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						
02/26/2025	\$						
	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	A ACCOUNTING 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.							
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 Girdwood							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)							
		Anchorage, AK 99503 (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.

	FOUNDATION OF CONTROL OF CONTROL	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	General Communication Inc.	396
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	obile florite parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Girdwood	AK
Community		
-		
d Rows as Necessary		
a Rows as Necessary		

Accounting Period: 2024/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**General Communication Inc.** 

SYSTEM ID# 39689

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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).

**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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	55	\$14.99				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel			Bulk	-	#DIV/0!	
Commercial	0	\$14.99				
Converter						
Residential						
Non-residential						
					[	

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**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 of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$19.17	<ul> <li>Motel, hotel</li> </ul>		Digital Converter	5.99
<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>		Tier 2	\$61.22
Fire protection		• Pay cable		Digital Tiers	13.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>		DVR Tuner	14.99
• First set	25.50	<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>	15.00	Other services:			
• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>	20.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	20.00		
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39689

General Communication Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

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, except (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 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.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTUU	2.1	N	Anchorage, AK
KTUU-2	2.2	N-M	Anchorage, AK
KTBY	4.1	<u> </u>	Anchorage, AK
KYES	5.1	<u> </u>	Anchorage, AK
KYES-2	5.2	I-M	Anchorage, AK
KYES-4	5.4	I-M	Anchorage, AK
KAKM	7.1	E	Anchorage, AK
KAKM-2	7.2	E-M	Anchorage, AK
KAKM-4	7.4	E-M	Anchorage, AK
KAKM-3	7.3	E-M	Anchorage, AK
KYUR	13.1	N	Anchorage, AK
KYUR-2	13.2	N-M	Anchorage, AK
KCFT	35.1	l	Anchorage, AK
KDMD-3	38.3	I-M	Anchorage, AK
KDMD-2	38.2	I-M	Anchorage, AK
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

39689

**General Communication Inc.** 

#### 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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM ας ΓM	6/D	LOCATION OF STATION	CALLSION	ΛM ας ΓΜ	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		l					
		l					
		<b></b>					

A	-1-2024/2									500	1101105 01055
Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:							FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	General Communicat										39689
											00000
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programm	ntify every no accounting p ming that mu	nnetwork telev period, under sp est be included	rision peci in th	n program, broadcast by fic present and former F his log, see page (v) of th	a <i>distant</i> si CC rules, re	gula	itions, d	or aut	horizatio	ns. For a further
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									ıram	
Statement and										X NO	
Program Log	_				11	"X				_	
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	s "Yes," you	ı mu	st com	ipiete	tne pro	gram
	log in block 2.  2. LOG OF SUBSTITUT	F PROGRA	AMS								
	In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brot the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." Im was broad a sign of the badcast stationadian station and day ive "5/7." In the sewhen the sewhen the sewhen the sewhen the sewhen the and regulate mming that	am on a separadd additional add additional and that your authorizatio ovies" or "bask addast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	al roomerication of the control of t	ws to the tables. Ion program ("substitute cable system substitut See page (v) of the ger call." List specific progra "Yes." Otherwise enter " ting the substitute progr community to which the mmunity with which the m carried the substitute ram was carried by your d by a system from 6:01 was substituted for progr ng the accounting perio	e program") ed for the perel instruction in titles, for the second in the program. It is program	that progrection ction exact licer iden Use em. 6:28 at you	t, durin rammin as for fr ample, nsed b tified). numer List th 3:30 p. our sys	g the ng of urther the urther the y the rals, v e time m. she tem v if the	accoun another r informative Lucy"  FCC or, with the researcure accurate accurate was requisited preserved.	ting station ation. or in month rately
		NUDOTITUT	T DDOODAA					SUBS			7 DEASON FOR
	S	1	E PROGRAM  3. STATION'S			5. MONTH			TIME		7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN		STATION'S LOCATION	AND DAY		FROM	_	TO	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  General Communication Inc.	31	STEM I 396
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 5	,255.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 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.	\$263,80(	
	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)	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	_	
	FILING FEE AND TOTAL REMITTANCE DUE		
	TIEINGT LE AND TOTAL NEIWITTANGE DOL		
Filing Fee and otal Remittance Due	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 more		

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF General Communication				SYSTEM ID# 39689
<b>M</b> Channels	to its subscribers, and (2) the subscribers, and the total number of	ne cable system's to	channels on which the cable system carrier tal number of activated channels during the the cable	accounting period.	19
	Enter the total number of on which the cable system and nonbroadcast service	carried television b	oroadcast stations		216
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st		ER INFORMATION IS NEEDED (Identify ar .)	individual to whom	
for Further Information	Name Cindy I	Hall		Telephone	907-868-5615
	(Number, st	enali Street, St	ent, or suite number)		
	(City, town,			F(	0047
	Email	chall2@gci.co	OM	Fax (optional) 907-868-	9817
O Certification			st be certified and signed in accordance wit	h Copyright Office regulations)	
			urtnership) I am the owner of the cable syste	m as identified in line 1 of space	B; or
			tion or partnership) I am the duly authorized vner is not a corporation or partnership; or	agent of the owner of the cable	system as identified
	X (Officer or partn in line 1 of spa	,	a corporation) or a partner (if a partnership)	of the legal entity identified as ow	rner of the cable system
		ect to the best of my l	nereby declare under penalty of law that all st knowledge, information, and belief, and are r		1
			X /s/ Josh Lonn		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., ,		
		Typed or printed	name: <b>Josh Lonn</b>		
			Chief Product Officer cial position held in corporation or partnership)		
		Date:		February 26, 2025	

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Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 39689 **General Communication Inc.** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 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 block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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