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.

## SA3E Long Form

Return completed workbook by email to:

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8-24-20	\$ ALLOCATION NUMBER

### coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS	STATEMENT:		
Accounting	2020/1			
Period				
В	Instructions: Give the full legal name of the owner of the cable syste	em. If the owner is a subsidiary of anothe	er corporation, give the full co	<i>т</i> ро-
Owner	rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner If there were different owners during the accounting particular	conducts the business of the cable system		ubmit
	a single statement of account and royalty fee payment cov		e accounting period should st	10mm
	Check here if this is the system's first filing. If not, e	enter the system's ID number assigned by	the Licensing Division.	34409
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CA	BLE SYSTEM		
	GCI Cable Inc			
				34409 2020/1
				2020,1
	2550 Denali Street, Ste. 1000			
	Anchorage, AK 99503-2751			
	<b>INSTRUCTIONS:</b> In line 1, give any business or trac	de names used to identify the busine	ess and operation of the sv	stem unless these
С	names already appear in space B. In line 2, give the	•		
System	IDENTIFICATION OF CABLE SYSTEM:			
	GCI Cable, Inc Wasilla			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	Wasilla, AK 99654			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, se	e page 1b. Identify only the frst com	munity served below and r	elist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Wasilla	AK		
Community	Below is a sample for reporting communities if you		•	
	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUB GRP#
Sample	Alliance	MD	A B	1
	Gering	MD	B	3
-	e: Section 111 of title 17 of the United States Code authorizes the Cocess your statement of account. PII is any personal information that			
numbers. By provi	ding PII, you are agreeing to the routine use of it to establish and ma	aintain a public record, which includes appear	ing in the Offce's public indexes	and in
	pared for the public. The effect of not providing the PII requested is of statements of account, and it may affect the legal suffciency of the			the
completed record (	or statements of account, and it may affect the legal sufficiency of the	e ming, a determination that would be made by	a coult of law.	

FORM	SA3E.	PAGE	1h
	0/102.	I / OL	TD.

ORM SA3E. PAGE 1b.				-
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
GCI Cable Inc			34409	
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first	orated communiti st community that st community on a	ies within unincor you list will serve all future filings.	oorated as a form	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	ne parks should b	e reported in pare	entheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. I elevant community	f you report any s y with a subscribe	tations r group,	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	a subscriber gro		2	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Wasilla	AK			First
Palmer	AK			Community
				See instructions for
				additional information on alphabetization.
				Add rows as necessary.

	······································	• i

Name	LEGAL NAME OF OWNER OF CABL GCI Cable Inc	E SYSTEM:								S	STEM II 3440		
											0110		
Е	SECONDARY TRANSMISSION			-		-							
<b>L</b>	In General: The information in system, that is, the retransmission	•		-			•						
Secondary	about other services (including )												
Transmission	last day of the accounting period		-										
Service: Sub-	Number of Subscribers: Bot								•				
scribers and	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												
Rates	each category by counting the r separately for the particular serv		-				•	_		s charged			
	<b>Rate:</b> Give the standard rate of						•		,	ge and the			
	unit in which it is generally billed	-								-			
	category, but do not include dise												
	Block 1: In the left-hand block	•		-			•						
	systems most commonly provid that applies to your system. <b>Not</b>												
				-			-						
	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,												
	with the number of subscribers						•						
	sufficient.		-										
	BLO		-						BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATE	EGORY OF SE	R	VICE	NO. OF SUBSCRIBERS	RATE		
	Residential:		-		h	_			-				
	Service to first set		5,426	\$ 35.00									
	<ul> <li>Service to additional set(s)</li> </ul>												
	• FM radio (if separate rate)												
	Motel, hotel		11	\$ 3,051.19		Bulk				21	\$ 5,793.5		
	Commercial		62	\$ 35.00									
	Converter     Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATE	ES	6							
-	In General: Space F calls for ra						all your cable s	ys	stem's ser	vices that were			
F	not covered in space E, that is,												
Services	service for a single fee. There a furnished at cost or (2) services	•	-			-				·			
Other Than	amount of the charge and the u												
Secondary	enter only the letters "PP" in the	rate column.					-			-			
ransmissions:	Block 1: Give the standard ra												
Rates	Block 2: List any services that listed in block 1 and for which a	• •				-	-						
	brief (two- or three-word) descri	•	-		5113								
		•											
	CATEGORY OF SERVICE	BLO RATE		GORY OF SEF	21	/ICE	RATE		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res			TOTE		ONTEGO				
	• Pay cable	\$ 19.38		otel, hotel	•	aonnai			Digital C	onverter	\$ 6.9		
	• Pay cable—add'l channel			ommercial					Tier 2		\$41.2		
	Fire protection		•Pa	y cable					Digital Ti	ers	\$ 9.6		
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l c	ha	annel		[	HD Tier		\$9.9		
	Installation: Residential			e protection					DVR Tun	er	\$ 14.9		
	• First set	\$ 25.50		rglar protectior	n								
	Additional set(s)	\$ 15.50		services:			<b>*</b> • • • • • •						
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			econnect			\$ 20.00						
	• Converter			sconnect Itlet relocation			\$ 20.00						
				ove to new add	re	955	ψ 20.00						

