This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2-9-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/2 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.	24679
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Communication Corp	
		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)	
	INCTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlist already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space between the system of the system in space between the system of the system is a space between the system of th	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Ft. Greely MAILING ADDRESS OF CABLE SYSTEM:	
	2	510 Mehar Ave., Ste. A (Number, street, rural route, apartment, or suite number)	
		Fairbanks, AK 99701 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM			
Name	GCI Communication Corp	246			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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.				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	e home parks should be reported in parentheses below the identi			
Served					
	CITY OR TOWN	STATE			
First Community	Ft. Greely	AK			
Rows as Necessary					

	LEGAL NAME OF OWNER OF CA								TEM ID
Name								313	2467
	GCI Communication Co	rp							2407
_	SECONDARY TRANSMISSION								
E	In General: The information in s			-					
Secondary	system, that is, the retransmission								
Transmission		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the st day of the accounting period (June 30 or December 31, as the case may be).							
Service: Sub-	Number of Subscribers: Both						able system	ı, broken	
scribers and	down by categories of secondary			0 , ,		•			
Rates	each category by counting the ne separately for the particular serv			0,0		•	•	charged	
	Rate: Give the standard rate c							ge and the	
	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							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count u	nder "Servi	ce to the	
	first set" and would be counted o	•			• • •	convice that or	o difforant :	from these	
	Block 2: If your cable system printed in block 1 (for example, t	•		•					
	with the number of subscribers a					,	<i>,</i> ,	, 0	
	sufficient.	,	0						
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		5	\$14.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	14.99					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS						
-	In General: Space F calls for rat				pect to a	I your cable sy	stem's serv	vices that were	
F	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	rate column.	-	-		-		5 ,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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 2	
	CATEGORY OF SERVICE	BLO RATE		DRY OF SERVI	CF	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ion: Non-resid			0.1120		
	• Pay cable	\$21.97	• Mote	l, hotel			Digital	Converter	5
	• Pay cable—add'l channel		• Com	mercial			Tier 2		\$61
	Fire protection		• Pay	cable			Digital	Tiers	14
	•Burglar protection		-	cable-add'l chai	nnel				
	Installation: Residential			protection			DVR Tu	iner	14
	• First set	25.50	• Burg	lar protection					Ι
	1	15.00	Other se	ervices:					Ι
	 Additional set(s) 						[
	• Additional set(s) • FM radio (if separate rate)		• Reco	onnect		20.00			
	()			onnect onnect		20.00			
	• FM radio (if separate rate)		• Disco			20.00			

	LEGAL NAME OF OWNER O	DE CABLE SYSTEM:		SYSTEM						
Name	GCI Communication			24						
	PRIMARY TRANSMITTERS: TELEVISION									
	In General: In space G, identify every television station (including translator stations and low power television stations)									
G		em during the accounting period, except								
	FCC rules and regulations	CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Primary nsmitters:		(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	l(e)(2) and (4))]; and (2) certain sta	tions carried on a						
elevision	Substitute Basis Station	s: With respect to any distant stations ca	rried by your cable system on a sul	bstitute program						
		 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	station was carried only of									
	-	also in space I, if the station was carried ion concerning substitute basis stations, s								
		on's call sign. <i>Do not</i> report origination pr								
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the-	air designation. For example, repo	ort multistream						
	Column 2: Give the chann	nel number the FCC assigned to the telev	vision station for broadcasting over	the air in its community						
		WRC is channel 4 in Washington, D.C.	tation on independent station or a	noncommercial						
		ch case whether the station is a network s ering the letter "N" (for network), "N-M" (f	•							
), "E" (for noncommercial educational), o		ional multicast).						
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list		is licensed by the						
		adian stations, if any, give the name of th								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KATN	2.1	N	Fairbanks, AK						
	KFXF	7.1	I	Fairbanks, AK						
		0.1	Е							
ows as Necessary	KUAC	9.1	L	Fairbanks, AK						
ows as Necessary	KUAC KTVF	9.1	N	Fairbanks, AK Fairbanks, AK						
ows as Necessary										
ows as Necessary	KTVF	11.1	N	Fairbanks, AK						
ws as Necessary	KTVF KXDF-CD	11.1 13.1	N N	Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2	11.1 13.1 2.2	N N N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						
ows as Necessary	KTVF KXDF-CD KATN-2 KATN-3	11.1 13.1 2.2 2.3	N N N-M N-M	Fairbanks, AK Fairbanks, AK Fairbanks, AK Fairbanks, AK						

