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

STATEME		FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	ctions are located of this workbook	08/23/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	Period 1 = January 1 - June 30	f/(Period)) Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - s	ee instructions)	

A	ACCO	DUNTING 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.	10523
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space by the mailing address of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	GCI Cable, Inc Kodiak	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2011 Mill Bay Rd (Number, street, rural route, apartment, or suite number)	
		Kodiak, AK 99615 (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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	General Communication Inc.	10523
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN Kodiak	STATE AK
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	TEM ID
Name	General Communication							010	1052
E Secondary Transmission Service: Sub- scribers and Rates	General Communication 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 miseparately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide	SERVICE: SL pace E should on of televisior bay cable) in sp I (June 30 or E h blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$; counts allowed in space E, th	cover al and rad bace F, n becembe ice E call service. gs in that indicated ch catego 20/mth"). for adva se form list	I categories of s io broadcasts b iot here. All the r 31, as the cass for the number In general, you category (the n d—not the numb bry of service. In Summarize an nce payment. sts the categorie	secondar y your sy facts you e may be of subsc can com number o ber of set clude bc y standar es of sec	stem to subscri state must be b) ribers to the ca pute the number f persons or or s receiving servent th the amount of rate variation	bers. Give those exist ble system er of subsc ganizations vice). of the charg s within a p ssion servio	information ting on the ribers in charged ge and the particular rate ce that cable	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted c <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	e: Where an ir should be cou ble service to once again unc has rate categ iers of service: and rates, in th	ndividual nted as a additiona ler "Servi ories for s that inc	or organization a subscriber in e al sets would be ice to additional secondary trans lude one or mo	is receivi each appl included set(s)." smission re secon	ng service that icable category in the count ur service that are dary transmission	falls under Example: der "Servio different f pons), list th ion of the s	different a residential ce to the from those lem, together service is	
	BLC	DCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		976	\$14.99					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> </ul>								
	Commercial Converter • Residential • Non-residential		43	\$14.99					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC( In General: Space F calls for rai 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 s brief (two- or three-word) descrip	te (not subscril chose services re two exceptic or facilities fur 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 fun ge was m	mation with resp not offered in co do not need to g p nonsubscribers billed. If any rate system for eac nished or offered ade or establish	ombinatio give rate s. Rate ir es are ch h of the a d during	on with any seco information con iformation shou arged on a vari applicable servi the accounting	ondary trar cerning (1) Id include able per-pi ces listed. period that	nsmission ) services both the rogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEGO	ORY OF SERVICE	RATE
	• Pay cable	19.17	• Mote	el, hotel	iential			Converter	5.9
	Pay cable—add'l channel		•	nmercial			Tier 2	Tiore	\$61.
	<ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>			cable cable-add'l cha	nnel		Digital	Tiers	14.:
	Installation: Residential  • First set	25.50	• Fire	protection glar protection			DVR Tι	iner	14.
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	15.00	Rec     Disc	ervices: onnect connect		20.00			
				et relocation e to new addres	SS	20.00			

accounting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
liano	General Communica	tion Inc.		10523
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca	(1) stations carried only on a part-tir e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat	me basis under ams [sections tions carried on a
	basis under specific FCC r	ules, regulations, or authorizations: e in space G—but do list it in space I (th		
	• List the station here, and basis. For further informati <b>Column 1:</b> List each statio	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruction of the general instruction of the general instruction of the second seco	ons. N, etc. Identify each
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	d with a station according to its over-the- the form. lel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.		
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	In case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list idian stations, if any, give the name of th	or network multicast), "I" (for indepe r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктии	2.1	Ν	Anchorage, AK
	КТВҮ	4.1	I	Anchorage, AK
Add Rows as Necessary	KYES	5.1	I	Anchorage, AK
	KAKM	7.1	Е	Anchorage, AK
	KAKM-3	7.3	E-M	Anchorage, AK
	KTVA-2	5.2	I-M	Anchorage, AK
	KYUR	13.1	N	Anchorage, AK
	KYUR-2	13.2	I-M	Anchorage, AK
	KCFT	35.1	 I	Anchorage, AK
	KDMD-2	38.2	I-M	
	KDMD-2	30.2	1-141	Anchorage, AK

EGAL NAME OF			I STEIVI.					SYSTEMI
Seneral Con	nmunicatio	on Inc.						105
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sigr g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce je (v) of the ge ystem as a se	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any, i	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2021/1						101	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Naille	General Communication	on Inc.						10523
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	s, any nonnet	work telev	vision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ist comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the timu- to the nearest five minutes. stated as "6:00–6:30 p.m."	of every nor distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian statio th and day ve "5/7." es when the Example: a er "R" if the and regulation	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro- program carri- listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gene titball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	d for the prog eral instruction n titles, for exi- lo." m. station is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	ramming of ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our system ter "P" if th	of another sta her informatio love Lucy" or he FCC or, in , with the mo mes accurate should be n was <i>require</i> he listed progr	tion n. nth ely
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FO
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	General Communication Inc.		10523
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (viii) 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.	nission service Imount, see	2,038.00 ss receipts)
	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 \$2 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.</li> </ul>	263,800	
	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	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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,	600)	
	4. Enter the encount of evene receipte from anona 1/		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the the second		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C General Comm	WNER OF CABLE SYSTEM: nunication Inc.				SYSTEM ID# 10523
M Channels	to its subscriber	s, and (2) the cable system's to	otal number	n which the cable system carried tel of activated channels during the acc		
		al number of channels on which ed television broadcast stations				14
	on which the	al number of activated channels cable system carried television dcast services	n broadcast s	stations		286
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		IATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Cindy Hall			Telephone	907-868-5615
	Address	2550 Denali Street, St (Number, street, rural route, apartm Anchorage, AK 99503 (City, town, state, zip)	ent, or suite nu	umber)		
	Email	chall2@gci.co	om		Fax (optional <b>907-868</b> -	9817
	CERTIFICATION	(This statement of account mus	st be certified	d and signed in accordance with Co	pyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one	e, but only on	ne, of the boxes.)		
	(Owne	r other than corporation or pa	rtnership)   a	am the owner of the cable system as	identified in line 1 of space E	3; or
				ership) I am the duly authorized agen t a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		<b>er or partner)</b> I am an officer (if in line 1 of space B.	a corporatior	n) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system
		te, and correct to the best of my		e under penalty of law that all stateme information, and belief, and are made		
			X /s	s/ Duncan Whitney		
				tronic signature on the line above to ce re using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name: D	uncan Whitney		
				oduct Officer ition held in corporation or partnership)		
		Date:			8/20/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
neral Communication Inc.	1052
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	× ×
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	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer

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