	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name					
GCI Cable Inc 34409											
RIMARY TRANSMITT	ERS: TELEVISI	ON									
carried by your cable s	system during t tions in effect o	he accounting In June 24, 19	g period, except 81, permitting th	(1) stations carri he carriage of ce	ns and low power television stations) ied only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a	<b>G</b> Primary					
substitute program ba	( )( )	( ).	•			Transmitters:					
		-	-	s carried by your	cable system on a substitute program	Television					
basis under specifc F( Do not list the statior				ne Special Staten	nent and Program Log)—if the						
station was carried List the station here,	only on a subs and also in spa	stitute basis. ace I, if the sta	ation was carrie	d both on a subs	titute basis and also on some other of the general instructions located						
in the paper SA3 fo		sign Do not	roport originatio	n program convic	ces such as HBO, ESPN, etc. Identify						
each multicast stream cast stream as "WET/	associated wit	h a station ac	cording to its ov	ver-the-air design	ach stream separately; for example						
VETA-simulcast). Column 2: Give th	e channel num	ber the FCC h	has assigned to	the television sta	ation for broadcasting over-the-air in						
ts community of licen	se. For exampl	e, WRC is Ch	•		is may be different from the channel						
on which your cable sy Column 3: Indicate	•		tation is a netwo	ork station, an inc	dependent station, or a noncommercial						
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network mult	icast), "I" (for independent), "I-M"						
•	, · · · ·			•	commercial educational multicast).						
For the meaning of the Column 4: If the st					the paper SA3 form. Yes". If not, enter "No". For an ex-						
lanation of local serv	ice area, see p	age (v) of the	general instruct	tions located in th	ne paper SA3 form.						
•				•	, stating the basis on which your ntering "LAC" if your cable system						
carried the distant stat		-		•	- · ·						
				• •	Ity payment because it is the subject						
•					ystem or an association representing ary transmitter, enter the designa-						
ion "E" (exempt). For	simulcasts, als	the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further									
explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the											
											Column 6: Give th
<b>Column 6:</b> Give th FCC. For Mexican or	e location of ea	s, see page (v) ach station. Fo ons, if any, giv	) of the general or U.S. stations, ve the name of t	instructions locat list the communither the community wi	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed.						
<b>Column 6:</b> Give th FCC. For Mexican or (	e location of ea	s, see page (v) ach station. Fo ons, if any, giv nnel line-ups,	) of the general or U.S. stations, ve the name of t	instructions locat list the communi he community wi space G for eac	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed.						
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Column 6: Give th FCC. For Mexican or o Note: If you are utilizin 1. CALL SIGN KTUU KTUU-2 KTBY KYES KYES-2 KAKM KAKM-2 KAKM-3 KAKM-4 KTVA KAKM-4 KTVA KYUR-2 KCFT KDMD-3	e location of ea Canadian station ng multiple cha 2. B'CAST CHANNEL NUMBER 2.1 2.2 4.1 5.1 5.2 7.1 7.2 7.3 7.4 11.1 13.1 13.2 35.1	s, see page (v) ach station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I I-M E E-M E-M E-M N N	) of the general or U.S. stations, ve the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locat list the community wi space G for eac <b>AA</b> 5. BASIS OF CARRIAGE	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up. 6. LOCATION OF STATION Anchorage, AK Anchorage, AK	additional information					
Column 6: Give th FCC. For Mexican or o Note: If you are utilizin 1. CALL SIGN (TUU (TUU-2) (TBY (YES (YES-2) (AKM (AKM-2) (AKM-3) (AKM-3) (AKM-4) (TVA (YUR-2) (CFT (DMD-3)	e location of ea Canadian station ng multiple cha 2. B'CAST CHANNEL NUMBER 2.1 2.2 4.1 5.2 7.1 5.2 7.1 7.2 7.3 7.4 11.1 13.1 13.2 35.1 38.3	s, see page (v) ach station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I I-M E E-M E-M E-M N N	) of the general or U.S. stations, ve the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locat list the community wi space G for eac <b>AA</b> 5. BASIS OF CARRIAGE	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up. 6. LOCATION OF STATION Anchorage, AK Anchorage, AK	additional information					
Column 6: Give th FCC. For Mexican or o Note: If you are utilizin 1. CALL SIGN KTUU KTUU-2 KTBY KYES KYES-2 KAKM KAKM-2 KAKM-3 KAKM-4 KTVA KAKM-4 KTVA KYUR-2 KCFT KDMD-3	e location of ea Canadian station ng multiple cha 2. B'CAST CHANNEL NUMBER 2.1 2.2 4.1 5.2 7.1 5.2 7.1 7.2 7.3 7.4 11.1 13.1 13.2 35.1 38.3	s, see page (v) ach station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I I-M E E-M E-M E-M N N	) of the general or U.S. stations, ve the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locat list the community wi space G for eac <b>AA</b> 5. BASIS OF CARRIAGE	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up. 6. LOCATION OF STATION Anchorage, AK Anchorage, AK	additional information					
Column 6: Give th FCC. For Mexican or ( Note: If you are utilizing 1. CALL	e location of ea Canadian station ng multiple cha 2. B'CAST CHANNEL NUMBER 2.1 2.2 4.1 5.2 7.1 5.2 7.1 7.2 7.3 7.4 11.1 13.1 13.2 35.1 38.3	s, see page (v) ach station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I I-M E E-M E-M E-M N N	) of the general or U.S. stations, ve the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locat list the community wi space G for eac <b>AA</b> 5. BASIS OF CARRIAGE	ted in the paper SA3 form. ity to which the station is licensed by the th which the station is identifed. h channel line-up. 6. LOCATION OF STATION Anchorage, AK Anchorage, AK	additional information					