EGAL NAME OF			YSTEM:					SYSTEM
GCI Commu	nication Co	orp						24
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	
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If isignal, indicate i Column 4: G	it is carried by monitoring, to prmation abour m. entify the call tate whether to the radio stati this by placing ive the station	y the syst be receivent t the Co sign of e he statio on's sign g a check o's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce je (v) of the ge ystem as a sej ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D		
CALL SIGN	AIM OF FM	5/0	LOCATION OF STATION	GALL SIGN	AIVI OF FIVI	5/0	LOCATION OF STATION	
				·				
				·				
				·				
				·				
				·				

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF GCI Communication C		TEM:					SYSTEM ID# 24679
		-						
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting p	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by ecific present and former F	a <i>distant</i> statio CC rules, regul	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ır cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion progra	<u>m</u>
Program Log	broadcast by a distant stat	tion?					YES	×NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	ım
	log in block 2.							
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system in more should be substituted for programming that your system in the substituted for programming that your system was required to delete under FCC r							
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7.1		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES	7. REASON FOR DELETION
							-	
							_	
							_	
							_	
							-	
							-	
						_	-	
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						_	_	
							-	
							-	

Accounting Period:	2021/2 FORM S	A1-2E. PAGE 6
Name		YSTEM ID#
	GCI Communication Corp	24679
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 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	724.00
	COPYRIGHT ROYALTY FEE	
L 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	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 \$137,100)	
	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	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)	
	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) \$ 1,319.00	
	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) \$ 52.00	
Due	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	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:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	SYSTEM ID# 24679
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 on which the cable system carried television broadcast stations and nonbroadcast services	13 284
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Cindy Hall	907-868-5615
Information	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
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. 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)] 	rstem as identified
	X /s/ Duncan Whitney Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Duncan Whitney Title: Chief Product Officer Title of official position held in corporation or partnership)	
	Date: February 08, 2022	

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.

Closer of the set of	unting Period: 2021/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellish Home Viewer Act of 1988 amended Title 17, section 111(0(1)(1)(.), of the Copyright Act by adding the following scentradius that mumber of subscribers and the gross amounts paid to the cable system for the basic sections and amount collected from subscriber receiving section pruvation to section 119. Per 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. Image: Image: Ima		SYSTEM ID
The stabilise Home Viewer Act of 1988 amended Tills 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: The view of providing secondary transmissions and the gross amounts paid to the cable system for the basic content include sub- scritters 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 focated in the pager SA1-2 form. Interest Assessment Interest Assessment Interest Assessment Interest assessment, see page (viii) of the general instructions located by the page (viii) of the general instructions Interest Assessment Interest Assessment Interest assessment, see page (viii) of the general instructions located in the pager SA1-2 form. Line 1 Enfor the amount of late payment or underpayment Interest rate* and enter the sum here Interest assessment, see page (viii) of the general instructions located in the page Interest Assessment Interest rate* and enter the sum here Interest Assessment Interest charge Interes	Communication Corp	24679
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment.	 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." 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? 	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address 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. Q Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet Owner You must complete this worksheet Statement of account already 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment		
You must complete this worksheet Owner Address Interest rate community served		
Line 1 Enter the amount of late payment or underpayment x		
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 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 www.copyright.gov/licensing/interest-rate.pdf. 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 plstelese list below the owner, address, first community served, ID number, and accounting period as given in the original filing. - Owner - - - - Address - - - - ID number - - - -		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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x 0.00274 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 \$	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
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Address ID number First community served	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
ID number First community served	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
First community served	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
First community served	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
	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
Accounting period	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

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.

C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		d	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
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	
	Phone call/Date/Contact	