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						
8-24-20	\$					
	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	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		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.	14299
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Cable 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system used large and appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	Harries	IDENTIFICATION OF CABLE SYSTEM:	,pace B.
•,••••	1	GCI Cable, Inc Supervision	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
	_	Anchorage, AK 99503-2751 (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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	GCI Cable Inc	14299						
	Instructions: List each separate community served by the cable system. A "communit							
	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area	identified city.							
Served	CITY OR TOWN STATE							
First	Tanana	AK						
Community								
•								
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Cable Inc

SYSTEM ID#

14299

# E

## 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.

BLO	OCK 1		BLOCI	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	85	\$35.00			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CAT	EGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	25.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	40.00	Burglar protection				
<ul><li>Additional set(s)</li></ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

ounting Period:	2020/1			FORM SA1-2E. PAG			
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I			
Name	GCI Cable Inc						
	PRIMARY TRANSMITTERS:	TELEVISION					
G		entify every television station (including					
G	1 ' '	m during the accounting period, excep in effect on June 24, 1981, permitting t	. ,				
imary	_	e)(2) and (4), or 76.63 (referring to 76.6					
smitters:		as explained in the next paragraph.	parried by your apple avetem on a gu	hatituta program			
ision		<ul> <li>With respect to any distant stations cules, regulations, or authorizations:</li> </ul>	arried by your cable system on a su	ostitute program			
	• Do not list the station her	re in space G—but do list it in space I (	the Special Statement and Program	Log)—if the			
	station was carried <i>only</i> or  • List the station here, and	n a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and als	o on some other			
	basis. For further informati	on concerning substitute basis stations	, see page (v) of the general instruc	tions.			
		n's call sign. <i>Do not</i> report origination p	_	-			
	"WETA-2" as the same on	d with a station according to its over-th the form.	е-ан чезіўнанон. тог ехатіріе, гер	or mulusueam			
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community			
		VRC is channel 4 in Washington, D.C. n case whether the station is a network	station, an independent station, or a	a noncommercial			
		ering the letter "N" (for network), "N-M"	•				
	1	, "E" (for noncommercial educational),	·	ional multicast).			
		erms, see page (iv) of the general instr on of each station. For U.S. stations, lis		is licensed by the			
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station	n is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KTUU	2.1	N				
	KTBY	4.1	I.	Anchorage, AK			
			I	Anchorage, AK			
ecessary	KAKM	7.1	E	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KYUR	13.1	N	Anchorage, AK			
	•••••••••••••••••••••••••••••••••••••••						

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

14299

GCI Cable 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

Primary Transmitters: Radio

**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.

- **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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del>-</del>					

Accounting Perio							I OIN	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	GCI Cable Inc							14299	
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LOC	3				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the a	• .		•					
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log									
r rogram Log					"X "				
	<b>Note:</b> If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	plete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subs		•		wherever po	ossible, if	their meanin	g is	
	clear. If you need more spa	•		rows to the tables. ⁄ision program ("substitute	nrogram") th	nat during	the accoun	tina	
	period, was broadcast by a	-				-		_	
	under certain FCC rules, re								
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	m titles, for e	example, "	I Love Lucy"	or	
	"NBA Basketball: 76ers vs.			(D. 1. D. 2.)					
				er "Yes." Otherwise enter "					
		-		asting the substitute progr he community to which the		oncod by	the ECC or	in	
	the case of Mexican or Car		,	•		•	the FCC of,	""	
				stem carried the substitute			als, with the r	month	
	first. Example: for May 7 given		, , , , ,		1 3 3		,		
				ogram was carried by your	•			-	
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should be		
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for progr	amming that	vour evet	om was roa	uired	
	to delete under FCC rules a				-		-		
	was substituted for program	_		0 0.	,		•	ogram	
	effect on October 19, 1976	-	•	•		· ·			
					1				
					WHEN SUBSTITUTE				
	S		E PROGRAM			AGE OCO		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES		
		100 01 110	07122 07011	iii divindita 200/tilati		FROM	— TO		
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						FROM	— то —		
						FROM	— то 		
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cable Inc  12	M ID# 4299
<b>K</b> 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	
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 \$263,800  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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	00_
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	<u> </u>
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	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.	

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1			FO	ORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID# 14299
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carried	number of channels on which television broadcast stations number of activated channel able system carried television	ls broadcast stations	5	
N Individual to Be Contacted	INDIVIDUAL TO		HER INFORMATION IS NEEDED (Identify an in int.)		
for Further Information	Name	Cindy Hall		Telephone 907-868-5615	
	Address	2550 Denali Street, S (Number, street, rural route, apart Anchorage, AK 9950 (City, town, state, zip)	tment, or suite number)		
	Email	chall2@gci.o	com	Fax (optional) 907-868-9817	
O Certification	I, the undersigned (Owner in I)      X (Officin I)      I have examined.	ed, hereby certify that (Check of the other than corporation or put of owner other than corporation 1 of space B and that the other 1 of space B.  If the statement of account and e, and correct to the best of my	owner is not a corporation or partnership; or	as identified in line 1 of space B; or  gent of the owner of the cable system as identified  the legal entity identified as owner of the cable system  ments of fact contained herein	
		Typed or printed	X /s/ Duncan Whitney  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•	
		Title:	Vice President, Internet and Video	o Products	
		Date:		August 24, 2020	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
GCI Cable Inc	14299
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."	Special Statement 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 Mailing Address Mailing Address	
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)