Name	LEGAL NAME OF		LE SYSTE	EM:				SYSTEM ID# 34409						
H Primary Transmitters: Radio	In General: Lis all-band basis w Special Instruc- receivable if (1) on the basis of For detailed infe located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable 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.</li> <li>For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions ocated in the paper SA3 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>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.</li> <li>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).</li> </ul>												
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION						
								·						
							<b>-</b>							
						I		I						

ACCOUNTING	PERIOD:	2020/1

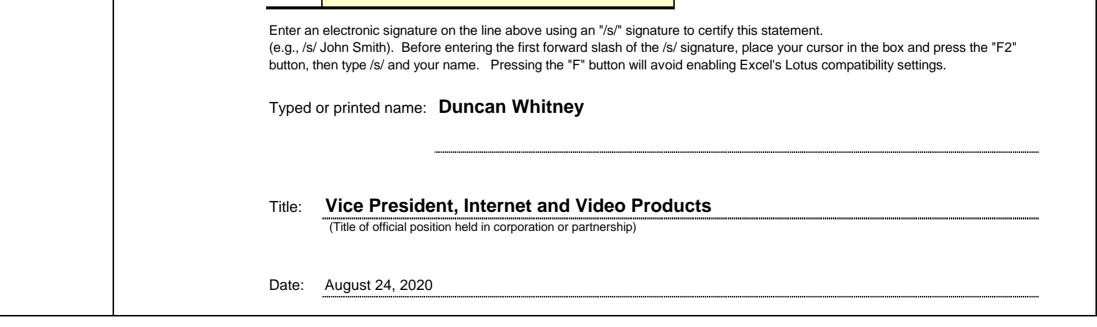
LEGAL NAME OF OWNER OF GOLI CABLE INC	CABLE SYST	EM:				SYSTEM ID# 34409	Name
SUBSTITUTE CARRIAGE				3			
In General: In space I, ident substitute basis during the ad explanation of the programm form.	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F	a distant stati CC rules, regu	ulations, or authorization	ons. For a further	Substitute
1. SPECIAL STATEMENT			<b>TITUTE CARRIAGE</b>				Carriage:
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>	•	ır cable systen	n carry, on a substitute bas	is, any nonn		ram XNo	Special Statement and Program Log
Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE		· · ·	ge blank. If your answer is	"Yes," you m	ust complete the proc	gram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broa the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please of every no distant stat gulations, c tion. Do no Lucy" or "NE n was broad sign of the adcast static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulati ogramming	attach addition nnetwork telev ion and that yo or authorization of use general 3A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carr listed program ons in effect d	hal pages. vision program (substitute pour cable system substitute hs. See page (vi) of the gen categories like "movies", o 76ers vs. Bulls." er "Yes." Otherwise enter "I asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01: h was substituted for progra	brogram) that d for the pro heral instruct r "basketball No." am. station is lic station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accountir gramming of another ions located in the pa ". List specific progra ensed by the FCC or, entified). e numerals, with the r h. List the times accur 28:30 p.m. should be your system was requetter "P" if the listed p	ng station per m in nonth ately iired	
s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		

