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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FFICE USE ONLY
AMOUNT
\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	24258
		,	
		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)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ure already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	Harries	IDENTIFICATION OF CABLE SYSTEM:	прасс В.
Gyotom	1	GCI Cable, Inc Nome	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 274 (Number, street, rural route, apartment, or suite number)	
	_	Nome, AK 99762 (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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	GCI Cable Inc	24258							
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.								
	CITY OR TOWN	STATE							
First Community	Nome	AK							
Add Rows as Necessary									

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24258

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	565	\$35.00			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	109	\$35.00			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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 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.

	BLOCK 2				
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	17.97	Motel, hotel		Digital Converter	5.9
 Pay cable—add'l channel 		Commercial		Tier 2	\$41.2°
 Fire protection 		• Pay cable		Digital Tiers	11.1
Burglar protection		 Pay cable-add'l channel 		HD Tier	\$9.9
Installation: Residential		Fire protection		DVR Tuner	14.9
• First set	25.50	Burglar protection			
Additional set(s)	15.00	Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
 Converter 		Disconnect			
		Outlet relocation	20.00		
		Move to new address			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24258 GCI Cable Inc **PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (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 **Primary** 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 **Transmitters:** 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 **Television** basis under specific FCC rules, regulations, or authorizations: Do not 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 only 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. Do not 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.

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 **KTOO** 10.1 Ε Juneau, AK **KTOO-2** 10.2 E-M Juneau, AK Ν Anchorage, AK **KYUR** 13.1 **KTBY** ı Anchorage, AK 4.1 **KTUU** 2.1 N Anchorage, AK Ν KTVA 11.1 Anchorage, AK **KYES** 5.1 Anchorage, AK

Add Rows as Necessary

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

GCI Cable Inc

24258

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.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		-					

Accounting Perio	d: 2020/1						FOF	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	GCI Cable Inc							24258		
	SUBSTITUTE CARRIAGE	- SDECIA	VI STATEME	NT AND DDOCDAM I O	2					
1										
	In General: In space I, ident					-	-			
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
Statement and	tatement and broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
Program Log										
	_	,		,	, , ,			9		
	log in block 2.		1110							
	2. LOG OF SUBSTITUTE									
	In General: List each subs		•		s wherever po	ossible, if	their meanir	ng 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.		JVIES OI DASK	etball. List specific progra	ann uues, ioi e	example,	I Love Lucy	OI		
			ideast live ent	er "Yes." Otherwise enter '	"No "					
				asting the substitute progr						
		-		the community to which th		censed by	the FCC or	in		
	the case of Mexican or Car		,	•		•	1101000	, ""		
				stem carried the substitute			als, with the	month		
	first. Example: for May 7 given				programm or		,			
			e substitute pr	ogram was carried by you	r cable syster	m. List the	times accu	rately		
	to the nearest five minutes.				•			-		
	stated as "6:00-6:30 p.m."	·			·	·				
	Column 7: Enter the lett	er "R" if the	e listed progran	n was substituted for prog	ramming that	your syst	em was <i>req</i>	guired		
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	d; enter the l	etter "P" if	the listed p	rogram		
	was substituted for program	nming that	your system w	as permitted to delete und	ler FCC rules	and regu	lations in			
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976	•				_				
	effect on October 19, 1976		-	·	П					
	effect on October 19, 1976	•			WHE	N SUBST	TITUTE			
	·		E PROGRAM	I		N SUBST		7. REASON FOR		
	SI	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR DELETION		
	·	UBSTITUT		1 4. STATION'S LOCATION	CARRI	AGE OCC	CURRED			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			
	SI	UBSTITUT	3. STATION'S		CARRI. 5. MONTH	AGE OCC	CURRED TIMES			

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1			FORM SA	.1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc			S'	YSTEM ID# 24258			
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 of 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, see 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. \$ 177,509.00							
	IMPORTANT: You must complete a statement in space P concerning gross rece	eipts.		(Amount of gro	ss receipts)			
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 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LE	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period	•						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	, opass a, page							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	s 1 and 2 .						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	e than \$137,1	00)				
	1. Base amount under statutory formula	;	263,800.00					
	2. Enter amount of gross receipts from space K	,	177,509.00					
	3. Subtract line 2 from line 1	;	86,291.00					
	4. Enter the amount of gross receipts from space K		\$ 1	77,509.00				
	5. Enter the amount from line 3	 	\$	86,291.00				
	6. Subtract line 5 from line 4			91,218.00				
	7. Multiply line 6 by .005 (enter figure here)	_			456.09			
	8. Interest charge. Enter the amount from line 4, space Q, page 8		-		0.00			
	от институт достато и постато и							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 an	nd 8		\$	456.09			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ss than \$527,	600)				
	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	_		0.00				
		_						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	o, and b	· · · · · · · · · · · · · · · · · · ·					
	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)		\$	456.09				
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			\$	476.09			
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exc		•					

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID# 24258
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's	els	ccounting period.	10
					153
N Individual to Be Contacted		about this statement of accou	HER INFORMATION IS NEEDED (Identify an inc Int.)		
for Further Information	Name	Cindy Hall		Telephone 907-8	368-5615
	Address	2550 Denali Street, S (Number, street, rural route, apar Anchorage, AK 9950 (City, town, state, zip)	tment, or suite number)		
	Email	chall2@gci.	com	Fax (optional) 907-868-9817	
	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)		
	(Owne	er other than corporation or	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or	
		_	ration or partnership) I am the duly authorized ag	gent of the owner of the cable system a	as identified
	X (Offic	er or partner) I am an officer	owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the	he legal entity identified as owner of th	ne cable system
		line 1 of space B. If the statement of account and	I hereby declare under penalty of law that all staten	ments of fact contained herein	
		e, and correct to the best of my	y knowledge, information, and belief, and are made		
			X /s/ Duncan Whitney		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•	
		Typed or printed	d name: Duncan Whitney		
		Title:	Vice President, Internet and Video official position held in corporation or partnership)	Products	
		Date:		August 24, 2020	

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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CI Cable Inc	24258
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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.	
Owner Address	
ID number First community served Accounting period	

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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)