This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

| STATEMENT OF ACCOUNT   | FOR COPYRIGHT | Return completed workbook<br>by email to: |  |
|--|---------------|---|--|
| for Secondary Transmissions by<br>Cable Systems (Short Form) | DATE RECEIVED | AMOUNT                                    | <u>coplicsoa@copyright.gov</u>                         |
| Cable Systems (Short Form)                                   |               | \$  | For additional information, contact the U.S. Copyright |
| General instructions are located                             | 8-24-22       |   | Office Licensing Division at:                          |
| in the first tab of this workbook                            |               | ALLOCATION NUMBER                         | Tel: (202) 707-8150                                    |
|  |               |   |  |
|  |               |   |  |
|  |               |   |  |

| Α                    | ACCO     | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |            |
|----------------------|----------|---|------------|
|                      |          |   |            |
|                      |          | 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |            |
|                      |          |   |            |
|                      |          | Barcode Data Filing Period (optional - see instructions)  |            |
|                      |          |   |            |
| Accounting<br>Period |          |   |            |
|                      |          | Instructions:   |            |
| В                    |          | 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 Communication Corp  |            |
|                      |          | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |            |
|                      |          |   |            |
|                      |          | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |            |
|                      |          | 2550 Denali Street, Ste. 1000<br>(Number, street, rural route, apartment, or suite number)  |            |
|                      |          | Anchorage, AK 99503-2751<br>(City, town, state, zip)  |            |
| С                    | INSTR    | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un  | less these |
| •                    | names    | s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space and a supervised of the system.  | bace B.    |
| System               | 1        | IDENTIFICATION OF CABLE SYSTEM:<br>GCI Cable, Inc Nome  |            |
|                      |          | MAILING ADDRESS OF CABLE SYSTEM:  |            |
|                      | 2        | P.O. Box 274  |            |
|                      | <b>∠</b> | (Number, street, rural route, apartment, or sulte 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 sufficiency of the fling, a determination that would be made by a court of law.

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |
|---------------------|--|--|
| Name                | GCI Communication Corp   | 242  |
|                     |  |  |
| D                   | Instructions: List each separate community served by the cable system. A "con<br>separate and distinct community or municipal entity (including unincorporated<br>unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list<br>community." Please use it as the first community on all future filings. | d communities within unincorporated areas and including single, discr<br>will serve as a form of system identification hereafter known as the "f |
| Area                | Note: Entities and properties such as hotels, apartments, condominiums, or m   | obile home parks should be reported in parentheses below the identi  |
| Served              | city.  |  |
|                     | CITY OR TOWN   | STATE  |
| First               | Nome   | AK   |
| Community           |  |  |
|                     |  |  |
| d Rows as Necessary |  |  |
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|                               | LEGAL NAME OF OWNER OF CA  | ABLE SYSTEM:       |  |                                   |            |                  |             | FORM SA1              | TEM ID |
|-------------------------------|--|--------------------|--|-----------------------------------|------------|------------------|-------------|-----------------------|--------|
| Name                          | GCI Communication Co   | rp                 |  |                                   |            |                  |             |                       | 2425   |
|                               | SECONDARY TRANSMISSION   |                    | IBSCRIBE                                     |                                   | .Ed        |                  |             |                       |        |
| E                             | In General: The information in s   |                    |  |                                   |            | y transmission   | service of  | the cable             |        |
|                               | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information   |                    |  |                                   |            |                  |             |                       |        |
| Secondary                     | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the   |                    |  |                                   |            |                  |             |                       |        |
| Transmission<br>Service: Sub- | last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken |                    |  |                                   |            |                  |             |                       |        |
| scribers and                  | down by categories of secondary  |                    |  |                                   |            |                  |             |                       |        |
| Rates                         | each category by counting the n  | •                  |  | 0,0                               |            | •                | •           | charged               |        |
|                               | separately for the particular serv   |                    |  |                                   |            |                  |             | as and the            |        |