FORM SA3E. PAGE 5.

Name	LEGAL NAME OF C		E SYSTEM:						51	STEM ID 3440
J Part-Time Carriage Log	time carriage du hours your syste <b>Column 1 (C</b> column 5 of spa <b>Column 2 (D</b> curred during th • Give the month "4/10." • State the starti television station "app." Example:	s space ties in the to lack of actern carried that <b>all sign):</b> Give ce G. <b>ates and hours</b> e accounting per hand day wher and more the strength of the streng	the carriage occur times of carriage to ay, you may give ar	acity, you are rea more space, ploy y distant station each station, list red. Use numera the nearest qua n approximate e	quire ease wh t the als, arter ndin	ed to complete the attach additionation of attach additionation of attach additionation of a dates and hours with the month find hour. In any casing hour, followed	his log giving the al pages. iage you identif s when part-time rst. Example: fo se where carriag by the abbrevia	e total dates an ied by "LAC" in e carriage oc- or April 10 give ge ran to the en ation		e
			DATES	AND HOURS (	DF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCCL			CALL SIGN	WHEN	I CARRIAGE O		
		DATE	HOUF FROM	RS TO			DATE	H FROM	OURS	то
									. <u> </u>	
									_	
									_	
			·							

r	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
	Cable Inc     34409	Name
Inst all a (as i page	OSS RECEIPTS         tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see to (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         PORTANT: You must complete a statement in space P concerning gross receipts.	<b>K</b> Gross Receipts
	<b>PORTANT:</b> You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	
<ul> <li>Instru</li> <li>Com</li> <li>Com</li> <li>If yo fee f</li> <li>If yo acco</li> <li>If pa bloc</li> </ul>	<b>Arise Constitution of the Second Sec</b>	L Copyright Royalty Fee
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.         Line 1. Enter the amount of gross receipts from space K       \$ 1,392,748.00	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	
	This is your minimum fee.\$ 14,818.84	
2 Block 3	<ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period?</li> <li>Yes—Complete the DSE schedule.</li> <li>X No—Leave block 3 below blank and complete line 1, block 4.</li> <li>Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> <li>Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE</li> </ul>	
	schedule. If none, enter zero	
	Line 3. Add lines 1 and 2 and enter here <b>\$</b> -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee         from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,         whichever is larger         Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7         (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE \$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.\$Add Lines 1, 2 and 3 of block 4 and enter total here\$15,543.84	form for submitting the
	EFT Trace # or TRANSACTION ID #	additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	GCI Cable Inc	34409
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
Channala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	]
	system carried television broadcast stations	19
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	381
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Be Contacted		
for Further	Name Cindy Hall Telephone 907-868	-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) 907-868-9817	
	<b>CEPTIFICATION</b> (This statement of account must be cortifed and signed in accordance with Convright Office regulations)	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
<b>O</b> Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Certification		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i	dentified
	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 identifed as owner of the c	able system
	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)]	
	X /s/ Duncan Whitney	



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.

