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 COPYRIG	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
		0/06/04	\$	For additional information, contact the U.S. Copyright
-	uctions are located	2/26/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	-
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	(YYY/(Period))	
		_		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Percedo Doto Filing Period (ontions	l eesimetrustiene)	
		Barcode Data Filing Period (optiona	ii - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular title of the subsidiary.		osidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business o	f the cable system.	
	If there were different owners during the	e accounting period, only the owner o	n the last day of the accounting period shoul	d submit a
	single statement of account and royalty	fee payment covering the entire accou	inting period.	
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	29837
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	И	
	General Communication In	1C.		
	BUSINESS NAME(S) OF OWNER O		IT)	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	2550 Denali Street, Ste. 10			
	Anchorage, AK 99503-275			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	GCI Cable, Inc Homer			
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 3541 Greatland St. (Number, street, rural route, apartment, or suite r	number)		
	Homer, AK 99603 (City, town, state, zip code)			
	(org, rown, state, 2) code)			
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect the	he personally identifying information (PII) reque	ested on this

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 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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	General Communication Inc.	2983
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First	Homer	AK
Community	Kachemak City	AK
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
Name	General Communication	n Inc.							2983
_	SECONDARY TRANSMISSION		IBSCR		ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	hroken	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate c	-	-					-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different i	from those	
	printed in block 1 (for example, t	Ű							
	with the number of subscribers a	and rates, in th	e right-l	hand block. A tv	vo- or thre	e-word descript	tion of the	service is	
	sufficient.								
	BLC	DCK 1		1			BLOC		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD		TUTE	0,111			COBCOLUBEILO	1011
	Service to first set		336	\$35.00					
	Service to additional set(s)			****					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	- Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat								
I	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions:	Block 1: Give the standard rat			•		• •		twore not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				511CU. LISU	these other set	vices in th		
							T	BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEO		1011
	• Pay cable	19.17		otel, hotel			Digital	Converter	5.
	• Pay cable—add'l channel			mmercial			Tier 2		\$41.
	Fire protection			y cable			Digital	Tiers	. 18.
	•Burglar protection			y cable-add'l ch	annel				1
	Installation: Residential			e protection			DVR T	uner	14.
	First set	25.50		rglar protection					
	Additional set(s)	15.00		services:					
	• FM radio (if separate rate)	.0.00		connect		20.00			
	Converter			sconnect					
			• ()))	tlet relocation		20.00			
			_	tlet relocation	955	20.00			

ounting Period: 2	2020/2			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
	General Communicat	ion Inc.		298			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 substitute program basis, an Substitute Basis Stations basis under specific FCC rule. • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network prog i1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- luctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KTUU	2.1	N	Anchorage, AK			
	KTUU-2	2.2	N-M	Anchorage, AK			
ows as Necessary	КТВҮ	4.1	-	Anchorage, AK			
	KYES	5.1		Anchorage, AK			
	KYES-4	5.4	I-M	Anchorage, AK			
	KAKM	7.1	E	Anchorage, AK			
	KAKM-3	7.3	E-M	Anchorage, AK			
	KAKM-2	7.2	E-M	Anchorage, AK			
	KAKM-4	7.4	E-M	Anchorage, AK			
	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KCFT	35.1		Anchorage, AK			
	KDMD-2	38.2	I-M	Anchorage, AK			

	F OWNER OF (1	SYSTEM 298
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be receint t the Co sign of he static ion's sig g a chech n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived 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 pay sed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions 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	
CALL SIGN		5/D	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
BBI	AM		Homer, AK					
MJG	AM		Homer, AK					
GTL	AM		Homer, AK					
							·	
			-					

