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

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/23/2023	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	COUNTING 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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	181
		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		FRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u>'</u>	GCI Cable, Inc Cordova	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 828 (Number, street, rural route, apartment, or suite number)	
		Cordova, AK 99574 (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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 18							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
Name	General Communication Inc.	3181							
	Instructions: List each separate community served by the cable system. A								
D	"a separate and distinct community or municipal entity (including unincorp								
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identificat as the "first community." Please use it as the first community on all future filings.								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below th								
Area	identified city.								
Served									
	CITY OR TOWN	STATE							
First	Cordova	AK							
Community									
Add Rows as Necessary									
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Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3181

FORM SA1-2E, PAGE 2

General Communication Inc.

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	90	\$14.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	8	25.88				
Commercial	8	\$14.99				
Converter						
Residential						
Non-residential						
					······	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$20.11	Motel, hotel		Digital Converter	5.99
 Pay cable—add'l channel 		Commercial		Tier 2	\$61.22
Fire protection		• Pay cable		Digital Tiers	14.25
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection		DVR Tuner	14.99
• First set	25.50	Burglar protection			
 Additional set(s) 	15.00	Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	20.00		
		 Move to new address 			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3181

General Communication Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(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.

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 on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
КТВҮ	4.1		Anchorage, AK
KYES	5.1	<u> </u>	Anchorage, AK
KTUU	2.1	N	Anchorage, AK
KYUR	13.1	N	Anchorage, AK
KYUR-2	13.2	I-M	Anchorage, AK
KYES-4	5.4	I-M	Anchorage, AK
ктоо	3.1	E	Juneau, AK
KTOO-2	3.2	E-M	Juneau, AK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

General Communication Inc.

3181

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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KLAM	FM		Cordova, AK				
XL/XIVI	I IVI		Cordova, Art				
	 						
	 						
	 						
	 						
	 						
	 						
	 						
	 						
							
							
							