FORM SA3E. F	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#	Nome
GCI Cable Inc 34409	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name       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 in the paper SA3 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	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
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	

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.

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SI	STEM ID#							
1	GCI Cable Inc												
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00								
2	Instructions: In the column headed "Call S of space G (page 3).	<b>ign":</b> list the ca	Il signs of all distant stations	s identified by th	e letter "O" in column 5								
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."												
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	NS: DSEs DSE	CALL SIGN	DSE							
Stations	CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DOL							
Add rows as necessary.													
Remember to copy													
all formula into new													
rows.													

		T T	

		าต							344
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried our Column 5 give the type- Column 6	<ul> <li>ist the call sign</li> <li>2: For each stat correspond wit</li> <li>3: For each stat</li> <li>4: Divide the fig</li> <li>t at least to the</li> <li>5: For each inde</li> <li>-value as ".25."</li> <li>6: Multiply the fig</li> </ul>	tion, give the number of the information give tion, give the total num jure in column 2 by the third decimal point. The ependent station, give igure in column 4 by the ne station's DSE. (For	dentified by "LAC" in co of hours your cable syst in in space J. Calculate aber of hours that the sta e figure in column 3, and his is the "basis of carria the "type-value" as "1.0 ne figure in column 5, ar more information on rou	em carried the sta only one DSE for ation broadcast ov d give the result in age value" for the s 0." For each netwo nd give the result i unding, see page (	tion during the active each station. Yer the air during the decimals in column station. Station. In column 6. Round Viii) of the general	ne accountir nn 4. This fig cial educatio d to no less	ng period. jure must mal station, than the	
	1. CALL SIGN	2.	NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		TYPE VALUE	6. DS	E
				· •	=	x		=	
				÷	=	x x		=	
				÷		×			
				÷	=	x x		=	
				÷	=	X		=	
	Enter the su	of each station um here and in		schedule,			0.00		
<b>4</b> Computation of DSEs for Substitute-	<ul> <li>Was carried tions in effe</li> <li>Broadcast of space I).</li> <li>Column 2:</li> </ul>	d by your system ect on October one or more live For each statio	m in substitution for a 19, 1976 (as shown b e, nonnetwork program on give the number of l	in space I (page 5, the L program that your syste y the letter "P" in columr is during that optional ca live, nonnetwork program	em was permitted in 7 of space I); and rriage (as shown by ms carried in subs	to delete under FC d the word "Yes" in c	C rules and		
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of l buld correspond with t oer of days in the cale re in column 2 by the f ion's DSE (For more in	program that your syste y the letter "P" in column is during that optional cal live, nonnetwork program the information in space ndar year: 365, except in figure in column 3, and g information on rounding,	em was permitted f n 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruc	C rules and column 2 of ms that were o no less tha ctions in the	e deleted n the third	m).
of DSEs for	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point.	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of l buld correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT	program that your syste y the letter "P" in column is during that optional cal live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding,	em was permitted f n 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE	C rules and column 2 of ms that were o no less tha ctions in the S	e deleted n the third paper SA3 for	
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of l build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D	program that your syste y the letter "P" in column is during that optional cal live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, <b>E-BASIS STATIOI</b> IBER 4. DSE AYS	em was permitted f n 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF	C rules and column 2 of ms that were o no less tha ctions in the Es R 3	e deleted n the third paper SA3 for . NUMBER OF DAYS	
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of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more ir SUBSTITUT R 3. NUM OF D, MS IN YE ÷	program that your syste y the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, <b>E-BASIS STATIOI</b> IBER 4. DSE AR 4. DSE AR	em was permitted for 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in carse page (viii) of NS: COMPUT	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF	C rules and column 2 of ms that were o no less tha ctions in the Es R 3 AMS ÷	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR	4. DS
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of l buld correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more ir SUBSTITUT R 3. NUM OF D, MS IN YE	program that your systery the letter "P" in column is during that optional call live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, <b>E-BASIS STATIOI</b> IBER 4. DSE AYS AR 4. DSE	em was permitted for 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in carse page (viii) of NS: COMPUT	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF	C rules and column 2 of ms that were no less that ctions in the Es 3 AMS	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR	4. DS
