U.S. COPYRIGHT OFFICE

INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT

The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to: coplicsoa@copyright.gov

Submitting the form

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- · When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- · Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 - Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- · Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

 $\cdot \quad \text{Enter the call signs, broadcast channel numbers, type of station and location of station.} \ \ \text{Add rows as necessary.}$

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

 \cdot Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- · Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- · The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

 \cdot $\,$ Manually enter information into highlighted spaces as applicable.

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 | | | | | | |
| | \$ | | | | | | |
| | 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. | | | | | | | | | |
| | | | | | | | | | | |
| | 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 | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 Seward | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | | |
| | P.O. Box 929 (Number, street, rural route, apartment, or suite number) | | | | | | | | | |
| | Seward, AK 99664 | | | | | | | | | |
| | (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.

| Accounting Period: | 2023/2 | |
|-----------------------|--|--|
| | <u></u> | FORM SA1-2E. PAGE 1b. |
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | General Communication Inc. | 25444 |
| | Instructions: List each separate community served by the cable system. A "comm | unity" is the same as a "community unit" as defined in FCC rules: "a |
| D | separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile | le home parks should be reported in parentheses below the identified |
| Served | city. | |
| | CITY OR TOWN | STATE |
| First | Seward | AK |
| Community | | |
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| Add Rows as Necessary | | |
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Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

25444

Ε

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 | 150 | \$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 | | | BLOCK 2 | | |
|---|---|-------------------------------|-------|-------------------|---------|--|
| CATEGORY OF SERVICE | CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE | | | | | |
| Continuing Services: | | Installation: Non-residential | | | | |
| Pay cable | \$20.90 | 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 | | HD Tier | \$0.00 | |
| 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: 2023/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

25444

General Communication Inc.

PRIMARY TRANSMITTERS: TELEVISION

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), 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTUU 2.1 Anchorage, AK **KTBY** 4.1 ī Anchorage, AK **KYES** 5.1 ı Anchorage, AK KYES-2 5.2 I-M Anchorage, AK **KAKM** Ε 7.1 Anchorage, AK KAKM-3 7.3 E-M Anchorage, AK **KYUR** 13.1 Ν Anchorage, AK **KYUR-2** 13.2 I-M Anchorage, AK **KCFT** 35.1 ı Anchorage, AK KDMD-2 38.2 I-M Anchorage, AK

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

General Communication Inc.

25444

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).

| | | _ | T | | T | | |
|-----------|----------|--------------|---------------------|-----------|--------------|-----|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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| d. 2022/2 | | | | | | FORM SA1 2F DACE 5 |
|---|--|---|--|--|--|--|
| | CABLE SYST | EM: | | | | FORM SA1-2E. PAGE 5. SYSTEM ID# |
| General Communication | on Inc. | | | | | 25444 |
| In General: In space I, identisubstitute basis during the acexplanation of the programming the acexplanation of the programming the accounting per broadcast by a distant state. Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reduced to the categori. The program Column 2: If the program Column 3: Give the call state of Mexican or Canter Column 5: Give the broad the case of Mexican or Canter Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program. | fy every non eccounting pering that must converted that must conve | metwork televis priod, under spe t be included in NING SUBST r cable system rest of this page MS m on a separa add additional in nnetwork televition and that you r authorization vies" or "baske deast live, ente estation broadca bris location (at hins, if any, the in when your sys e substitute pro in program carri listed program ons in effect du | ion program, broadcast by selfic present and former FC this log, see page (v) of the ITUTE CARRIAGE I carry, on a substitute base ge blank. If your answer is selfic the line. Use abbreviations rows to the tables. It is is see page (v) of the generated by selfic program ("substitute as See page (v) of the generated by selfic program of the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period | a distant statio CC rules, regula e general instru dis, any nonnet "Yes," you mu wherever pos program") tha ed for the progreal instruction m titles, for exa No." e station is licen station is iden program. Use cable system. 15 p.m. to 6:2 amming that you d; enter the lett | tions, or authorizations, or authorizations in the paper work television with the sible, if their ments, during the accramming of anons for further inframple, "I Love Lansed by the FCC tiffied). The sible is the times at the sible is the times at the times at the sible is the lister "P" if the lister is the sible is the sible is the sible in the sible is the sible in the sible in the sible is the sible in the sible in the sible in the sible is the sible in the sible i | program YES NO e program eaning is counting other station formation. Lucy" or C or, in the month accurately id be c required ed program |
| s | I | CARRI | 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 | FROM — — — — — — — — — — — — — — — — — — — | то |
| | General Communication SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptantion of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space 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 broad the case of Mexican or Cancel Column 5: Give the montifiest. Example: for May 7 gives Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | LEGAL NAME OF OWNER OF CABLE SYST General Communication Inc. SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting perexplanation of the programming that mustant substitute basis during 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 prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, on 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 second of Mexican or Canadian station the case of Mexican or Canadian station 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 regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE? | General Communication Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis 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 pag 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 "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sys 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. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S | General Communication Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by substitute basis 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 the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basi 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 substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast like "movies" or "basketball." List specific progran "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community with which the case of Mexican or Canadian stations, if any, the community with which the coase 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 6: State the times when the substitute program was carried by your to the nearest | General Communication Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regula explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the program on a substitute basis, any nonnet broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post 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 period, was broadcast by a distant station and that your cable system substituted for the program durder 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 extending the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is iden the case of Mexican or Canadian stations, if any, the community to which the station is iden the case of Mexican or Canadian stations, if any, the community with which the station is iden to the case of Mexican or Canadian stations, if any, | LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc. 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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoric explanation of the programming that must be included in this log, see page (v) of the general instructions in the page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television 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 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 medicar, 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 acception, was broadcast by a distant station and that your cable system substituted for the programming of ano under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inf Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love L Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 first. Example: for May 7 give "5/7." Column 6: State the month and day when your system carried by your cable system. List the times a to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed progra |

