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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	2-9-22	S 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))
		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. 61721
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: GCI Cable, Inc Prudhoe Bay
		MAILING ADDRESS OF CABLE SYSTEM:
	2	900 E. Benson Blvd. (Number, street, rural route, apartment, or suite number)
		Anchorage, AK 99503 (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	61
	Instructions: List each separate community served by the cable system. A "c	
D	separate and distinct community or municipal entity (including unincorporat 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.	ted communities within unincorporated areas and including single, discr st will serve as a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identi
Served		
	CITY OR TOWN	STATE
First	Prudhoe	AK
Community		
d Rows as Necessary		

							FORM SA1	TEM II		
Name	LEGAL NAME OF OWNER OF CA						515	6172		
	GCI Communication Co	rp						0172		
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND I	RATES						
E	In General: The information in s	•	•		•					
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,	,		tnose exis	ting on the			
Service: Sub-						ble system	n, broken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	s charged			
	separately for the particular serv Rate: Give the standard rate c						ge and the			
	unit in which it is generally billed	-					-			
	category, but do not include disc	ounts allowed	for advance paymen	t.						
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity		-		-					
	subscriber who pays extra for ca					•				
	first set" and would be counted o									
	Block 2: If your cable system	•	,							
	printed in block 1 (for example, t with the number of subscribers a				,	<i>, , , , , , , , , ,</i>	, 0			
	sufficient.				e-word descript					
	BLC	DCK 1				BLOCH				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:									
	Service to first set									
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel			Bulk			1,898	17.		
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			FS						
_	In General: Space F calls for rat				ll your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t	hose services	that are not offered i	n combinati	on with any sec	ondary tra	nsmission			
- ·	service for a single fee. There are		,	0		0 (,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	-		usually blied. If any		larged on a van	able pei-p	logram basis,			
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
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.									
		BLO			DATE	CATEO	BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SE		RATE	CATEG	ORY OF SERVICE	RAT		
	Pay cable	3.00	Motel, hotel	Sidential						
	Pay cable—add'l channel	0.00	Commercial							
	Fire protection		Pay cable							
	•Burglar protection		• Pay cable-add'l	channel						
	Installation: Residential		Fire protection							
	• First set		• Burglar protection	n						
	 Additional set(s) 		Other services:							
	• FM radio (if separate rate)		Reconnect							
	/	·····				1		t		
	Converter		 Disconnect 							
	• Converter		Disconnect Outlet relocation	l						

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE						
Name	GCI Communication	-		6						
	PRIMARY TRANSMITTERS: TELEVISION									
	In General: In space G, identify every television station (including translator stations and low power television stations)									
G		carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under								
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76 59(d)(2) and (4) 76 51(a)(2) and (4) ar 76 52 (referring to 76 51(a)(2) and (4)); and (2) article stations carried on a									
insmitters:	76.59(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 substitute program basis, as explained in the next paragraph.									
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute 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 or	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	on some other						
	basis. For further informati	ion concerning substitute basis stations, s	see page (v) of the general instruct	ions.						
		on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	•							
	"WETA-2" as the same on	the form.	c							
		nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	ision station for broadcasting over	the air in its community						
		h case whether the station is a network s	tation, an independent station, or a	noncommercial						
		ering the letter "N" (for network), "N-M" (for	<i>//</i> ()							
), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		ional mulucast).						
		on of each station. For U.S. stations, list t	•							
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KYUR	13.1	N	Anchorage, AK						
	KYUR KYUR-2	13.1 13.2	N							
ws as Necessary			N I N	Anchorage, AK						
ws as Necessary	KYUR-2	13.2	I	Anchorage, AK Anchorage, AK						
ws as Necessary	KYUR-2 KTUU	13.2 2.1	I N	Anchorage, AK Anchorage, AK Anchorage, AK						
ws as Necessary	KYUR-2 KTUU KYES-2	13.2 2.1 5.2	I N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ws as Necessary	KYUR-2 KTUU KYES-2 KYES	13.2 2.1 5.2 5.1	I N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KYUR-2 KTUU KYES-2 KYES KAKM	13.2 2.1 5.2 5.1 7.1	I N I-M I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
ows as Necessary	KYUR-2 KTUU KYES-2 KYES KAKM KAKM-3	13.2 2.1 5.2 5.1 7.1 7.3	I N I-M I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
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ows as Necessary	KYUR-2 KTUU KYES-2 KYES KAKM KAKM-3	13.2 2.1 5.2 5.1 7.1 7.3	I N I-M I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						
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ows as Necessary	KYUR-2 KTUU KYES-2 KYES KAKM KAKM-3	13.2 2.1 5.2 5.1 7.1 7.3	I N I-M I E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK						

	OWNER OF (/STEM:					SYSTEM
GCI Commu	nication Co	orp						617
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) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: Gi	it is carried by nonitoring, to rmation abou m. entify the call ate whether t the radio stati his by placing ive the statior	y the syst be receivent t the Co sign of e he station on's sign g a check a's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. In is AM or FM. In al was electronically processes mark in the "S/D" column. In the community to which the the community with which the so	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a se 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
	AM or EM	8/D			AM or EM	S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				

						FOR	M SA1-2E. PAGE 5.		
LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#		
GCI Communication C	orp						61721		
In General: In space I, identi substitute basis during the a	ify <i>every nor</i> ccounting p	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former F	a <i>distant</i> statio CC rules, regul	ations, or au	thorizations	. For a further		
 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 									
to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the and regulati hming that y	a program carr listed program ons in effect du your system wa	ed by a system from 6:01 was substituted for progr iring the accounting perio as permitted to delete und	:15 p.m. to 6: amming that y d; enter the le er FCC rules a WHE	28:30 p.m. s /our system tter "P" if the and regulatio	should be was <i>require</i> listed prog ons in FUTE	ed		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	IMES	DELETION		
	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant star Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title 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 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	In General: In space I, identify every not substitute basis during the accounting p explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograc clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, c Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulati was substituted for programming that y effect on October 19, 1976.	In General: In space I, identify <i>every nonnetwork televis</i> substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this page log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "basket "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (th the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your syst first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri- stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by <i>substitute basis</i> during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of th 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter " Column 3: Give the call sign of the station broadcasting the substitute progr Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for program to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete und effect on October 19, 1976.	substitute basis during the accounting period, under specific present and former FCC rules, regulexplanation of the programming that must be included in this log, see page (v) of the general instrement of the programming that must be included in this log, see page (v) of the general instrement of the programming that must be included in this log, see page (v) of the general instrement of the programming that must be included in this log, see page (v) of the general instrement of the program of the accounting period, did your cable system carry, on a substitute basis, any nonner broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you multiply in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever posticar. 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 period, was broadcast by a distant station and that your cable system substituted for the progunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction Do not use general categories like "movies" or "basketball." List specific program titles, for ex "NBA Basketball: T6ers 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 lice the case of Mexican or Canadian stations, if any, the community with which the station is defined. Column 6: State the times when the substitute pro	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or au explanation of the programming that must be included in this log, see page (V) of the general instructions in the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televi broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substitute for the programming of under certain FCC rules, regulations, or authorizations. See page (V) of the general instructions for furthe Do not use general categories like "movies" or "basketball." List specific program titles, for example, "L C "NBA Basketball: 76 ers 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 6: Give the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system was	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable systes substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progratiog 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 accountin period, was broadcast by a distant station and that your cable system substituted for the programming of another stunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic 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. Use numerals, with the mc first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried the substitute program. Use numerals, with the mc first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the li		

Accounting Period:	2021/2 FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY GCI Communication Corp	STEM ID# 61721
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.	,822.00
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 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	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 \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 192,822.00	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here) \$ 8. Interest charge. Enter the amount from line 4, space Q, page 8 \$	<u>609.22</u> 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	609.22
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01 .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 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		
	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	629.22
	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 OW GCI Communicat	NER OF CABLE SYSTEM: tion Corp				SYSTEM ID# 61721
M Channels	to its subscribers, 1. Enter the total n system carried t 2. Enter the total n on which the ca	and (2) the cable system's number of channels on which	total numb ch the cabl ns els on broadca	st stations	counting period.	10 136
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name C	Cindy Hall			Telephone	907-868-5615
	()	2550 Denali Street, S Number, street, rural route, apartr Anchorage, AK 9950 City, town, state, zip)	ment, or suit			
	Email	chall2@gci.c	com		Fax (optional 907-868-	9817
	CERTIFICATION (Th	nis statement of account mu	ust be cert	fied and signed in accordance with Cop	oyright Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check or	ne, <i>but onl</i> j	r one , of the boxes.)		
	(Owner o	other than corporation or p	partnership) I am the owner of the cable system as i	identified in line 1 of space B	; or
				rtnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable sy	rstem as identified
		or partner) I am an officer (i line 1 of space B.	if a corpora	tion) or a partner (if a partnership) of the	legal entity identified as own	er of the cable system
		and correct to the best of m	-	lare under penalty of law that all statemer e, information, and belief, and are made		
			Enter an e	/s/ Duncan Whitney		
		Typed or printed	d name:	Duncan Whitney		
		Title: (Ti		resident, Product Manageme position held in corporation or partnership)	nt	
		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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Communication Corp	6172
Special statement concerning groups are distributed in the paper of subscribers and the groups are on page (vii) of the general instructions located in the paper SA1-2 form. Subscribers and accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions are subscribers?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name 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.	0
For an explanation of interest assessment, see page (viji) of the general instructions located in the paper SA1-2 form.	<u> </u>
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 Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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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	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			
		ed	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	