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM								SYSTEM ID
Name	General Communication									2983
	SUBSTITUTE CARRIAG	E: SPECIAL STA		NT AND PROGRA	AM LOO	3				
	In General: In space I, ident	tify every nonnetwo	ork televis	sion program, broade	lcast by	a distant sta	tion, that y	our cal	ble syste	em carried on a
	substitute basis during the a									
Substitute	explanation of the programm					e general ins	structions i	n the p	paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN					•				
Statement and		•	e systen	n carry, on a substit	tute bas	sis, any nonr	network te		·	
Program Log	broadcast by a distant sta					() ()			/ES	NO
	Note: If your answer is "No log in block 2.	o", leave the rest of	f this pa	ge blank. If your ans	iswer is	"Yes," you r	nust com	olete tr	ne progi	ram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	egulations, or authories like "movies" of Bulls." m was broadcast li sign of the station adcast station's loo nadian stations, if a nth and day when ive "5/7."	orization or "baske broadca cation (t any, the your sys titute pro	ns. See page (v) of t etball." List specific er "Yes." Otherwise asting the substitute he community to wh community with wh stem carried the sub ogram was carried b	the gen program enter "N e program hich the hich the bstitute by your	eral instruct m titles, for e No." am. e station is liu station is id program. Us cable system	censed by entified). se numera m. List the	the F(the F(als, wit	nformat Lucy" c CC or, i th the m	ion. pr n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the listed and regulations in	effect d	n was substituted fo uring the accounting	g perioc	d; enter the l	etter "P" if	f the lis	sted pro	
	Column 7: Enter the lett	ter "R" if the listed and regulations in mming that your sy	effect d	n was substituted fo uring the accounting	g perioc	d; enter the l er FCC rules	etter "P" if and regu	f the lis lations	sted pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in mming that your sy b. UBSTITUTE PRC	effect di /stem wa	n was substituted fo uring the accounting as permitted to dele	g perioc	d; enter the I er FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the lis lations ITUTE CURRI	sted pro s in E ED	ngram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in mming that your sy 5. UBSTITUTE PRC 2. LIVE? 3. STA	effect di /stem wa	n was substituted fo uring the accounting as permitted to dele	g period	d; enter the l er FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the lis lations	sted pro s in E ED	gram
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Accounting Period:	2020/2 FORM SA1-2E. PAGE
Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
Name	General Communication Inc. 2983
K 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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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
	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 \$ 263,800.00
	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) \$ 52.00
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc.	SYSTEM ID# 29837
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	18 153
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cindy Hall Telephone 907	-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) 907-868-9817	7
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syster I line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Date: 2/25/2021	

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 fing, a determination that would be made by a court of law.

	0/2	FORM SA1-2E. PAGE
AL INAIVIE OF OWNER	R OF CABLE SYSTEM:	SYSTEM II
neral Communic	ation Inc.	2983
The Satellite Home lowing sentence: "In determin service of p	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS e Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ning the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- d amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more informati located in the pape	ion on when to exclude these amounts, see the note on page (vii) of the general instructions er SA1-2 form.	Receipts Exclusior
-	ting period, did the cable system exclude any amounts of gross receipts for secondary transmissions carriers to satellite dish owners?	
X NO		
YES. Enter the	e total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
For an explanation	e this worksheet for those royalty payments submitted as a result of a late payment or underpayment. In of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	x	
Line 2 Multiply lin	a 1 by the interact rate* and enter the sum here	
Line 2 Multiply lin	e 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply lin	x days	
Line 3 Multiply lin	x days a 2 by the number of days late and enter the sum here	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir	x days the 2 by the number of days late and enter the sum here	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir contact the L	xdays the 2 by the number of days late and enter the sum here	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir contact the L ** This is the d NOTE: If you are f	x days x days x 0.00274 x 0.00	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir contact the L ** This is the d NOTE: If you are f	x days x days x days x 0.00274 x 0.00274	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir contact the L ** This is the de NOTE: If you are f list below the owner Address ID number	xdays he 2 by the number of days late and enter the sum here	
Line 3 Multiply lin Line 4 Multiply lin in space L, * To view the ir contact the L ** This is the de NOTE: If you are f list below the owner Address	xdays he 2 by the number of days late and enter the sum here	

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