							
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period, was broadcast by under certain FCC rules, Do not use general categ "NBA Basketball: 76ers v Column 2: If the progr Column 3: Give the ca Column 4: Give the bit the case of Mexican or C Column 5: Give the m first. Example: for May 7 Column 6: State the tit to the nearest five minute stated as "6:00–6:30 p.m Column 7: Enter the let delete under FCC rules was substituted for progression.	tion Inc. GE: SPECIA ntify every nor accounting p ming that mu NT CONCEF eriod, did you tation? lo", leave the FE PROGRA stitute progra bace, please e of every nor a distant stati regulations, cories like "mo s. Bulls." am was broa all sign of the boadcast static conth and day give "5/7." mes when the s. Example: a " etter "R" if the s and regulati	AL STATEME connetwork televioeriod, under spirit be included RNING SUBS ur cable system are rest of this paragraph and additional and additional and that you authorization ovies" or "bask addast live, entition and that you authorization broaddion's location (ions, if any, they when your syne substitute program care listed program care listed program care in a program care and the station broaddion's location (ions, if any, they when your syne substitute program care listed program care listed program care listed program care in a program care and the station broaddion's location (ions, if any, they when your syne substitute program care listed program care in a program	rision program, broadcast pecific present and forme in this log, see page (v) of stitute CARRIAGE m carry, on a substitute age blank. If your answers the substitute age blank if your answers to the tables. Existing program ("substitute or "Yes." Otherwise enteresting the substitute program the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried by your capter you as you was substituted for producing the accounting pediuring the accounting pediur	by a distant star FCC rules, regif the general in basis, any non r is "Yes," you ons wherever pute program") to tuted for the program titles, for er "No." ogram. the station is little to the program. Uppur cable system on to 60:15 p.m. to 60.	must compossible, if that, during regramming tions for full example, " dentified). Jise numera	our cable sy r authorization the paper selevision progress of their meaning the accourge of another rither inform I Love Lucy the FCC or als, with the etimes accuments should be the meaning the accuments of the progress of	ons. For a further SA1-2 form. gram X NO gram ng is nting station ation. " or f, in month rately uired
SUBSTITUTE CARRIA In General: In space I, ide substitute basis during the explanation of the program 1. SPECIAL STATEME • During the accounting p broadcast by a distant s Note: If your answer is "N log in block 2. 2. LOG OF SUBSTITU In General: List each sut clear. If you need more s Column 1: Give the tit period, was broadcast by under certain FCC rules, Do not use general categ "NBA Basketball: 76ers v Column 2: If the progr Column 3: Give the ca Column 4: Give the br the case of Mexican or C Column 5: Give the m first. Example: for May 7 Column 6: State the ti to the nearest five minute stated as "6:00–6:30 p.m Column 7: Enter the le to delete under FCC rules was substituted for progra	TE PROGRA stitute progra cace, please e of every no adistant state regulations, cories like "mo s. Bulls." am was broa Il sign of the coadcast static candian state candian state conth and day give "5/7." mes when the s. Example: a etter "R" if the s and regulatior	ennetwork televioleriod, under spust be included RNING SUBS ur cable syste e rest of this part add additional and additional and additional annetwork televition and that yor authorization ovies" or "bask adcast live, entistation broaddion's location (ions, if any, they when your sy the substitute program care elisted program care is listed program care in the station of the substitute program care elisted program care in the substitute program care in the subst	rision program, broadcast pecific present and forme in this log, see page (v) of stitute CARRIAGE m carry, on a substitute age blank. If your answers the substitute age blank if your answers to the tables. Existing program ("substitute or "Yes." Otherwise enteresting the substitute program the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried by your capter you as you was substituted for producing the accounting pediuring the accounting pediur	by a distant star FCC rules, regif the general in basis, any non r is "Yes," you ons wherever pute program") to tuted for the program titles, for er "No." ogram. the station is little to the program. Uppur cable system on to 60:15 p.m. to 60.	must compossible, if that, during regramming tions for full example, " dentified). Jise numera	r authorization the paper selevision properties of the properties	stem carried on a ons. For a further SA1-2 form. gram X NO ogram ring station ation. or f, in month rately wuired
In General: In space I, ide substitute basis during the explanation of the program 1. SPECIAL STATEME During the accounting properties of the program of the program of the program of the program of the product of t	ntify every nor accounting puming that muning the event of the every nor and istant state and the event of the event	ennetwork televioleriod, under spust be included RNING SUBS ur cable syste e rest of this part add additional and additional and additional annetwork televition and that yor authorization ovies" or "bask adcast live, entistation broaddion's location (ions, if any, they when your sy the substitute program care elisted program care is listed program care in the station of the substitute program care elisted program care in the substitute program care in the subst	rision program, broadcast pecific present and forme in this log, see page (v) of stitute CARRIAGE m carry, on a substitute age blank. If your answers the substitute age blank if your answers to the tables. Existing program ("substitute or "Yes." Otherwise enteresting the substitute program the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried the substitute program was carried by your capter "Yes." Otherwise enteresting the substitute program was carried by your capter you as you was substituted for producing the accounting pediuring the accounting pediur	by a distant star FCC rules, regif the general in basis, any non r is "Yes," you ons wherever pute program") to tuted for the program titles, for er "No." ogram. the station is little to the program. Uppur cable system on to 60:15 p.m. to 60.	must compossible, if that, during regramming tions for full example, " dentified). Jise numera	r authorization the paper selevision properties of the properties	ons. For a further SA1-2 form. gram X NO gram ng is nting station ation. " or f, in month rately uired
Column 4: Give the brown the case of Mexican or C Column 5: Give the mrown first. Example: for May 7 Column 6: State the treatment of the nearest five minute stated as "6:00–6:30 p.m. Column 7: Enter the let to delete under FCC rules was substituted for programs.	oadcast station anadian station thand day give "5/7." mes when the s. Example: a "" the sand regulati	ion's location (ions, if any, the when your sy se substitute pr a program car e listed progra cions in effect o	(the community to which e community with which ystem carried the substit rogram was carried by y rried by a system from 6 m was substituted for produring the accounting pe	the station is li the station is ic ute program. U our cable syste 01:15 p.m. to 6	dentified). Jse numera em. List the 6:28:30 p.n	als, with the times accu n. should be em was <i>req</i>	month rately uired
effect on October 19, 197	•	your system w	vas permitted to delete ι	riod; enter the nder FCC rules	letter "P" if s and regu	lations in	rogram
SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc.	31	(STEM) 31
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 12	,211.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 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.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this 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		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	•	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	12.10.12.11.10.10.11.11.11.11.11.11.11.11.11.11.		
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 #		
	<u>Important:</u> 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 mental states.		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OWNER OF CA General Communication I				SYSTEM ID# 3181			
M Channels	to its subscribers, and (2) the 1. Enter the total number of c	cable system's total nun channels on which the cal oadcast stations			226			
	and nonbroadcast services							
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		ORMATION IS NEEDED (Identify an individ	dual to whom				
for Further Information	Name Cindy H	all		Telephone 90	07-868-5615			
		nali Street, Ste. 10						
	Anchora (City, town, st	age, AK 99503 tate, zip)						
	Email	chall2@gci.com	Fa	ax (optional) 907-868-98	117			
•	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)							
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, 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 system as identified in 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 the cable system 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)]							
		<u> </u>	/s/ Duncan Whitney					
			n electronic signature on the line above to certi ignature using an "/s/ signature" (e.g., /s/ John					
		Typed or printed name	Duncan Whitney					
			f Product Officer tion held in corporation or partnership)					
		Date:		8/22/2023				

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.

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3181 **General Communication Inc.** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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