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of l build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D MS IN YE ÷ ÷	program that your syste y the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in igure in column 3, and g information on rounding, <b>E-BASIS STATIO</b> IBER 4. DSE AYS AR = = = = = =	em was permitted for 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in carse page (viii) of NS: COMPUT	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF	C rules and column 2 of ms that were o no less tha ctions in the Es R 3 AMS ÷ ÷	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR	4. DS
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs	d by your system ect on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati 2. NUMBER OF PROGRA	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I buld correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D, MS 1N YE ÷ ÷ ÷ ÷ UTE-BASIS STATION	program that your systery the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, TE-BASIS STATIOI IBER 4. DSE AR 4. DSE AR = = = = = = =	em was permitted for 7 of space I); and rriage (as shown by ms carried in substanding of the result in constraints) in a leap year. give the result in constraints of the result in constraints of the result in constraints. COMPUTA	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF	C rules and column 2 of ms that were o no less tha ctions in the Es R 3 AMS ÷ ÷	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR	4. DS
of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su	d by your systemet on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati 2. NUMBEF OF PROGRA	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I build correspond with t per of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D. IN YE ÷ ÷ ÷ ÷ UTE-BASIS STATION line 3 of part 5 of this Sive the amounts from t	program that your systery the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, <b>E-BASIS STATIOI</b> IBER 4. DSE AR 4. DSE AR = = = = = =	em was permitted fin 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF PROGRA	C rules and column 2 of ms that were o no less tha ctions in the ES R 3 AMS ÷ ÷ ÷ ÷	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR	4. DS
of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBI number of DSE	d by your systemet on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati 2. NUMBEF OF PROGRA S OF SUBSTIT of each station um here and in ER OF DSEs: G	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D. MS 1N YE ÷ ÷ ÷ ÷ UTE-BASIS STATION ine 3 of part 5 of this Sive the amounts from t your system.	program that your systery the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, <b>E-BASIS STATIO</b> IBER 4. DSE AR 4. DSE AR = = = = = = = = = = = =	em was permitted fin 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in co see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSE 2. NUMBEF OF PROGRA	C rules and column 2 of ms that were o no less tha ctions in the ES R 3 AMS ÷ ÷ ÷ ÷ ÷ • • • • • • • • • • • • • •	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR 	4. DS
of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBI number of DSE 1. Number of	d by your systemet on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati 2. NUMBEF OF PROGRA S OF SUBSTIT of each station um here and in ER OF DSEs: G is applicable to y	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D, MS i. NUM OF D, MS i. NUM OF D, IN YE ÷ ÷ ÷ ÷ t UTE-BASIS STATION line 3 of part 5 of this Sive the amounts from t your system. art 2 •	program that your systery the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, TE-BASIS STATIOI IBER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = = = = = =	em was permitted f n 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN 	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSF 2. NUMBEF OF PROGR/ e and add them to	C rules and column 2 of ms that were o no less tha ctions in the ES R 3 AMS ÷ ÷ ÷ ÷ ÷ • • • • • • • • • • • • • •	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR 	4. DS
of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBI number of DSE 1. Number of 2. Number of	d by your systemet on October one or more live For each statio This figure sho Enter the numb Divide the figur This is the stati 2. NUMBEF OF PROGRA S OF SUBSTITI of each station um here and in ER OF DSEs: G is applicable to y	m in substitution for a 19, 1976 (as shown by e, nonnetwork program on give the number of I build correspond with t ber of days in the cale re in column 2 by the f ion's DSE (For more in SUBSTITUT R 3. NUM OF D, IN YE ÷ ÷ ÷ ÷ • UTE-BASIS STATION line 3 of part 5 of this Sive the amounts from t your system. art 2 • 	program that your systery the letter "P" in column is during that optional car live, nonnetwork program the information in space indar year: 365, except in figure in column 3, and g information on rounding, TE-BASIS STATIOI IBER 4. DSE AR 4. DSE AR = = = = = = = = = = = = = = = = = = =	em was permitted f n 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN 	to delete under FC d the word "Yes" in o stitution for program olumn 4. Round to the general instruct ATION OF DSF 2. NUMBEF OF PROGR/ e and add them to	C rules and column 2 of ms that were o no less tha ctions in the ES R 3 AMS ÷ ÷ ÷ ÷ ÷ • • • • • • • • • • • • • •	e deleted n the third paper SA3 for . NUMBER OF DAYS IN YEAR 	4. DS