|                               | <b>Rate:</b> Give the standard rate c unit in which it is generally billed.  | -                  |  |                                   |            |                  |             | -                     |        |
|                               | category, but do not include disc  | · · ·              | ,  |                                   | y stanuai  |                  | is within a |                       |        |
|                               | Block 1: In the left-hand block  |                    |  |                                   | es of sec  | ondary transmi   | ssion servi | ce that cable         |        |
|                               | systems most commonly provide  |                    |  |                                   |            |                  |             | 0,                    |        |
|                               | that applies to your system. Note  |                    |  | -                                 |            | -                |             |                       |        |
|                               | 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   |                    |  |                                   |            | ,                | ,,          | , 0                   |        |
|                               | with the number of subscribers a<br>sufficient.  | ind rates, in the  | e ngnt-nar                                   | IC DIOCK. A LWC                   | b- or thre | e-word descrip   | lion of the | service is            |        |
|                               |  | DCK 1              |  |                                   |            |                  | BLOC        | ٢2                    |        |
|                               | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIB |  | RATE                              | CATE       | EGORY OF SE      | RVICE       | NO. OF<br>SUBSCRIBERS | RAT    |
|                               | Residential:   | COBCOLUE           | LING   | TUTE                              | 0/11       |                  |             | COBCONIDENCO          | 1011   |
|                               | Service to first set   |                    | 339  | \$14.99                           |            |                  |             |                       |        |
|                               | • Service to additional set(s)   |                    |  |                                   |            |                  |             |                       |        |
|                               | • FM radio (if separate rate)  |                    |  |                                   |            |                  |             |                       |        |
|                               | Motel, hotel   |                    |  |                                   |            |                  |             |                       |        |
|                               | Commercial   |                    | 28   | \$14.99                           |            |                  |             |                       |        |
|                               | Converter  |                    |  |                                   |            |                  |             |                       |        |
|                               | Residential  |                    |  |                                   |            |                  |             |                       |        |
|                               | Non-residential  |                    |  |                                   |            |                  |             |                       |        |
|                               |  |                    |  |                                   |            |                  |             |                       |        |
|                               | SERVICES OTHER THAN SEC<br>In General: Space F calls for rat   |                    |  |                                   | nect to a  | ll vour cable sv | stom's son  | vices that were       |        |
| F                             | not covered in space E, that is, t   |                    | ,  | •                                 |            |                  |             |                       |        |
|                               | service for a single fee. There ar   |                    |  |                                   |            |                  |             |                       |        |
| Services                      | furnished at cost or (2) services  |                    |  |                                   |            |                  |             |                       |        |
| Other Than<br>Secondary       | amount of the charge and the un  |                    | usually bi                                   | lled. If any rate                 | es are ch  | larged on a var  | iable per-p | rogram basis,         |        |
| ransmissions:                 | enter only the letters "PP" in the rate column.<br>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.   |                    |  |                                   |            |                  |             |                       |        |
| Rates                         | 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   |                    |  |                                   |            |                  | e form of a |                       |        |
|                               | brief (two- or three-word) descrip   | tion and includ    | le the rate                                  | for each.                         |            |                  | -           |                       |        |
|                               |  | BLO                | r  |                                   |            |                  |             | BLOCK 2               |        |
|                               | CATEGORY OF SERVICE  | RATE               |  | RY OF SERVI                       |            | RATE             | CATEG       | ORY OF SERVICE        | RAT    |
|                               | Continuing Services:   | ¢40.47             |  | on: Non-resid                     | ential     |                  | Digital     | Convertor             | -      |
|                               | • Pay cable  | \$19.17            | Motel  |                                   |            |                  | Tier 2      | Converter             | 5      |
