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 COPYRIG	HT OFFICE USE ONLY	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 in the first tab of this workbook	02/21/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2022/2 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.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	General Communication Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
	Anchorage, AK 99503-2751 (City, town, state, zip)	
С	<b>INSTRUCTIONS:</b> 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	1 IDENTIFICATION OF CABLE SYSTEM:	
	GCI Cable, Inc Cordova	
	B O Pox 929	
	2 (Number, street, rural route, apartment, or suite number)	
	Cordova, AK 99574 (City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	General Communication Inc.	3181
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served		
	CITY OR TOWN	STATE
First	Cordova	AK
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM <sup>.</sup>						FORM SA1	TEM II
Name	General Communication							010	318
		1 1110.							
Е	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover all	categories of	secondary				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
itatoo	separately for the particular serv	ice at the rate	ndicated	l-not the num	ber of sets	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar		s within a p		
	Block 1: In the left-hand block	in space E, th	e form lis	ts the categor					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to a	additiona	l sets would b	e included				
	first set" and would be counted of					convice that are	different fr	iom those	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.						BLOCK	( )	
	BLU	OCK 1 NO. OF					BLUCP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:		114	\$14.00					
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		114	\$14.99					
	• FM radio (if separate rate)								
	Motel, hotel		8	72.84					
	Commercial		10	\$14.99					
	Converter		I						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	3				
F	In General: Space F calls for rat	<b>`</b>	,		•	, ,			
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	amount of the charge and the ur		usually l	oilled. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	oplicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip			e for each.					
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	NATE		tion: Non-res		NATE	CATEG	SKT OF SERVICE	INA.
	•	\$20.11		el, hotel			Digital	Converter	5
	Pay cable		• Con	nmercial			Tier 2		\$61
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>						Digital	Tioro	1
			• Pay	cable				11612	14
	• Pay cable—add'l channel		• Pay	cable-add'l ch	annel				14
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Fire	cable-add'l ch protection	annel		DVR Tι		
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	25.50	• Pay • Fire • Burç	cable-add'l ch protection glar protection	annel		DVR Tı		
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	25.50 15.00	• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection <b>ervices:</b>	annel		DVR Tı		
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Fire • Burg Other s • Rec	cable-add'l ch protection glar protection <b>ervices:</b> onnect	annel	20.00	DVR Tı		
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Fire • Burg <b>Other s</b> • Rec • Disc	cable-add'l ch protection glar protection <b>ervices:</b>	annel	20.00	DVR Tu		14

ne	LEGAL NAME OF OWNER OF			SYSTEM ID# 3181
	General Communicati			0101
ary itters: ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-ti- te carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESP e-air designation. For example, repo- vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station i	me basis under ims [sections ions carried on a ostitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial 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	I	Anchorage, AK
	KTBY KYES	<u>4.1</u> 5.1	 	Anchorage, AK Anchorage, AK
ssary			I I N	
sary	KYES	5.1	I I N N	Anchorage, AK
essary	KYES KTUU	5.1 2.1		Anchorage, AK Anchorage, AK
ssary	KYES KTUU KYUR	5.1 2.1 13.1	N	Anchorage, AK Anchorage, AK Anchorage, AK
ary	KYES KTUU KYUR KYUR-2	5.1 2.1 13.1 13.2	N I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
ary	KYES KTUU KYUR KYUR-2 KYES-4	5.1 2.1 13.1 13.2 5.4	N i-M i-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
ssary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
essary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
essary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
essary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
:essary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
ecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
ecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
ecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
lecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
ecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
Vecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
lecessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
Necessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK
Necessary	KYES KTUU KYUR KYUR-2 KYES-4 KTOO	5.1 2.1 13.1 13.2 5.4 3.1	N I-M I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Juneau, AK

Accounting P							FORM	/I SA1-2E. PAGE 4
			/STEM:					SYSTEM ID#
General Con	nmunicatio	on Inc.						3181
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KLAM	FM		Cordova, AK					
		+						
		+						
		+						
		<u> </u>						

	od: 2022/2						FOR	M SA1-2E. PAGE 5
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	General Communication	on Inc.						3181
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	3			
I	In General: In space I, identi substitute basis during the a	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regula	ations, or au	thorizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonnet	work televis		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is '	Yes," you mu	st complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is	6
				ision program ("substitute p	program") tha	t, during the	accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	r informatio	n.
	"NBA Basketball: 76ers vs.		vies of baske	abali. List specific program		ample, 1 Lo	ve Lucy of	
				r "Yes." Otherwise enter "N				
				asting the substitute progra ne community to which the		and by the	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv					1		h.,
	to the nearest five minutes.			gram was carried by your o				нy
	stated as "6:00–6:30 p.m."	Example: e	i program oann		o p.ini. to 0.2	0.00 p.iii. 0		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulato		
								1
	s			1		N SUBSTI AGE OCCI		7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	7. REASON FOR DELETION
		UBSTITUT			CARRI	AGE OCCU 6. T	JRRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	<b>2022/2</b> FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
	General Communication Inc. 31
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
_	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	<ul> <li>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 \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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 this six-moni accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	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
	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
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: nmunication Inc.	SYSTEM ID# 3181
<b>M</b> Channels	to its subscrib 1. Enter the to system carri 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	11
		adcast services	226
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Cindy Hall Telephone 907-	868-5615
	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	
	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I. the undersion	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	is identified
		fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B.	e cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein slete, and correct to the best of my knowledge, information, and belief, and are made in good faith. sction 1001(1986)]	
		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: February 20, 2023	

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 the 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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
eral Communication Inc.	318
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name Mailing Address Mailing Address	
	n 
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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
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