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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	General Communication Inc.  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	BUSINESS NAME(S) OF CHINER OF CABLE STOTEM (IF BITTERENT)
	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:  1 GCI Cable, Inc Bethel
	MAILING ADDRESS OF CABLE SYSTEM:
	2 210 3rd St., P.O. Box 247 (Number, street, rural route, apartment, or suite number)
	Bethel, AK 99559 (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	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	General Communication Inc.	31240
	Instructions: List each separate community served by the cable system. A "community	" is the same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Bethel	AK
Community		
Add Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

31240

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SUBSCRIBERS	IVAIL
Service to first set	496	\$14.99			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel	24	10.27			
Commercial	147	\$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	EGORY OF SERVICE RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable	\$21.97	Motel, hotel		Digital Converter	5.99	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Tier 2	\$61.22	
Fire protection		Pay cable		Digital Tiers	14.25	
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	25.50	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00			
Converter		Disconnect				
		Outlet relocation	20.00			
		Move to new address				

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

General Communication Inc.

SYSTEM ID#

31240

#### 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 **KYUR** 13.1 Anchorage, AK Ν **KTOO-2** 3.2 E-M Juneau, AK **KTBY** 4.1 ı Anchorage, AK **KTUU** Anchorage, AK 2.1 Ν KYES-2 5.2 I-M Anchorage, AK **KYUK** 9 Е Bethel, AK **KYES** ı Anchorage, AK 5.1

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**General Communication Inc.** 

31240

## 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 01011		0.5	LOCATION OF STATION	0411 01011		0.15	LOGATION OF STATIST
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KYUK KYDK	FM FM		Bethel, AK Bethel, AK				
KYDK	FM		Bethel, AK				
	T						
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A	1. 2022/2							D.O.
Accounting Perio	<b>a: 2023/2</b> Legal name of owner of (	CARLE SYST	·EM·				FOR	M SA1-2E. PAGE 5.
Name	General Communication		LIVI.					31240
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  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 operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs."	: SPECIAI fy every non counting pe ng that mus  CONCERI od, did you ion? I, leave the  PROGRA itute progra ce, please a of every non distant static gulations, o es like "mor Bulls." n was broad sign of the s docast static adian statio data static adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulation	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 network televition and that you r authorization vies" or "baske dicast live, ente station broadca bris location (th ins, if any, the when your sys e substitute pro in program carri listed program ons in effect du	ion program, broadcast by scific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is set line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the general string the substitute program of the community of the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	a distant station CC rules, regular e general instructions, any nonnet "Yes," you mu wherever pos program") that ed for the progreal instruction mittles, for exam. e station is licen program. Use cable system. 15 p.m. to 6:2 amming that yid; enter the letting to the control of the control o	tions, or auctions in the work televers to sible, if the transming of the tified).  List the tires the tires the tires the tires the tires to pure system the "P" if the tires to sure system the "P" if the tires to sure system the tires to sure the tires the tires to sure the tires	ision program  YES  te the program  eir meaning is  ne accounting of another sta  er information  ove Lucy" or  e FCC or, in  with the mon  mes accurate should be  n was require e listed program	n carried on a For a further 2 form.  NO m Sition n.
	S	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			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. PAGE 6							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  General Communication Inc.	SYSTEM ID# 31240							
		31240							
<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 transmissi (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.	ion service unt, 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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper \$A1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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 \$527,600	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	0.00							
	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 #								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of 6 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# 31240			
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.						
		Il number of channels on which			10			
	system carried television broadcast stations							
	on which the	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify an inc	dividual to whom				
for Further	Name	Cindy Hall		Telephone	907-868-5615			
Information								
	Address	2550 Denali Street, S (Number, street, rural route, aparti	ment, or suite number)					
		Anchorage, AK 9950 (City, town, state, zip)	13					
	Fil	chall2@gci.d	oom	Fax (optional <b>907-868</b> -	0047			
	Email	Chanz@gci.c	COIII	Fax (optional 307-300)	3017			
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.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; 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			
	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)]							
	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: Duncan Whitney					
		Title:	Chief Product Officer itle of official position held in corporation or partnership)					
		Date:	,	February 23, 2024				

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unting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
eral Communication Inc.	31240
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	P Special Statement Concerning Gross Receipts Exclusion
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 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	
(interest charge)  * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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