|                               | Pay cable—add'l channel     Eire protection  |                    | • Comn                                       |                                   |            |                  |             | Tiors                 | \$61   |
|                               | Fire protection  |                    | • Pay c                                      | able<br>able-add'l cha            | nnel       |                  | Digital     | 11613                 | 13     |
|                               | <ul> <li>Burdlar protection</li> </ul>   |                    | rayc   | unic-auu I Ulla                   | mer        |                  | DVR T       | inor                  |        |
|                               | •Burglar protection  |                    | • Fire n                                     | rotection                         |            |                  |             |                       | 14     |
|                               | Installation: Residential  | 25 50              | •  | rotection                         |            |                  | •••••       | IIIei                 | 14     |
|                               | Installation: Residential • First set  | 25.50              | • Burgla                                     | ar protection                     |            |                  |             |                       | 14     |
|                               | Installation: Residential<br>• First set<br>• Additional set(s)  |                    | • Burgla<br>Other se                         | ar protection<br>r <b>vices:</b>  |            | 20.00            |             |                       | 14     |
|                               | Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)   |                    | • Burgla<br>Other sen<br>• Recor             | ar protection<br>rvices:<br>nnect |            | 20.00            |             |                       | 14     |
|                               | Installation: Residential<br>• First set<br>• Additional set(s)  |                    | • Burgla<br>Other set<br>• Recort<br>• Disco | ar protection<br>rvices:<br>nnect |            | 20.00            |             |                       | 14     |

| Inting Period: 2                          |   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| Name                                      | LEGAL NAME OF OWNER O   | OF CABLE SYSTEM:  |  | SYSTEM I   |  |  |  |  |
|   | GCI Communication   | Corp  |  | 242  |  |  |  |  |
|   | PRIMARY TRANSMITTERS:   | TELEVISION  |  |  |  |  |  |  |
| G<br>Primary<br>ansmitters:<br>Felevision | 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.<br>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |   |  |  |  |  |  |  |
|   | • Do not list the station he station was carried only on  |   |  |  |  |  |  |  |
|   | basis. For further informati<br><b>Column 1:</b> List each static<br>multicast stream associate   | also in space I, if the station was carried<br>ion concerning substitute basis stations, s<br>on's call sign. <i>Do not</i> report origination pro-<br>ed with a station according to its over-the-   | ee page (v) of the general instructi<br>ogram services such as HBO, ESP                            | ons.<br>N, etc. Identify each  |  |  |  |  |
|   | of license. For example, V<br>Column 3: Indicate in eac   | the form.<br>hel number the FCC assigned to the televi<br>VRC is channel 4 in Washington, D.C.<br>h case whether the station is a network st<br>ering the letter "N" (for network), "N-M" (fo   | ation, an independent station, or a  | noncommercial  |  |  |  |  |
|   | (for independent multicast<br>For the meaning of these t<br><b>Column 4:</b> Give the locati  | ering the fetter in (for hetwork), in-in (for<br>), "E" (for noncommercial educational), or<br>terms, see page (iv) of the general instruction<br>on of each station. For U.S. stations, list the<br>adian stations, if any, give the name of the | "E-M" (for noncommercial educations in the paper SA1-2 form.<br>the community to which the station | onal multicast).<br>is licensed by the   |  |  |  |  |
|   | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION   | 4. LOCATION OF STATION   |  |  |  |  |
|   |   |   | <u> </u>   |  |  |  |  |  |
|   | ктоо  | 10.1  | E  | Juneau, AK   |  |  |  |  |
|   | КТОО<br>КТОО-2  | 10.1  | Е<br>Е-М   | Juneau, AK<br>Juneau, AK   |  |  |  |  |
| Rows as Necessary                         |   |   |  |  |  |  |  |  |
| Rows as Necessary                         | КТОО-2  | 10.2  | E-M  | Juneau, AK   |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR  | 10.2<br>13.1  | E-M  | Juneau, AK<br>Anchorage, AK  |  |  |  |  |
| ows as Necessary                          | KTOO-2<br>KYUR<br>KTBY  | 10.2<br>13.1<br>4.1   | E-M<br>N<br>I  | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK                                   |  |  |  |  |
| ows as Necessary                          | KTOO-2<br>KYUR<br>KTBY<br>KTUU  | 10.2<br>13.1<br>4.1<br>2.1  | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK                  |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |
| Rows as Necessary                         | KTOO-2<br>KYUR<br>KTBY<br>KTUU<br>KYES-4  | 10.2<br>13.1<br>4.1<br>2.1<br>5.4   | E-M<br>N<br>I<br>N   | Juneau, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK<br>Anchorage, AK |  |  |  |  |

| EGAL NAME OF   | OWNER OF C   | CABLE S  | YSTEM:  |  |  |   |   | SYSTEM I                         |
|--|--|--|---|--|--|---|---|----------------------------------|
| GCI Commu  | nication Co  | orp  |   |  |  |   |   | 242                              |
|  |  |  |   |  |  |   |   |                                  |
|  | every radio s  | tation ca  | rried on a separate and discre<br>nerally receivable by your cable  |  |  |   |   | н                                |
