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	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	8/26/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	1

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
T enou			
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.	61721
		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	
	INICTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Prudhoe Bay	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	900 E. Benson Blvd. (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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	General Communication Inc.	61721
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 filir	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
		07475
First	CITY OR TOWN Prudhoe	AK
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	General Communication							0.0	6172
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D	cover all and radio ace F, no ecember	categories of b broadcasts l ot here. All the 31, as the cas	secondary by your sy facts you se may be	stem to subscri state must be).	bers. Give those exist	information ing on the	
scribers and Rates	down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate of 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 categories, that person or entity subscriber who pays extra for categories	umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an ind should be cour ble service to a	is in that indicated h catego 20/mth"). for advar e form lis ribers. Gi dividual c nted as a additiona	category (the —not the num ry of service. I Summarize a nce payment. ts the categor ve the number or organization subscriber in I sets would b	number of ber of sets nclude bo ny standar ies of seco r of subsc is receivi each appl e included	f persons or org s receiving sen th the amount or rd rate variation ondary transmis ribers and rate ng service that icable category	ganizations vice). of the charg is within a p ssion servic for each lis falls under v. Example:	charged le and the particular rate et that cable ted category different a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	has rate catego iers of services	ories for s that incl	secondary trar ude one or mo	nsmission ore second	dary transmissi	ons), list the	em, together ervice is	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set								
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel				Bulk			1,898	17.
	Commercial								
	Converter								
	Residential Non-residential								
F Services Other Than Secondary Fransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	her) inforr that are r ns: you d nished to usually b he cable stem furn e was ma	nation with re- lot offered in c lo not need to nonsubscribe silled. If any ra system for ea ished or offere ade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco information con formation shou arged on a vari applicable servi the accounting	ondary tran cerning (1) Id include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
		RATE		DRY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE			IOII. NOII-IES	uentiai				
	Continuing Services:			el hotel					
		3.00	• Mote	el, hotel Imercial					
	Continuing Services: • Pay cable		• Mote	mercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Com • Pay • Pay	imercial cable cable-add'l ch	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay • Pay • Fire	mercial cable cable-add'l ch protection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		 Mote Com Pay Pay Fire Burg 	imercial cable cable-add'l ch protection llar protection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mote • Com • Pay • Pay • Fire • Burg Other se	mercial cable cable-add'l ch protection lar protection ervices:	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	mercial cable cable-add'l ch protection lar protection ervices: onnect	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	mercial cable cable-add'l ch protection lar protection ervices:	annel				

ame	LEGAL NAME OF OWNER O			SYSTEM ID 6172
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
	KYUR	13.1	N	Anchorage, AK
	KYUR-2	13.2	I	Anchorage, AK
cessary	KYUR-2 KTUU	13.2 2.1	I N	
cessary				Anchorage, AK
ecessary	κτυυ	2.1	N	Anchorage, AK Anchorage, AK
cessary	KTUU KTVA	2.1 11.1	N N	Anchorage, AK Anchorage, AK Anchorage, AK
essary	KTUU KTVA KYES	2.1 11.1 5.1	N N I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
cessary	KTUU KTVA KYES KAKM	2.1 11.1 5.1 7.1	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Vecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
lecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
lecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
lecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK
lecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Vecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Vecessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
5 Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK
Necessary	KTUU KTVA KYES KAKM KAKM-3	2.1 11.1 5.1 7.1 7.3	N N I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK

Accounting P							FORM	M SA1-2E. PAGE 4
LEGAL NAME OF			/STEM:					SYSTEM ID
General Con	nmunicatio	on Inc.						6172
	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 i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a ived at the headend, with the pyright 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 ne station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ærtain s general i eparate	be expected, tated intervals. instructions 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	
					1	t	+	

	od: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	General Communication	on Inc.						61721
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3			
	In General: In space I, identi	fv everv nor	nnetwork televis	sion program, broadcast by	a <i>distant</i> stat	on, that your	· cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	ion progran	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your anowar is "No"	' loovo tho	root of this pas	a blank. If your anowar is "	Voo "vou mi			
	Note: If your answer is "No'	, leave the	rest of this pag	je Diank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incurning io	,
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re							า.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	toall. List specific program	i titles, for exa	ample, I Lov	velucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				ne community to which the			FCC or, in	
	the case of Mexican or Can						with the mor	ath
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	biogram. Use	numerais, v	vith the mor	101
			e substitute pro	gram was carried by your o	able system.	List the time	es accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulatio	115 111	
	,,,							
						N SUBSTI		
				1	CARRI	AGE OCCL	JRRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCL		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	General Communication Inc.		61721
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter fi all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amorpage (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.	ion service ount, see	2, 822.00 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 \$263 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00 Line 1. Royalty fee for accounting period		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
)	
	2. Enter amount of gross receipts from space K \$ 192,822.00		
	3. Subtract line 2 from line 1		
		2,822.00	
		0,978.00	
	6. Subtract line 5 from line 4	,844.00	
	7. Multiply line 6 by .005 (enter figure here)		609.22
	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		609.22
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60)	0)	
	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		
		,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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	609.22	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		629.22
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: munication Inc.	SYSTEM ID 61721
M Channels	 to its subscrib 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	10 136
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Cindy Hall Telephone 90)7-868-5615
	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) 907-868-98	17
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) aned, hereby certify that (Check one, but only one, of the boxes.) ner 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 in line 1 of space B and that the owner is not a corporation or partnership; or filter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] X /s/ Clif Watkins 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: Clif Watkins Title: Vice President, Internet and Video Products (Title of official position held in corporation or partnership)	m as identified
		Date:	

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 fling, a determination that would be made by a court of lav

unting Period: 2019/1	FORM SA1-2E. PA
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTE
eral Communication Inc.	61
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmismade by satellite carriers to satellite dish owners? X NO	rasic ude sub- 119." Special Stateme Concerning Gro Receipts Exclus
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
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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 th 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.