s	sent	Γ	Information received				
and Rates	Accepte	ed	Γ	Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Letter s	sent	[	Information re	ceived			
	Accepte	ed	[	Phone call/Dat	e/Contact			
Space H Primary Transmitters:								
Radio	Accepte	ed	[	Phone call/Dat	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	