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Form SA3E Long Form (Rev. 05-17)

ACCOUNTING PERIOD:	2020/1
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DSE SCHEDULE. P	PAGE 13.							ACCOUNTIN	G PERIOD: 2020/1		
LEGAL NAME OF C	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 34409	Name		
								34403			
In block A: • If your answer if	ck A must be comp "Yes," leave the re		art 6 and part 7	of the DSE sched	lule blank and	l complete part	8, (page 16) of th	e	6		
schedule. • If your answer if	If your answer if "No," complete blocks B and C below.										
									Computation of 3.75 Fee		
effect on June 24,	m located wholly or 1981? plete part 8 of the						CC rules and regu	ations in			
X No—Comp	blete blocks B and	C below.									
		BLO	CK B: CARR	AIAGE OF PERM	MITTED DS	Es					
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	rther explanati	ion of permitte	d stations, see the				
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC ru</li> <li>A Stations carrie 76.61(b)(c)]</li> <li>B Specialty statio</li> <li>C Noncommerican</li> <li>D Grandfathered instructions for</li> <li>E Carried pursua</li> <li>*F A station previous</li> </ul>	les and regul ed pursuant to on as defined al educationa d station (76.6 r DSE sched ant to individu viously carrie IHF station w	lations cited be o the FCC mar I in 76.5(kk) (70 al station [76.59 55) (see parage ule). Jal waiver of F0 d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta e 25, 1981	6.63(a) referring to .61(e)(1) ations in the				
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
								0.00			
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE						
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule				-			
Line 2: Enter the	e sum of permitte	d DSEs fron	n block B abo	ve			1	-			
	line 2 from line 1 eave lines 4–7 bl			-		ate.		0.00			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially		
Line 5: Multiply li	ine 4 by 0.0375 a	ind enter su	m here				x		permited/ partially nonpermitted		
Line 6: Enter tota	al number of DSE	Es from line	3					-	carriage? If yes, see part 9 instructions.		
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00			

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Nomo
GCI Cable Inc 34409									
	T	BLOCK	A: TELEVIS	ON MARKET	S (CONTIN	UED)	1	1	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of
									3.75 Fee

				L	

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Form SA3E Long Form (Rev. 05-17)

#### DSE SCHEDULE. PAGE 17.

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 34409	Namo
	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)►	
	B. Enter 0.00701 of gross receipts	
	(the amount in section 1) $\blacktriangleright$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1)	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here► \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee <b>\$ 0.00</b>	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	
		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of lusion, you must:	of Dece Data Fo
-irot. C		Base Rate Fe and
	vivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
nust al	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. ar, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by te token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscri	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's per groups.	
	section:	
	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	pers in the group.	
lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, f this schedule; or,	
2) any p	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total pr that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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your actual calculations on the form.

LEGAL NAME OF OWNER GCI Cable Inc	OF CABL	E SYSTEM:				S	STEM ID# 34409	Name
BI				TE FEES FOR EACH				
				SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA <b>0</b>			COMMUNITY/ AREA 0				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			Base Rate Fee Second	d Group	\$	0.00		
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourth Group \$		0.00				
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		0.00			
	-~r	\$	0.00		2.00p	\$		
Base Rate Fee: Add the Enter here and in block 3			iber group a	is shown in the boxes ab	ove.	\$	0.00	

LEGAL NAME OF OWNER GCI Cable Inc	R OF CABLE	E SYSTEM:				SY	STEM ID# 34409	Name
BLOCK A: COMPUTATION OF BASE R				ATE FEES FOR EACH SUBSCRIBER GROUP				
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$		\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second	•	\$	0.00	
	THIRD	SUBSCRIBER GROU		FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs 0.00		0.00	Total DSEs 0.00					
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group \$		0.00		
Rase Rate Fee: Add the	hase rot	a face for each subcor	iber group (	as shown in the horac of				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)						0.00		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	GCI Cable Inc	34409						
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	_ ·	Second 50 major television market						
Base Rate Fee and Syndicated	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> </ul>							
Exclusivity Surcharge	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 2, subtract line 2 from line 1. This is the total number of DSEs used to compute the surpharge.</li> </ul>							
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge	subject to the surcharge						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown						



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