# Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

## **General Instructions**

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

## Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

## Page 2 – Space D

· Information can be manually entered into the highlighted areas.

## Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

#### Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

#### Page 4 - Space H

· Information can be manually entered into the highlighted areas.

# Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

# Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

#### Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

## Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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	ACCO	OUNTING 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.	62462
		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)	
		(Number, street, rural route, apartment, or suite number) Anchorage, AK 99503-2751 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Barrow MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 489 (Number, street, rural route, apartment, or suite number)	
		Barrow, AK 99723 (City, town, state, zip code)	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	GCI Cable Inc	62462
		A "community" is the same as a "community unit" as defined in FCC rules:
D		provide a communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all futu	y that you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums	
Area	identified city.	, or mobile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Barrow	AK
ommunity		
ows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	-2E. PAGE
Name	GCI Cable Inc							010	6246
E Secondary	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								
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately 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. Not categories, that person or entity	n blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, the to their subsc e: Where an ir	ce E call service. gs in tha indicated ch catego 20/mth") for adva e form lis cribers. Co adividual	for the number of In general, you of t category (the nu- d—not the number ory of service. Inc Summarize any nce payment. sts the categorie Sive the number or organization i	of subso can com umber c er of se clude bo v standa s of sec of subso s receiv	ribers to the ca apute the number of persons or orgon ts receiving servent th the amount of rd rate variation ondary transmis oribers and rate ing service that	er of subsc ganizations vice). of the char s within a ssion servi for each li falls unde	ribers in s charged ge and the particular rate ce that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again unc has rate categ iers of services and rates, in th	ler "Serv ories for s that inc	ice to additional secondary trans lude one or more	set(s)." mission e secon	service that are dary transmission	e different toons), list the ion of the ion	from those nem, together service is	
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		832	\$35.00					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		0	-					
	Commercial		103	\$35.00					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: 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) descript	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) infor that are ons: you nished to usually the cable stem fur ge was n de the ra	mation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	mbinatio ive rate . Rate in es are ch n of the l during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, t were not	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-reside	ential				
	• Pay cable	18.56		el, hotel				Converter	5
	Pay cable—add'l channel		_	nmercial			Tier 2	Tioro	\$41
	Fire protection		• Pay	cable Digital Tiers			11 ¢0		
	•Burglar protection		,	protection	DVR Tuner			\$9 14	
	• First set	25.50		glar protection				14	
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		20.00			
	• Converter			connect					
				et relocation		20.00			
							L		
			• Mov	e to new addres	s				

nting Period:	2020/1			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 62462					
	GCI Cable Inc								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Insmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. With respect to any distant stations ca	(1) stations carried only on a part- e carriage of certain network progra I(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a					
	• Do not list the station here station was carried only on	les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried							
	basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t	n concerning substitute basis stations, i 's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form.	see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo	ons. PN, etc. Identify each ort multistream					
	of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	station, an independent station, or a for network multicast), "I" (for indep	noncommercial endent), "I-M"					
	For the meaning of these te <b>Column 4:</b> Give the location	n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station	is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. LOCATION OF STATION						
	КТВҮ	4.1	N	Anchorage, AK					
	KYES	5.1	I	Anchorage, AK					
vs as Necessary	KTUU	2.1	N	Anchorage, AK					
is necessary	KYUR	13.1	N	Anchorage, AK					
	KTVA	11.1	N	Anchorage, AK					
	ктоо	3.1	E	Juneau, AK					
	KTOO-2	3.2	E-M	Juneau, AK					

LEGAL NAME O GCI Cable I		GABLE S	I SI EIVI.					SYSTEM I 624
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried by monitoring, to formation about mm. dentify the call State whether to f the radio state this by placing Give the station	y the sys be recein the Co sign of of the static ion's sign 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 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		ON LE OIGN		5,0		
KBRW	FM		Barrow, AK					
	+							
	+							

Accounting Perio	od: 2020/1						FORM	/I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	GCI Cable Inc							62462
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No		root of this no	an blonk. If your answer i	- "Vee " veu v		-	
		, leave the	e rest or this pa	ige blank. If your answer i	s res, your	must comple	le the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if the	ir meaning	1 is
	clear. If you need more spa				e mierer p			,
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,,		,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by th	e ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							. <b>1</b> . 1.
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can		1. 10 p.m. to c			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete unit		s and regulati		
						N SUBSTIT		
		2. LIVE?				AGE OCCU 6. TIN		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	FROM -		
						_		
						_		
							-	
						_		
						_		
						_		
1				I				

Accounting Period:	2020/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc	S	YSTEM ID# 62462
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay.         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	ismission servic nis amount, se	• 9,045.00
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 t • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	o \$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 fo accounting period is \$52.00	this six-month	
	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	,100)	
	1. Base amount under statutory formula	—	
	2. Enter amount of gross receipts from space K         \$ 219,045.00           3. Subtract line 2 from line 1         \$ 44,755.00	_	
	4. Enter the amount of gross receipts from space K	219,045.00	
	5. Enter the amount from line 3	44,755.00	
	6. Subtract line 5 from line 4		074 45
	7. Multiply line 6 by .005 (enter figure here)		<u>871.45</u> 0.00
	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	. <b>\$</b>	871.45
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>)</u>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	871.45	
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	\$	891.45
	EFT Trace # or TRANSACTION ID #	]	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for i		

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc			SYSTEM ID# 62462
<b>M</b> Channels	<ul><li>to its subscribers, and (2) the cable system's to</li><li>1. Enter the total number of channels on which system carried television broadcast stations .</li></ul>		counting period.	11
	2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	broadcast stations		153
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an ind t.)	ividual to whom	
for Further Information	Name Cindy Hall		Telephone 907-868-561	5
	Address 2550 Denali Street, S (Number, street, rural route, apartr Anchorage, AK 9950 (City, town, state, zip)	nent, or suite number)		
	Email chall2@gci.c	om	Fax (optional) 907-868-9817	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check of Owner other than corporation or p</li> <li>(Agent of owner other than corporation in line 1 of space B and that the o</li> <li>X (Officer or partner) I am an officer (in line 1 of space B.</li> <li>I have examined the statement of account and</li> </ul>	ist be certified and signed in accordance with Co ne, <i>but only one</i> , of the boxes.) <b>artnership)</b> I am the owner of the cable system as <b>tion or partnership)</b> I am the duly authorized age wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of th hereby declare under penalty of law that all staten knowledge, information, and belief, and are made	s identified in line 1 of space B; or ent of the owner of the cable system as identifi ne legal entity identified as owner of the cable s ments of fact contained herein	
	Typed or printed Title:	X /s/ Duncan Whitney Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo name: Duncan Whitney Vice President, Product Manageme	ohn Smith)	
	(Title of of Date:	ficial position held in corporation or partnership)	August 24, 2020	

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 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 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.

ACI Cable Inc         SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellife 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."         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 carrier(s) below.       \$         Name       Name         Maling Address       Maling Address         Name       Maling Address         Multiper Address       Name         Maling Address       Maling Address         Multiper Address       Name         Multiper Address       Maling Address         Multiper Address	GAL NAME OF OWNER OF CABLE SYST			FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), the Copyright Act by adding the following sentence.         "The 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 form subscribers receiving secondary transmissions pursuant to section 119."         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, di the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         Mo         The Tenser the total here and list the satellite carrier(s) below.       \$         Name         Maining Address         Nume       \$         No       \$         Iten 1 Enter the total here and list the satellite carrier(s) below.       \$         Line 1 Enter the amount of 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.       \$       \$         For an explanation of interest rate* and enter the sum here       \$       \$         Line 2 Mutl		TEM:		SYSTEM II
Paterial Home Vewer Act of 1988 amended Tille 17, section 111(d)(1)(A), of the Copyright Act by adding the following serveron: In determining the total number of subscribers and the gross amounts paid to the cable system of the back service of providing secondary transmission provants used to the cable system of the back service of providing secondary transmission provants to section 118. <sup>1</sup> For more information on when to exclude these amounts, see the note on page (vii) of the general instructions is cable if the paper SA1-2 form. During the accounting period (d) the cable system exclude any amounts of gross receipts for secondary transmissions provants of each or satellite carriers to satellite dish owners? No VES. Enter the total here and list the satellite carrier(s) below. Secondary transmission provandary transmission provandary transmissions provandary tr	CI Cable Inc			6246
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.       Image: 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.       Image: 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.       Image: 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate and enter the sum here	The Satellite Home Viewer Act of 19 lowing sentence: "In determining the total num service of providing seconda scribers and amounts collec For more information on when to ex located in the paper SA1-2 form. During the accounting period, did th made by satellite carriers to satellite X NO	1988 amended Title 17, section 111(d)(1)(A), of the Copyright A mber of subscribers and the gross amounts paid to the cable sy ary transmissions of primary broadcast transmitters, the system cted from subscribers receiving secondary transmissions pursu xclude these amounts, see the note on page (vii) of the general the cable system exclude any amounts of gross receipts for sec are dish owners?	rstem for the basic n shall not include sub- ant to section 119." I instructions	P Special Statement Concerning Gross Receipts Exclusion
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Asse         Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENT	<u>.</u>		
Line 1 Enter the amount of late payment of underpayment	-			Q
x	Line 1 Enter the amount of late pa	ayment or underpayment	,	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interes	est rate* and enter the sum here	- -	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	Line 3 Multiply line 2 by the number	er of days late and enter the sum here	·	
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	Line 4 Multiply line 3 by 0.00274**		-	
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.	in space L, (page 6) block 1		(interest charge)	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	* To view the interest rate chart		、 。 。	
	* To view the interest rate chart contact the Licensing Division	n at (202) 707-8150 or licensing@copyright.gov.	、 。 。	
	<ul> <li>* To view the interest rate chart contact the Licensing Division</li> <li>** This is the decimal equivalent</li> <li>NOTE: If you are filing this workshe</li> </ul>	n at (202) 707-8150 or licensing@copyright.gov. nt of 1/365, which is the interest assessment for one day late. eet covering a statement of account already submitted to the C	ther assistance please	
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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.

Cab Worl		ole ksheet	Total amount of remittance	Num	ber of SAs rec'd	lı	nitials	
			Date of remittance	Check	EFT	G FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by	F	Reviewed by	Date examination completed	Allocation	n number			
Space A Accounting Period								
	🔲 Januar	y 1 - June 30, 2017	[	July 1 - Decemb	er 31, 2017			
	Letter	sent	E	Information reco	eived			
	Accept	ed	Ε	Phone call/Date	/Contact			
Space B Owner								
	Letter :	sent	C	Information reco	eived			
	C Accept	ed	C	Phone call/Date	/Contact			
Space D Area Served								
	Letter :	sent	Ľ	Information reco	eived			
	C Accept	ed	E	Phone call/Date	/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter :	Letter sent			Information received			
and Rates	Accept	ed	Γ	Phone call/Date	/Contact			
Space G Primary Transmitters:								
Television	Letter :	sent	[	Information rec	eived			
	Accept	ed	[	Phone call/Date	/Contact			
Space H Primary Transmitters:								
Radio	Accept	ed	[	Phone call/Date	/Contact			

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	