| ecceivable if (1)<br>on the basis of i<br>For detailed info<br>paper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>signal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>m.<br>entify the call<br>tate whether to<br>the radio stati<br>this by placing<br>ive the station | y the sys<br>be receivent<br>t the Co<br>sign of e<br>he statio<br>on's sign<br>g a check<br>d's locatio | -Band FM Carriage: Under Co<br>tem whenever it is received at<br>ved at the headend, with the sy<br>pyright Office regulations on th<br>each station carried.<br>In is AM or FM.<br>hal was electronically processes<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | the system's hea<br>ystem's FM anten<br>his point, see page<br>ed by the cable sy<br>e station is licens | idend, and (2)<br>nna, during ce<br>le (v) of the ge<br>ystem as a se<br>ed by the FCC | ) it can b<br>ertain sta<br>eneral in<br>parate a | e expected,<br>ated intervals.<br>structions in the.<br>nd discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM   | S/D  | LOCATION OF STATION   | CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION   |                                  |
| SALL OION  |  | 5,0  |   | C, LE OION   | 7.001101   | 5,0   |   |                                  |
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| Accounting Perio         | d: 2022/1   |                       |                                      |  |   |                 | FOR                   | M SA1-2E. PAGE 5 |  |  |
|--------------------------|---|-----------------------|--------------------------------------|--|---|-----------------|-----------------------|------------------|--|--|
| Name                     | LEGAL NAME OF OWNER OF  |                       | TEM:                                 |  |   |                 |                       | SYSTEM ID#       |  |  |
|                          | GCI Communication C   | orp                   |                                      |  |   |                 |                       | 24258            |  |  |
| Substitute               | SUBSTITUTE CARRIAGE<br>In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm  | ify every not         | nnetwork televis<br>eriod, under spe | <i>sion program,</i> broadcast by ecific present and former FC | C rules, regul                            | ations, or aut  | horizations.          | For a further    |  |  |
| Carriage:                | explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.<br><b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>   |                       |                                      |  |   |                 |                       |                  |  |  |
| Special<br>Statement and | <ul> <li>During the accounting per</li> </ul>   | -                     |                                      | -  | is, any nonne                             | twork televis   | sion progra           | <u>m</u>         |  |  |
| Program Log              | broadcast by a distant sta  | tion?                 |                                      |  |   |                 | YES                   | × NO             |  |  |
|                          | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program   |                       |                                      |  |   |                 |                       |                  |  |  |
|                          | Note: If your answer is two, leave the rest of this page blank. If your answer is Yes, you must complete the program log in block 2.  |                       |                                      |  |   |                 |                       |                  |  |  |
|                          |   |                       |                                      |  |   |                 |                       |                  |  |  |
|                          | <ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.</li> <li>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required</li> </ul> |                       |                                      |  |   |                 |                       |                  |  |  |
|                          |   |                       | TE PROGRAM                           | 1  | WHEN SUBSTITUTE<br>CARRIAGE OCCURRED 7. F |                 |                       | 7. REASON FOR    |  |  |
|                          | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN            | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY                       | 6. TI<br>FROM - | MES                   | DELETION         |  |  |
|                          |   |                       |                                      |  |   |                 |                       |                  |  |  |
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| Accounting Period:                        | 2022/1  | FORM SA                      | 1-2E. PAGE 6.            |
|---|---|------------------------------|--------------------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | S                            | YSTEM ID#                |
|   | GCI Communication Corp  |                              | 24258                    |
| K<br>Gross Receipts                       | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.  | ission service<br>mount, see | 2,819.00<br>ss receipts) |
|   |   |                              |                          |
| L<br>Copyright<br>Royalty Fee             | <ul> <li>COPYRIGHT ROYALTY FEE<br/>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 \$2<br/>Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br/>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br/>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul> | 263,800                      |                          |
|   | 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 th accounting period is \$52.00   | his six-month                |                          |
|   | Line 1. Royalty fee for accounting period   | \$                           | 52.00                    |
|   | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  |                              | 0.00                     |
|   | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  | . \$                         | 52.00                    |
|   | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1   | 00)                          |                          |
|   | 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)  |                              |                          |
|   | 8. Interest charge. Enter the amount from line 4, space Q, page 8   |                              | 0.00                     |
|   |   |                              |                          |
|   | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8   |                              |                          |
