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

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT
8-24-22
\$
ALLOCATION NUMBER

Return completed workbook by email to:

## coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24261
		1	
		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 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751 (City, town, state, zip)	
	INIOTE		41
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Kotzebue	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 750 (Number, street, rural route, apartment, or suite number)	
		Kotzebue, AK 99752 (City, town, state, zjp code)	
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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	24				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mot	bile home parks should be reported in parentheses below the identi				
Served	city.					
	CITY OR TOWN	STATE				
First	Kotzebue	AK				
Community						
Rows as Necessary						

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID	
Name	GCI Communication Co	rp							2426	
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRIF		TES					
Ε	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission									
Secondary Transmission	,	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	<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	lown 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	0,1,0	•		0,0		•	•	s charged		
	separately for the particular serv Rate: Give the standard rate c							rae and the		
	unit in which it is generally billed.	-	-	•				-		
	category, but do not include disc	• •	,		,					
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide that applies to your system. Note							0,		
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o							с и		
	Block 2: If your cable system I printed in block 1 (for example, t	0		•						
	with the number of subscribers a					,	,,	, 0		
	sufficient.		o ngini n							
	BLC	DCK 1	- 1				BLOCI			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	CODOOLUD		TUTE	0/11			COBCOLUBEILO	1011	
	Service to first set		248	\$14.99						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		16	\$14.99						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS					•		
_	In General: Space F calls for rat				pect to a	ll your cable sy	stem's ser	vices that were		
F	not covered in space E, that is, t	hose services	that are	not offered in c	ombinatio	on with any sec	ondary tra	nsmission		
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the		,					· · g ,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	, , ,	BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			tion: Non-resid						
	• Pay cable	\$19.17	• Mot	el, hotel			Digital	Converter	5.	
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Con	nmercial			Tier 2		\$61.	
	Fire protection		• Pay	cable			Digital	Tiers	13.	
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l cha	nnel					
	Installation: Residential		• Fire	protection			DVR T	uner	14.	
	• First set	25.50		glar protection						
	<ul> <li>Additional set(s)</li> </ul>	15.00	Other s	ervices:						
	• FM radio (if separate rate)			onnect		20.00				
	Converter			connect						
						00.00				
				let relocation ve to new addre		20.00				

-										
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM						
	GCI Communication	Corp		242						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	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. <b>Substitute Basis Stations:</b> 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 informat <b>Column 1:</b> List each statio	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	see page (v) of the general instructi ogram services such as HBO, ESP	ions. ²N, etc. Identify each						
	of license. For example, V Column 3: Indicate in eac	nel number the FCC assigned to the televi NRC is channel 4 in Washington, D.C. ch case whether the station is a network st	tation, an independent station, or a	noncommercial						
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	ering the letter "N" (for network), "N-M" (fo ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list tl adian stations, if any, give the name of the	"E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KT00	10.1	E							
	ктоо	10.1		Juneau, AK						
	ктоо-2	10.2	E-M	Juneau, AK Juneau, AK						
ows as Necessary										
ows as Necessary	КТОО-2	10.2	E-M	Juneau, AK						
ows as Necessary	KTOO-2 KYUR	10.2 13.1	E-M	Juneau, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY	10.2 13.1 4.1	E-M N I	Juneau, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU	10.2 13.1 4.1 2.1	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KTOO-2 KYUR KTBY KTUU KYES-4	10.2 13.1 4.1 2.1 5.4	E-M N I N	Juneau, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						

EGAL NAME OF			/STEM:					SYSTEM I
GCI Commu	nication Co	orp						242
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate i Column 4: G	it is carried by monitoring, to rmation abou m. entify the call cate whether the the radio stati this by placing ive the station	/ the syst be receivent the Co sign of e he station on's sign a check a's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the sy	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a se ed by the FCC	) it can b ertain sta eneral in parate a	e expected, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 122 01011		5,0		S. LE SIGN		5,0		
		·						
		·						
		·						
		·						
		·						
		·						

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#		
Name	GCI Communication C	orp						24261		
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further evaluation of the programming that must be included in this log, see page (u) of the general instructions in the paper SA1-2 form									
Substitute Carriage: Special Statement and Program Log	<ul> <li>explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.</li> <li><b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b> <ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li><b>WES X NO</b></li> </ul> </li> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> <li><b>2. LOG OF SUBSTITUTE PROGRAMS</b></li> <li><b>In General</b>: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li><b>Column 1</b>: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. 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><b>Column 3</b>: Give the call sign of the station broadcasting the substitute program.</li> <li><b>Column 4</b>: 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><b>Column 6</b>: State the times when the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li><b>Column 7</b>: 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 required to 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></ul>									
	was substituted for program effect on October 19, 1976.			·	WHE	N SUBSTIT	UTE			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCU 6. TI FROM -	MES	7. REASON FOR DELETION		
							<u>-</u>			
					]		_			

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	GCI Communication Corp		24261
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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.	nission service amount, see	3,206.00 pss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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 \$:</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</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 t 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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER GCI Communication				SYSTEM ID# 24261
M Channels	to its subscribers, and 1. Enter the total numb system carried telev 2. Enter the total numb on which the cable s	(2) the cable system's total n ber of channels on which the vision broadcast stations ber of activated channels system carried television broa		counting period.	8
N Individual to Be Contacted	we can contact about	this statement of account.)	IFORMATION IS NEEDED (Identify an inc		
for Further Information		dy Hall		Telephone	907-868-5615
	(Numb	0 Denali Street, Ste. 1 per, street, rural route, apartment, or horage, AK 99503 town, state, zip)			
	Email	chall2@gci.com		Fax (optional <b>907-868-</b>	9817
ο	CERTIFICATION (This s	tatement of account must be	certified and signed in accordance with Co	opyright Office regulations)	
Certification		eby certify that (Check one, <i>but</i>			
			ship) I am the owner of the cable system as		
	in line	1 of space B and that the owne	r partnership) I am the duly authorized ages r is not a corporation or partnership; or		
	in line <ul> <li>I have examined the state</li> </ul>	1 of space B. atement of account and hereby correct to the best of my know	poration) or a partner (if a partnership) of the declare under penalty of law that all stateme ledge, information, and belief, and are made	ents of fact contained herein	er of the cable system
			/s/ Duncan Whitney an electronic signature on the line above to co signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed name	E Duncan Whitney		
			ef Product Officer icial 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 II
Communication Corp		2426
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving</li> <li>For more information on when to exclude these amounts, see the located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	a 111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	<i>.</i>	
Name Mailing Address	Name	
		•••••
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su	bmitted as a result of a late payment or undernayment	
For an explanation of interest assessment, see page (viii) of the		Q
	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the cline 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the cline 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the c Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	e	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the cline 1 Enter the amount of late payment or underpayment	e	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s	general instructions located in the paper SA1-2 form.         x         e	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the c Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	e	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	e	Q Interest Assessmen
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs red	'd Initials
	vvor	ksneet		-	
			Date of remittance	Check DEFT	☐ FILING FEES
Cable ID #					Amount Initia
Examined by	R	eviewed by	Date examination completed	Allocation number	
Space A Accounting 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 Owner					
	Letter s	ent	C	Information received	
		d	C	Phone call/Date/Contact	
Space D Area Served					
	Letter s	ent	C	Information received	
		d	Ľ	Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	□Letter s	ent	C	Information received	
and Rates		d	C	Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter s	ent	C	Information received	
		d	[	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		ed	[	Phone call/Date/Contact	

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