| Accounting Period: | 2023/2 | FORM SA1 | -2E. PAGE 6 |
|------------------------------------|---|---------------------------|-----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc. | SY | STEM ID# 25444 |
| | General Communication inc. | | 23444 |
| K 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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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 | 727.00 s receipts) |
| 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 \$26 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 | s 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 | 0) | |
| | 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 | 00) | |
| | 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 | | |
| | | | |
| 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) \$ | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | 5 | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: 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# 25444 | | | | | |
| M Channels | to its subscriber | 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 | | | | | | | | |
| | | | ns | | 16 | | | | | |
| | | | | | | | | | | |
| | on which the | Il number of activated channe cable system carried television directions services | on broadcast stations | | 291 | | | | | |
| N Individual to Be Contacted | | BE CONTACTED IF FURTI about this statement of accou | HER INFORMATION IS NEEDED (Identify an incurrent) | lividual to whom | | | | | | |
| for Further | Name | Cindy Hall | | Telephone | 907-868-5615 | | | | | |
| Information | | 0550 D !! 04 4 . 0 | 04. 4000 | | | | | | | |
| | Address | 2550 Denali Street, S (Number, street, rural route, aparti | tment, or suite number) | | | | | | | |
| | | Anchorage, AK 9950 (City, town, state, zip) |)3 | | | | | | | |
| | | | | | | | | | | |
| | Email | chall2@gci.c | com | Fax (optional 907-868 - | 9817 | | | | | |
| 0 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) | | | | | | | | | |
| Certification | • I, the undersigne | ed, hereby certify that (Check or | one, 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 age 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 statement ny knowledge, information, and belief, and are made | | | | | | | |
| | I | | 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: Duncan Whitney | | | | | | | |
| | | Title: | Chief Product Officer itle of official position held in corporation or partnership) | | | | | | | |
| | | Date: | and of sensor position made in corporation of partial ship) | February 23, 2024 | | | | | | |

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.

| ounting Period: 2023/2 | FORM SA1-2E. PAGE 8. |
|---|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| neral Communication Inc. | 25444 |
| 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 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? X NO YES. Enter the total here and list the satellite carrier(s) below. | P Special Statement Concerning Gross Receipts Exclusion |
| 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. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessment |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | _ |
| 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 | |

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.

CONTROL #: REMITTANCE #:

Reviewed by

☐ January 1 - June 30, 2017

☐ Letter sent

☐ Letter sent

☐ Accepted

☐ Letter sent☐ Accepted☐

 \square Letter sent

☐ Accepted

☐ Letter sent

 \square Accepted

☐ Accepted

| Cable |
|-----------|
| Worksheet |

Cable ID#

Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

| Total amount of remittance | Nu | mber of SAs rec'd | li | nitials |
|----------------------------|------------------|-------------------|----------|---------|
| Date of remittance | ☐ Check | □ EFT | ☐ FILING | G FEES |
| | | | Amount | Init |
| Date examination completed | Allocati | on number | | |
| | | | | |
| |] July 1 - Decer | mber 31, 2017 | | |
| | Information re | eceived | | |
| | Phone call/Da | ite/Contact | | |
| |] Information r | | | |
| | Phone call/Da | nte/Contact | | |
| | Information re | eceived | | |
| | Phone call/Da | ate/Contact | | |
| | | | | |
| | Information re | eceived | | |
| | Phone call/Da | ate/Contact | | |
| | | | | |
| | Information r | eceived | | |
| | Phone call/Da | ate/Contact | | |

☐ Phone call/Date/Contact

| | | Space I Substitute |
|-------------------------|----------------------------|---|
| | | Carriage |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space J |
| | | Part-time Carriage Log |
| ✓ Letter sent | ☐ Information received | (SA3 only) |
| | | |
| ☐ Accepted | ☐ Phone call/Date/Contact | S |
| | | Space K Gross Receipts |
| ☐ Letter sent | ☐ Information received | |
| □ Letter sent | ☐ Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| ☐ 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 | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |