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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	8-24-22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	0-24-22	ALLOCATION NUMBER	Tel: (202) 707-8150
•			

Α	ACCOUNTING 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 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.
	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)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	GCI Cable, Inc Barrow
	MAILING ADDRESS OF CABLE SYSTEM:
	2 P.O. Box 489 (Number, street, rural route, apartment, or suite number)
	Barrow, AK 99723 (City, town, state, zip code)
<u> </u>	[roult must and the poort]

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Nume	GCI Communication Corp	62462						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area Served	city.	mobile nome parks should be reported in parentileses below the identified						
First	CITY OR TOWN Barrow	STATE AK						
Community	Barrow							
-								
ows as Necessary								

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1		
Name	GCI Communication Co	rp							6246	
	SECONDARY TRANSMISSION		IBSCRIF		TES					
E	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period				-		those exis	ting on the		
Service: Sub-							ble system	ı, broken		
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n	•		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. Not							0,		
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted of							с и		
	Block 2: If your cable system printed in block 1 (for example, t	•		-						
	with the number of subscribers a					,		, 0		
	sufficient.		j							
	BLC	DCK 1					BLOC		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:				-		-			
	Service to first set		555	\$14.99						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		0	-						
	Commercial		117	\$14.99						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS							
-	In General: Space F calls for rat				pect to a	Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t						-			
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.		2		C C		•		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	•			
	brief (two- or three-word) descrip				0 101111 01 G					
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEGORY OF SERVIC		RAT	
	Continuing Services:		Installa	tion: Non-resid	dential					
	• Pay cable	\$21.97	• Mot	el, hotel			Digital	Converter	5.	
	Pay cable—add'l channel		• Con	nmercial			Tier 2		\$61.	
	Fire protection		• Pay	cable			Digital	Tiers	14.	
	•Burglar protection		• Pay	cable-add'l cha	nnel					
	Installation: Residential		• Fire	protection			DVR Tu	uner	14.	
	• First set	25.50		glar protection						
	 Additional set(s) 	15.00	Other s	ervices:						
	• FM radio (if separate rate)			onnect		20.00				
	Converter		• Disc	connect						
		r								
				et relocation e to new addre		20.00				

ting Period: 2										
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID						
	GCI Communication	Corp		6246						
	PRIMARY TRANSMITTERS:	TELEVISION								
G rimary nsmitters: levision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
	• Do not list the station her station was carried only or	 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 								
	basis. For further informati Column 1: List each statio	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	see page (v) of the general instruction ogram services such as HBO, ESP	ons. N, etc. Identify each						
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W	the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	rision station for broadcasting over t	the air in its community						
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. The community to which the station i	endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	ктвү	4.1	Ν	Anchorage, AK						
	KTBY KYES	4.1 5.1	N I	Anchorage, AK Anchorage, AK						
ws as Necessary			N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK						
ws as Necessary	KYES	5.1	I	Anchorage, AK						
ws as Necessary	KYES KTUU	5.1 2.1	l N	Anchorage, AK Anchorage, AK						
ws as Necessary	KYES KTUU KYUR	5.1 2.1 13.1	I N N	Anchorage, AK Anchorage, AK Anchorage, AK						
ws as Necessary	KYES KTUU KYUR KYES-2	5.1 2.1 13.1 5.2	I N N N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						
ws as Necessary	KYES KTUU KYUR KYES-2 KTOO	5.1 2.1 13.1 5.2 3.1	i N N E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK						

Accounting F			YSTEM [.]					M SA1-2E. PAGE
GCI Commu								
		лр						6246
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	
receivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Sive the statior	y the syst be receivent t the Co sign of e he statio on's sign g a check o's locatio	-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. n is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anten his point, see pag ed by the cable sy e station is licens	adend, and (2) nna, during ce le (v) of the ge vstem as a sep ed by the FCC	it can b rtain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
	1	-	the community with which the s		-	C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KBRW	FM		Barrow, AK					
				·				
	1							

Accounting Perio	od: 2022/1						FORM	A SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Hamo	GCI Communication C	orp						62462
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	lations, or auth	norizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting perboadcast by a distant sta Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE	r CONCER riod, did you tion? ", leave the PROGRA titute progra ace, please of every no distant star gulations, o ries like "mo Bulls." m was broa sign of the adcast stati hadian statio th and day ve "5/7." es when the	INING SUBST ar cable system rest of this page model and this page and on a separa add additional onnetwork televention and that yo for authorization povies" or "basked dcast live, enter station broadca on's location (the ons, if any, the when your systen e substitute pro- a program carr	ITUTE CARRIAGE In carry, on a substitute bas ge blank. If your answer is ate line. Use abbreviations rows to the tables. vision program ("substitute pour cable system substitute s. See page (v) of the gen etball." List specific 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	"Yes," you m "Yes," you m wherever pos program") the ed for the prog eral instructio m titles, for ex No." am. e station is lice station is lice station is lice program. Use cable system :15 p.m. to 6:	etwork televisi ust complete ssible, if their at, during the gramming of a ons for further (ample, "I Lov ensed by the ntified). e numerals, w 1. List the time 28:30 p.m. sh	ion program YES the progra meaning is accounting another sta informatio re Lucy" or FCC or, in vith the mo es accurate nould be	n x NO m s s tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that ;	ions in effect du	as permitted to delete und	d; enter the le er FCC rules a	tter "P" if the	listed progr ns in UTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION
			· · · · · · · · · · · · · · · · · · ·					

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	GCI Communication Corp		62462
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service mount, see	2 ,497.00 ss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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. 	63,800	
	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	iis 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 \$137,10	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	SYSTEM ID# 62462
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	11 217
N Individual to Be Contacted 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 (Number, street, rural route, apartment, or suite number) Anchorage, AK 99503 (City, town, state, zip)	
	Email chall2@gci.com Fax (optional 907-868	9817
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 identified as own 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)] 	ystem as identified
	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: Duncan 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 II
I Communication Corp	6246
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer

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.

C	Cab	ole Late a t	Total amount of remittance	Number of SAs rec'd		als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
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	[Information received		
		d	E	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		
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	
	Phone call/Date/Contact	