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				
08/29/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.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							
Accounting	Barcode Data Filing Period (optional - see instructions)							
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							
	Grande Communications Networks, LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	401 Carlson Circle (Number, street, rural route, apartment, or suite number)							
	San Marcos, TX 78666							
	(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	IDENTIFICATION OF CABLE SYSTEM:							
	Centrovision, Inc Troy MAILING ADDRESS OF CABLE SYSTEM:							
	401 Carlson Circle							
	2 (Number, street, rural route, apartment, or suite number) San Marcos, TX 78666							
	(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:	2018/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Grande Communications Networks, LLC	5431						
	Instructions: List each separate community served by the cable system. A "community							
D	"a 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	Troy	TX						
Community								
Add Rows as Necessary								
,		044444444444444444444444444444444444444						

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grande Communications Networks, LLC

SYSTEM ID# 5431

Ε

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	812	28.49			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel		28.49			
Commercial	4	28.49			
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	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	16.99	Motel, hotel		E	Expanded Basic	46.00
 Pay cable—add'l channel 		Commercial]	Digital Tier (Premier P	22.99
 Fire protection 		• Pay cable		١	Variety Pak	14.99
 Burglar protection 		 Pay cable-add'l channel 		ŀ	HD Tier	6.95
Installation: Residential		Fire protection		L	Latin Tier	7.95
 First set 	54.99	 Burglar protection 		3	Sports Plus Pak	14.99
 Additional set(s) 	30.00	Other services:		Į	Ultra Sports Tier	4.99
 FM radio (if separate rate) 		Reconnect	30.00	ı	Movie Tier	7.95
Converter		Disconnect				
		 Outlet relocation 	30.00			
		 Move to new address 	30.00			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5431

Grande Communications Networks, LLC

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
KCEN	9	N	Temple, TX
KWTX	10	N	Waco, TX
KXXV	25	N	Waco, TX
KWKT	44	N	Waco, TX
KNCT	46	E	Killeen, TX
KCEN-2	9.1	l	Temple, TX
KXXV-2	25.1	N	Waco, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

543°

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
						 	
						ļ	
						ļ 	
						l	
					 		
					 		
							

ccounting Borio	nd: 2018/1						EOD	M SA1-2E DAGE F		
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	Grande Communication	ons Netwo	orks, LLC					5431		
I	SUBSTITUTE CARRIAGING General: In space I, ident	ify every no	nnetwork televi	ision program, broadcast by	a distant stat					
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and										
Program Log	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.	, leave the	rescortins pa	ige biarik. II your ariswer is	s res, your	nust com	piete trie brot	gram		
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please of every not distant stategulations, or ies like "mo Bulls." In was broasign of the adcast statinath and day ve "5/7." es when the Example: The "R" if the and regulate of example in the regulate of the example in the regulate of the example in the regulate of exampl	am on a separ add additional connetwork tele- tion and that y- or authorization ovies" or "bask dcast live, ent- station broadd on's location (to ons, if any, the or when your sy- e substitute pri- a program cara- te listed program- ions in effect d	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general and the community of the stem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for proglating the accounting period	e program") the ded for the program titles, for en	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List the :28:30 p. your sys etter "P" i	g the accounting of another urther informatil Love Lucy" of the FCC or, als, with the retimes accurum, should be tern was requifithe listed pr	ting station stion. or in month ately		
	effect on October 19, 1976	-			WHE	N SUBS	TITUTE			
	S	UBSTITUT	E PROGRAM	1			CURRED	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		
							_			
							_			
								"		
								"		
								"		
								"		
							_			
							_			
		l						 		

	2018/1				SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC			,	SYSTEM I 54			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)							
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning of				61,319.30 gross receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or le Use block 2 if the amount of gross receipts in space K is more than \$1: Use block 3 if the amount of gross receipts in space K is more than \$2: See page (vi) of the general instructions located in the paper SA1-2 form fo	37,100 but less 63,800 but less	than \$527,600	5263,800				
	BLOCK 1: GROSS RECEIPTS (OF \$137,100 C	OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, th accounting period is \$52.00	ne royalty fee th	at you must pay fo	r this six-mon				
	Line 1. Royalty fee for accounting period			•				
	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 ar	nd 2	••				
	BLOCK 2: GROSS RECEIPTS OF \$263,800	OR LESS (but	more than \$137,	100)				
	Base amount under statutory formula	<u>\$</u>	263,800.00	_				
	2. Enter amount of gross receipts from space K	<u>\$</u>	261,319.30	_				
	3. Subtract line 2 from line 1	. \$	2,480.70	_				
	4. Enter the amount of gross receipts from space K		\$	261,319.30	_			
	5. Enter the amount from line 3		\$	2,480.70	_			
	6. Subtract line 5 from line 4		\$	258,838.60	_			
	7. Multiply line 6 by .005 (enter figure here)			\$	1,294.19			
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	d lines 7 and 8 .		\$	1,294.19			
	BLOCK 3: GROSS RECEIPTS OF MORE THA	AN \$263,800 (b	out less than \$527	7,600)				
	Enter the amount of gross receipts from space K	<u> </u>		_				
	Base amount under statutory formula	\$	263,800.00	_				
	3. Subtract line 2 from line 1	<u></u>		_				
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory for	mula)	\$	1,319.00	_			
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add		-		=			
	FILING FEE AND TOTAL REMITTAN	ICE DUE						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above	ve)	\$	1,294.19	_			
Due	2. Filing Fee (See the instructions for more information on filing fee calcul	lations)	<u>\$</u>	20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 at	nd 3		\$	1,314.19			
	Important: Your remittance must be in the form of an electro	nic payment pa	ayable to the Regi	ster of Copyri	ights!			
	Important: Your remittance must be in the form of an electro See page i of the general instructions in the pa				ights!			

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: nications Networks, LLC	SYSTEM ID# 5431
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	must give (1) the number of channels on which the cable system carried to and (2) the cable system's total number of activated channels during the a number of channels on which the cable devision broadcast stations	4 97
N Individual to Be Contacted		E CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an induct this statement of account.)	ndividual to whom
for Further Information		Jacqueline Mathis	Telephone 609-751-9316
		650 College Road East, Suite 3100 Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 City, town, state, zip)	
	Email	Jacqueline.Mathis@rcn.net	Fax (optional)
O Certification	I, the undersigned (Owner (Agent in lir X (Office in lir I have examined	X /s/ John Rusak	as identified in line 1 of space B; or igent of the owner of the cable system as identified the legal entity identified as owner of the cable system igenests of fact contained herein de in good faith.
		Typed or printed name: Senior Vice President - Controlle (Title of official position held in corporation or partnership) Date:	John Smith)

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ande Communications Networks, LLC	5431
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? NO	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
(interest charge)	
* 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@loc.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	
/ Nooderiting Portion	

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