|   | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,  | 600)                         |                          |
|   | 1. Enter the amount of gross receipts from space K  |                              |                          |
|   | 2. Base amount under statutory formula \$ 263,800.00  |                              |                          |
|   | 3. Subtract line 2 from line 1  |                              |                          |
|   | 4. Multiply line 3 by .01   |                              |                          |
|   | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$  | 1,319.00                     |                          |
|   | 6. Interest charge. Enter the amount from line 4, space Q, page 8   | 0.00                         |                          |
|   | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6   |                              |                          |
|   | FILING FEE AND TOTAL REMITTANCE DUE   |                              |                          |
|   |   |                              |                          |
| Filing Fee and<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   | 52.00                        |                          |
| Duc                                       | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | 15.00                        |                          |
|   | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  | \$                           | 67.00                    |
|   | EFT Trace # or TRANSACTION ID #   |                              |                          |
|   | Important: Your remittance must be in the form of an electronic payment payable to the Register<br>See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo   |                              |                          |

| Accounting Period:                                | 2022/1   | FORM SA1-2E. PAGE 7. |
|---|--|----------------------|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>GCI Communication Corp   | SYSTEM ID#<br>24258  |
| M<br>Channels                                     | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .  | 10<br>202            |
| N<br>Individual to<br>Be Contacted<br>for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Cindy Hall   | 907-868-5615         |
| Information                                       | Address 2550 Denali Street, Ste. 1000<br>(Number, street, rural route, apartment, or suite number)<br>Anchorage, AK 99503<br>(City, town, state, zip)  |                      |
|   | Email chall2@gci.com Fax (optional 907-868-  | 9817                 |
| O<br>Certification                                | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> | rstem as identified  |
|   | Image: Symplectic conduction       X       /s/ Duncan Whitney         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Duncah Whitney         Title:       Chief Product Officer         (Title of official position held in corporation or partnership)  |                      |
|   | Date: August 23, 2022  |                      |

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  |
|---|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM:   |   | SYSTEM I   |
| Communication Corp  |   | 2425   |
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS REC<br/>The Satellite Home Viewer Act of 1988 amended Title 17, section<br/>lowing sentence:         <ul> <li>"In determining the total number of subscribers and the g<br/>service of providing secondary transmissions of primary b<br/>scribers and amounts collected from subscribers receiving.</li> </ul> </li> <li>For more information on when to exclude these amounts, see the<br/>located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any<br/>made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>   | n 111(d)(1)(A), of the Copyright Act by adding the fol-<br>ross amounts paid to the cable system for the basic<br>proadcast transmitters, the system shall not include sub-<br>g secondary transmissions pursuant to section 119."<br>e note on page (vii) of the general instructions<br>amounts of gross receipts for secondary transmissions | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below   | N   |  |
| Name<br>Mailing Address   | Name<br>Mailing Address   |  |
|   |   |  |
| INTEREST ASSESSMENT   |   |  |
| You must complete this worksheet for those royalty payments su  | bmitted as a result of a late payment or underpayment.  | 0  |
| For an explanation of interest assessment, see page (viii) of the   | general instructions located in the paper SA1-2 form.   |  |
| For an explanation of interest assessment, see page (viii) of the<br>Line 1 Enter the amount of late payment or underpayment  |   | Interest Assessmer   |
|   |   | Interest Assessmen   |
| Line 1 Enter the amount of late payment or underpayment   | x   | Interest Assessmer   |
|   | x   | Interest Assessmer   |
| Line 1 Enter the amount of late payment or underpayment   | x   |  |
| Line 1 Enter the amount of late payment or underpayment   | xx  |  |
| Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he   | xx  |  |
| Line 1       Enter the amount of late payment or underpayment         Line 2       Multiply line 1 by the interest rate* and enter the sum he         Line 3       Multiply line 2 by the number of days late and enter the sum         Line 4       Multiply line 3 by 0.00274** and enter here  | x   |  |
| Line 1 Enter the amount of late payment or underpayment<br>Line 2 Multiply line 1 by the interest rate* and enter the sum he<br>Line 3 Multiply line 2 by the number of days late and enter the s   | x   | Interest Assessmen   |
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| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum he</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>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 b</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensing</li> </ul>   | x   |  |
| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or be</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/lite</i></li> </ul>   | x   |  |
| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum he</li> <li>Line 3 Multiply line 2 by the number of days late and enter the se</li> <li>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 be</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensing</li> <li>** This is the decimal equivalent of 1/365, which is the interest</li> <li>NOTE: If you are filing this worksheet covering a statement of activation of the licensing first community served, ID number</li> </ul>                          | x   |  |
| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum he</li> <li>Line 3 Multiply line 2 by the number of days late and enter the set</li> <li>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 be</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensire</li> <li>** This is the decimal equivalent of 1/365, which is the interest</li> <li>NOTE: If you are filing this worksheet covering a statement of activative below the owner, address, first community served, ID number</li> <li>Owner</li> </ul> | x   |  |
| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum he</li> <li>Line 3 Multiply line 2 by the number of days late and enter the se</li> <li>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 be</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensing</li> <li>** This is the decimal equivalent of 1/365, which is the interest</li> <li>NOTE: If you are filing this worksheet covering a statement of activation of the licensing first community served, ID number</li> </ul>                          | x   |  |
| <ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum he</li> <li>Line 3 Multiply line 2 by the number of days late and enter the set</li> <li>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 be</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensire</li> <li>** This is the decimal equivalent of 1/365, which is the interest</li> <li>NOTE: If you are filing this worksheet covering a statement of activative below the owner, address, first community served, ID number</li> <li>Owner</li> </ul> | x   |  |
| Line 1 Enter the amount of late payment or underpayment<br>Line 2 Multiply line 1 by the interest rate* and enter the sum here<br>Line 3 Multiply line 2 by the number of days late and enter the set<br>Line 4 Multiply line 3 by 0.00274** and enter here<br>in space L, (page 6) block 1, line 2, or block 2 line 8, or be<br>* To view the interest rate chart click on <i>www.copyright.gov/li</i><br>contact the Licensing Division at (202) 707-8150 or licensire<br>** This is the decimal equivalent of 1/365, which is the interest<br>NOTE: If you are filing this worksheet covering a statement of ac<br>list below the owner, address, first community served, ID number<br>Owner<br>Address  | x   |  |

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| C                                   | Cab       | ole<br>Late a t   | Total amount of remittance    | Number of SAs rea           | c'd Initi   | als      |
|-------------------------------------|-----------|-------------------|-------------------------------|-----------------------------|-------------|----------|
|                                     | vvor      | ksneet            |                               | -                           |             |          |
|                                     |           |                   | Date of remittance            | Check EFT                   | □ FILING FE | ES       |
| Cable ID #                          |           |                   |                               |                             | Amount      | Initials |
| Examined by                         | R         | eviewed by        | Date examination<br>completed | Allocation number           |             |          |
| Space A<br>Accounting<br>Period     |           |                   |                               |                             |             |          |
|                                     | □January  | 1 - June 30, 2017 | C                             | ]July 1 - December 31, 2017 |             |          |
|                                     | Letter s  | ent               | C                             | Information received        |             |          |
|                                     |           | :d                | Ľ                             | Phone call/Date/Contact     |             |          |
| Space B<br>Owner                    |           |                   |                               |                             |             |          |
|                                     | □Letter s | ent               | C                             | Information received        |             |          |
|                                     |           | d                 | C                             | Phone call/Date/Contact     |             |          |
| Space D<br>Area Served              |           |                   |                               |                             |             |          |
|                                     | Letter s  | ent               | C                             | Information received        |             |          |
|                                     |           | d                 | Ľ                             | Phone call/Date/Contact     |             |          |
| Space E<br>Secondary<br>Transission |           |                   |                               |                             |             |          |
| Service<br>Subscribers:             | □Letter s | ent               | C                             | Information received        |             |          |
| and Rates                           |           | d                 | C                             | Phone call/Date/Contact     |             |          |
| Space G<br>Primary<br>Transmitters: |           |                   |                               |                             |             |          |
| Television                          | □Letter s | ent               | [                             | Information received        |             |          |
|                                     |           | d                 | E                             | Phone call/Date/Contact     |             |          |
| Space H<br>Primary<br>Transmitters: |           |                   |                               |                             |             |          |
| Radio                               |           | ed                | [                             | Phone call/Date/Contact     |             | _        |

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