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	T 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	8/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	8344
		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 use 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 Ketchikan         MAILING ADDRESS OF CABLE SYSTEM:	
	2	2417 N. Tongass, #104 (Number, street, rural route, apartment, or suite number)	
		Ketchikan, AK 99901 (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 sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	General Communication Inc.	8344
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mot	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Ketchikan	AK
Community		
Add Rows as Necessary		
Add hows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name	General Communication							010	834
E Secondary Transmission Service: Sub- scribers and Rates	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 down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ice at the rate i harged for eac (Example: "\$2	cover all and radii ace F, n ecember ce E call service. gs in that ndicated h catego 20/mth").	categories of o broadcasts b ot here. All the 31, as the cas for the numbe In general, you category (the —not the num ry of service. I Summarize ar	secondary facts you se may be r of subsc u can com number of ber of sets nclude bo	stem to subscrit state must be t ). ribers to the cat pute the numbe persons or org s receiving servi th the amount o	bers. Give nose existi ele system r of subscr anizations ce). f the charg	information ng on the , broken ibers in charged e and the	
	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 ca first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	in space E, the to their subsc Where an ine should be cour ble service to a nce again und has rate catego ers of services nd rates, in the	e form lis ribers. G dividual o nted as a additiona er "Servi pries for that incl	ts the categori ive the numbe or organization subscriber in I sets would be ce to additiona secondary tran ude one or mo	r of subsc is receivin each appl e included Il set(s)." ismission ore second	ribers and rate f ng service that f icable category. in the count un service that are lary transmissio	or each lis alls under Example: der "Servic different fr ns), list the on of the s	ted category different a residential te to the rom those em, together ervice is	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		1,141	\$35.00					
	Service to additional set(s)     FM radio (if separate rate) Motel, hotel								
	Commercial		48	\$35.00					
	Converter								
	<ul> <li>Residential</li> <li>Non-residential</li> </ul>								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space F, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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) descrip	e (not subscrib nose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) inform that are r ns: you of hished to usually the cable stem furr e was m	mation with res not offered in c lo not need to nonsubscriber billed. If any rai system for each ished or offere ade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a cd during t	n with any seco nformation cond formation shoul arged on a varia pplicable servic he accounting p	ndary trans ærning (1) d include b able per-pr es listed. æriod that	smission services ooth the ogram basis, were not	
		BLO					CATEO	BLOCK 2	<b>D</b> • <b>T</b>
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER\ tion: Non-resi		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	19.98		el, hotel			Digital	Converter	6
	Pay cable—add'l channel			nmercial			Tier 2		41
	Fire protection		-	cable			Digital		9
	•Burglar protection Installation: Residential		-	cable-add'l ch protection	annel		HD Tie		9 14
	First set	25.50		protection				411 <b>5</b> 1	14
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		20.00			
	Converter		• Disc	onnect					
				et relocation e to new addre		20.00			
	1		1000				L		

ounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	General Communicati			8344
G Primary ransmitters: Television	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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th- ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	translator stations and low power tele translator stations carried only on a part-tim he carriage of certain network program S1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst the Special Statement and Program Level and both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, reporner evision station for broadcasting over the station, an independent station, or a reformed for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which t	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KJUD	8.1	I-M	Juneau, AK
	KJUD-2	8.2	I-M	Juneau, AK
ws as Necessary	KUBD	4	N	Ketchikan, AK
	KJUD-3	8.3	I-M	Juneau, AK
	KTOO-SD	10.1	l	Juneau, AK
	КТОО-2	10.2	E-M	Juneau, AK
	KYES	5.1	l	Anchorage, AK
	КАТН	35.1	N	Juneau, AK
	KDMD-2	38.2	I-M	Anchorage, AK

Accounting F							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF			/STEM:					SYSTEM ID# 8344
	innunicatio	in mo.						034
	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 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b 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 the Co sign of the 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 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 ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or EM	S/D			AM or EM	S/D		
	AM or FM	-	LOCATION OF STATION	CALL SIGN	AM or FM	5/0	LOCATION OF STATION	
KCBS	FM	<u>x</u>	Satellite Service					

Accounting Perio						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	General Communication	on Inc.					8344
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, identi	fy every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the ad	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	s. For a further
Substitute	explanation of the programmi	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No"	. leave the	rest of this pag	e blank. If vour answer is '	'Yes." vou mι	ist complete the progra	am
	log in block 2.	,		, ,	, <b>j</b>		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning	s
	clear. If you need more space						
	period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, rec						
	Do not use general categori	es like "mo					
	"NBA Basketball: 76ers vs.		depet live enter	"Maa" Otherwise enter "N	le "		
				r "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		
	the case of Mexican or Can						
	first. Example: for May 7 giv		when your sys	tem carried the substitute	orogram. Use	numerals, with the mo	onth
			substitute pro	gram was carried by your	cable system.	List the times accurat	elv
	to the nearest five minutes.						- ,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our oveters was requir	ad
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						
	effect on October 19, 1976.						
					\//HE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	l		AGE OCCURRED	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. TIMES FROM — TO	DELETION
						-	
						_	
						_	
						—	
						_	
	<b></b>	1			1 (		
						_	

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	General Communication Inc.	8344
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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service
	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 \$26</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>	3,800
	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	
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	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	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	00)
	1. Enter the amount of gross receipts from space K       \$       288,445.00	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	040.45
	4. Multiply line 3 by .01	246.45
		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	\$ 1,565.45
	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)	1,565.45
	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	\$ 1,585.45
	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:	2019/1		FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: munication Inc.	SYSTEM ID# 8344
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the tol system carrie</li> <li>2. Enter the tol on which the</li> </ol>	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	13 221
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Cindy Hall Telephone 90	07-868-5615
	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     (Own     (Age     i     X     (Off     i     i     I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)         Ined, hereby certify that (Check one, <i>but only one</i> , 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         ricer 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.         ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         tion 1001(1986)]         Image:       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)       Date:	em as identified

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ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
neral Communication Inc.	834
<ul> <li>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."     </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     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	0
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1       Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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