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						
2/26/2024	\$ 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	ACCOUNTING 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.	24258					
		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)						
	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlo	osa thosa					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	•	GCI Cable, Inc Nome						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P.O. Box 274 [Number, street, rural route, apartment, or suite number)						
		Nome, AK 99762 (City, town, state, zip code)						
	I	(Oity, 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.

Accounting Period:	2023/2								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	General Communication Inc.								
	Instructions: List each separate community served by the cable system. A "community"								
D	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 hor	ne parks should be reported in parentheses below the identified							
Served	city.								
	CITY OR TOWN	STATE							
First	Nome	AK							
Community									
Add Rows as Necessary									

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24258

Ε

Name

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**General Communication Inc.** 

**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	184	\$14.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	\$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	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE		RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$19.17	Motel, hotel		Digital Converter	5.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Tier 2	\$61.22
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital Tiers	13.00
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection		DVR Tuner	14.99
• First set	25.50	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00		
<ul> <li>Converter</li> </ul>		Disconnect			••••••
		Outlet relocation	20.00		••••••
		Move to new address			

Accounting Period: 2023/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| Concret Communication Inc. 24258

# General Communication Inc. PRIMARY TRANSMITTERS: TELEVISION

substitute program basis, as explained in the next paragraph.

# G

### 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), 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 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KTOO** 10.1 Juneau, AK Ε **KTOO-2** 10.2 E-M Juneau, AK **KYUR** 13.1 Ν Anchorage, AK **KTBY** 4.1 Т Anchorage, AK KTUU 2.1 Ν Anchorage, AK **KYES-4** 5.4 I-M Anchorage, AK **KYES** 5.1 Anchorage, AK

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**General Communication Inc.** 

24258

### 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).

0411 0101	***	0.75	LOGATION CT CT CT			0.15	L 004TION 05 0545
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<b> </b>					
		<del> </del>					
		<b></b>					
		<b> </b>					
				<u> </u>			

A	1. 2022/2						F0F	
Accounting Perio	<b>d: 2023/2</b> LEGAL NAME OF OWNER OF (	CARLE SYST	·EM·				FOR	SYSTEM ID#
Name	General Communication		LIVI.					24258
Substitute Carriage: Special Statement and Program Log	Substitute Carriage: Special Statement and SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system can substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the special statement and substitute basis, any nonnetwork television program.							n carried on a For a further 2 form.  n X NO m Solution n.
	SI	UBSTITUT	E PROGRAM	I		N SUBST	_	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES - TO	DELETION
					_		_	
								-
							_	
					-			-
					-			
							_	
							_	
							_	

Accounting Period:	2023/2	FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  General Communication Inc.	SYSTEM 24
		24.
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	sion service ount, see
•	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.  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.	3,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	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 \$137,100	)
	1. Base amount under statutory formula	
	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 \$527,60	0)
	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	
		,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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: unication Inc.			SYSTEM ID# 24258			
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.							
		ıl number of channels on whic ed television broadcast station	ns		10			
	-							
	on which the	Il number of activated channe cable system carried television directions services	on broadcast stations		202			
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify an inc unt.)	lividual to whom				
for Further	Name	Cindy Hall		Telephone	907-868-5615			
Information								
	Address	2550 Denali Street, S (Number, street, rural route, apartr	Ste. 1000 ment, or suite number)					
		Anchorage, AK 9950 (City, town, state, zip)	3					
	Email	chall2@gci.c	com	Fax (optional <b>907-868</b> -	9817			
0	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with Co	opyright Office regulations)				
Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, but only one, of the boxes.)					
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as	identified in line 1 of space E	3; or			
			ation or partnership) I am the duly authorized agen ne owner is not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified			
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system			
		te, and correct to the best of m	hereby declare under penalty of law that all stateme ny knowledge, information, and belief, and are made					
	l		X /s/ Duncan Whitney					
			Enter an electronic signature on the line above to co Enter signature using an "/s/ signature" (e.g., /s/ Jo					
		Typed or printed	d name: Duncah Whitney					
		Title:	Chief Product Officer itle of official position held in corporation or partnership)					
		Date:		February 23, 2024				

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ounting Period: 202	3/2			FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER	R OF CABLE SYSTEM:			SYSTEM ID#
eneral Communi	cation Inc.			24258
The Satellite Hom lowing sentence:  "In determ service of scribers ar  For more informal located in the pap During the accour made by satellite  X NO	TEMENT CONCERNING GROSS RECOME Viewer Act of 1988 amended Title 17, section ining the total number of subscribers and the graph providing secondary transmissions of primary but amounts collected from subscribers receiving tion on when to exclude these amounts, see the per SA1-2 form.  Inting period, did the cable system exclude any a carriers to satellite dish owners?	n 111(d)(1)(A), of the Copross amounts paid to the proadcast transmitters, the green secondary transmission and the note on page (vii) of the amounts of gross receipts	cable system for the basic e system shall not include subspursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address		
INTEREST AS	SESSMENT			
For an explanation	te this worksheet for those royalty payments sun of interest assessment, see page (viii) of the samount of late payment or underpayment	general instructions locat		Q Interest Assessment
Line 2 Multiply lin	ne 1 by the interest rate* and enter the sum her	re	day	<u>-</u> /s
Line 3 Multiply lin	ne 2 by the number of days late and enter the s	sum here	x 0.00274	
in space L	ne 3 by 0.00274** and enter here ., (page 6) block 1, line 2, or block 2 line 8, or b interest rate chart click on www.copyright.gov/li		\$ (interest charge) For further assistance please	
contact the I	Licensing Division at (202) 707-8150 or licensin	g@copyright.gov.		
** This is the o	decimal equivalent of 1/365, which is the interes	st assessment for one da	y late.	
•	filing this worksheet covering a statement of actions, address, first community served, ID number			
First community s	erved			
Accounting period				

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