# 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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instru	ictions are located	2/21/2020		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
•				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
		-		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
			,	
Accounting Period				
	Instructions:			
В			diary of another corporation, give the full co	rporate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the	e accounting period, only the owner on t	he last day of the accounting period should s	submit a
	single statement of account and royalty			
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	39689
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	GCI Cable Inc.			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	2550 Denali Street, Ste. 10			
	(Number, street, rural route, apartment, or suite Anchorage, AK 99503-275			
	(City, town, state, zip)	•		
С	<b>INSTRUCTIONS:</b> In line 1, give any businames already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	GCI Cable, Inc Girdwood			
	MAILING ADDRESS OF CABLE SYSTE			
	2 2550 Denali Street, Ste. 10 (Number, street, rural route, apartment, or suite			
	Anchorage, AK 99503 (City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect the	e personally identifying information (PII) reque	ested 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 filing, a determination that would be made by a court of law.

GCI Cable Inc.         D       Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home identified city.         First Community       CITY OR TOWN         Add Rows as Necessary       Instructions	unities within unincorporated areas and including single, ill serve as a form of system identification hereafter known
D       "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will 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, or mobile home identified city.         First Community       CITY OR TOWN         Girdwood       0	unities within unincorporated areas and including single, vill serve as a form of system identification hereafter known e parks should be reported in parentheses below the STATE
Area Served     identified city.       First Community     CITY OR TOWN	STATE
First Girdwood	
First Girdwood	
Community	
dd Rows as Necessary	
Id Rows as Necessary	

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 3968	
	GCI Cable Inc.									
Е	SECONDARY TRANSMISSION									
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period	d (June 30 or E	ecemb	er 31, as the ca	ase may be	e).		0		
Service: Sub-		<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken own by categories of secondary transmission service. In general, you can compute the number of subscribers in								
scribers and Rates	each category by counting the n			•		•				
	separately for the particular serv	vice at the rate	indicate	ed-not the nur	nber of se	ts receiving ser	vice).	C		
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed category, but do not include disc	· ·		,		ird rate variation	is within a	particular rate		
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable		
	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 of									
	Block 2: If your cable system printed in block 1 (for example, t									
	with the number of subscribers a									
	sufficient.	OCK 1			T			( )		
	BLU				BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SERVICE		SUBSCRIBERS	RAT	
	Residential:		200	¢05.00						
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		386	\$35.00						
	• FM radio (if separate rate)									
	Motel, hotel				Bulk			2	\$386.	
	Commercial		9	\$35.00						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				e					
-	In General: Space F calls for ra					II your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t						-			
Services	service for a single fee. There al furnished at cost or (2) services	•			U		0.	·		
Other Than										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <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									
	brief (two- or three-word) descrip	ption and inclu	de the I	rate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	DRY OF SERVICE	RAT	
	Continuing Services:	40.00		lation: Non-res	idential		Digital	Converter	_	
	Pay cable     Pay cable—add'l channel	19.38		otel, hotel ommercial			Tier 2	Converter	5. \$41.	
	• Fire protection		_	iy cable			Digital	Tiers	<del>،</del> ۹۹ پې	
				iy cable-add'l cl	nannel		HD Tie		\$9.	
	<ul> <li>Burglar protection</li> </ul>			,	channel HD Lier DVR Tunei				ų 40.	
	•Burglar protection Installation: Residential		• Fir	e protection				liei	14.	
	<b>v</b> .	25.50		e protection Irglar protection					14.	
	Installation: Residential		• Bu	•				, mei	14.	
	Installation: Residential • First set		• Bu Other	irglar protection		20.00			14.	
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	irglar protection <b>services:</b> econnect sconnect					14.	
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis • Ou	rglar protection services: connect		20.00 20.00			14	

counting Period: 2	2019/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTEM II			
Name	GCI Cable Inc.			3968			
	PRIMARY TRANSMITTERS:						
G Primary Transmitters: 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 "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						
	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	N-M	Anchorage, AK			
Rows as Necessary	КТВҮ	4.1		Anchorage, AK			
	KYES	5.1	I	Anchorage, AK			
	KYES-2	5.2	<b>I-M</b>	Anchorage, AK			
	KAKM	7.1	E	Anchorage, AK			
	KAKM-2	7.2	E-M	Anchorage, AK			
	KAKM-4	7.3	E-M	Anchorage, AK			
	KAKM-3	7.4	E-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	N-M	Anchorage, AK			
	KCFT	35.1	I	Anchorage, AK			
	KDMD-3	38.3	I-M	Anchorage, AK			
	KDMD-2	38.2	I-M	Anchorage, AK			

GCI Cable Inc.								SYSTEM 390
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								Н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which th 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 ca ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral ii eparate a	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	
-								
							·	
						·	·	

Accounting Period: 2019/2 FORM SA1-2E. PAGE 5.										
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	GCI Cable Inc.							39689		
	SUBSTITUTE CARRIAG									
1		-	-			4	61	· · · · · · · · · · · · · · · ·		
	In General: In space I, ident substitute basis during the a									
Substitute	explanation of the programm									
Carriage:		I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special										
Statement and		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	padcast by a distant station?								
	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	ir meaning	g is		
	clear. If you need more spa									
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.						,			
				er "Yes." Otherwise enter						
				asting the substitute prog			500	•		
	the case of Mexican or Car			the community to which the			e FCC or,	IN		
				stem carried the substitute			with the n	nonth		
	first. Example: for May 7 gi		······			,				
				ogram was carried by you				ately		
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. s	should be			
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour eveter	was roou	ired		
	to delete under FCC rules									
	was substituted for program							9.4		
	effect on October 19, 1976					-				
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —				
						_				
						_				
						_				
1										

Accounting Period:	2019/2 FORM SA1-2E	. PAGE 6.
Name		EM ID#
	GCI Cable Inc.	39689
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)       91,734         IMPORTANT: You must complete a statement in space P concerning gross receipts.       \$ 91,734	
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>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 \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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	2.00
	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	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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)	
		0.00
		<u></u>
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$ 52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$6	7.00
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> 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# 39689
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	19 383
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.)	007.969.5645
for Further Information	Name     Cindy Hall     Telephone       Address     2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)       Anchorage, AK 99503	907-868-5615
	(City, town, state, zip) Email chall2@gci.com Fax (optional) 907-868-5	9817
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 E</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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> <li>X /s/ Duncan Whitney</li> </ul>	system as identified ner of the cable system
	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:       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 IE
Cl Cable Inc.	3968
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: <ul> <li>"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? X NO</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         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	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* 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       -         (interest charge)       -         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.         * To view the interest rate chart click on www.copyright.gov/licensing@copyright.gov.	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -         days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         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       \$         (interest charge)         *       To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.         For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         **       This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please         list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Interest Assessment
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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.

C	Cab Wor	le ksheet	Total amount of remittance					
			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	Γ	Information rec	reived			
Accepted			Ε	Phone call/Date	e/Contact			
Space B Owner								
	Letter s	sent	C	Information rec	eived			
	Accepte	ed	Phone call/Date/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 rec	reived			
and Rates	Accepte	ed	Γ	Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Letter s	sent	[	Information re	ceived			
	Accepte	ed	Γ	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	