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				
02/24/2021	\$				
	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	ACCOUNTIN	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2020/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	2020/2		
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
	Instruction		
В		full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title ibsidiary, not that of the parent corporation.	
Owner	List any o	other name or names under which the owner conducts the business of the cable system.	
	·		
		were different owners during the accounting period, only the owner on the last day of the accounting period should submit a atement of account and royalty fee payment covering the entire accounting period.	
	5.116.6 546	Activities of decount and rogary reciposition core inglate citate decounting periods	5430
	Check he	ere if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL	L NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Grande	Communications Networks, LLC	
	BUSINE	ESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILIN	G ADDRESS OF OWNER OF CABLE SYSTEM	
		arlson Circle	
		street, rural route, apartment, or suite number)	
		Marcos, TX 78666 n, state, zip)	
	INSTRUCTION	NS: In line 1, give any business or trade names used to identify the business and operation of the system ur	nless these
С		y appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1 IDENTIFI	ICATION OF CABLE SYSTEM:	
		ovision, Inc - Salado	
	MAILING	G ADDRESS OF CABLE SYSTEM:	
		Carlson Circle street, rural route, apartment, or suite number)	
	San M	Marcos, TX 78666	
	(City, town	n, 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:	•	FORM SA1-2E. PAGE 1b.							
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Grande Communications Networks, LLC 54								
D	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 separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First Community	Salado	TX							
Add Rows as Necessary									

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5430

Grande Communications Networks, LLC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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

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

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

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	336	28.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	0	28.49			
Commercial	18	28.49			
Converter					
Residential					
Non-residential					
					i i

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		Expanded Basic	46.00
 Pay cable—add'l channel 		Commercial		Digital Tier (Premier P	22.99
 Fire protection 		• Pay cable		Variety Pak	14.99
Burglar protection		 Pay cable-add'l channel 		HD Tier	6.95
Installation: Residential		 Fire protection 		Latin Tier	7.95
• First set	54.99	Burglar protection		Sports Plus Pak	14.99
 Additional set(s) 	30.00	Other services:		Ultra Sports Tier	4.99
• FM radio (if separate rate)		Reconnect	30.00	Movie Tier	7.95
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5430

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

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
9	N	Temple, TX
10	N	Waco, TX
25	N	Waco, TX
44	N	Waco, TX
46	E	Killeen, TX
9.1		Temple, TX
10.1	N	Waco, TX
25.1	N	Waco, TX
44.1	N	Waco, TX
	9 10 25 44 46 9.1 10.1 25.1	9 N 10 N 25 N 44 N 46 E 9.1 I 10.1 N 25.1 N

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5430

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	0411 0:0:	l and	0.5		T 0411 0:0::	T and	0.5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 					
			 					
			 					
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Accounting Perio	nd: 2020/2						F∩DI	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	Grande Communication	ons Netwo	orks, LLC					5430
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTE	ify every no accounting paining that mu T CONCEFried, did you tion?	nnetwork televineriod, under spist be included in RNING SUBS ur cable systemerest of this page.	sion program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE in carry, on a substitute ba	y a distant star CC rules, reg he general ins	ulations, d structions network to	or authorization in the paper Selevision prog	ns. For a further A1-2 form.
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every not distant state gulations, or ies like "mo Bulls." m was broat sign of the adcast statinath and day ve "5/7." es when the Example: "er "R" if the and regulationing that	onnetwork televition and that your authorization ovies" or "bask deast live, enterstation broade on's location (toons, if any, the when your syrus a program carroll listed program ions in effect d	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the ge etball." List specific program of the substitute program was carried by you ried by a system from 6:01 n was substituted for proguring the accounting period.	ted for the proneral instruct am titles, for endinger from the station is like a station is like a program. Using the station is the program to the station is the program to the station is the station is like a program. Using the station is the station is like a program. Using the station is like a station is like a station is like a station in the station in the station is like a station in the station in t	ogrammir ions for fuexample, censed by entified). se numer m. List the :28:30 p.	og of another urther informa "I Love Lucy" by the FCC or, als, with the retimes accurm. should be tem was requifithe listed pr	station tion. or in nonth ately
	_					N SUBS		
			E PROGRAM 3. STATION'S				CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	

Accounting Period:	2020/2		1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	S)	STEM ID# 5430					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,236.45 ss 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 \$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 SA1-2 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 t accounting period is \$52.00	his six-mon						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)						
	1. Base amount under statutory formula							
	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)						
	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	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information.		its!					

Accounting Period:	d: 2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	SYSTEM ID# 5430
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	385
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Chris Connolly Telephone	609-681-2178
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
	Princeton, NJ 08540 (City, town, state, zip)	
	Email Chris.connolly@rcn.net Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	vner 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)]	n
	X /s/ Parisa Salehani	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President - Controller (Title of official position held in corporation or partnership)	
	Date: 2/24/21	

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counting Period: 2020/2			FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CAI	BLE SYSTEM:		SYSTEM ID#
ande Communications	s Networks, LLC		5430
The Satellite Home Viewer lowing sentence: "In determining the service of providing scribers and amount of the service of providing scribers and amount of the service of providing scribers and amount of the service	total number of subscribers and the g g secondary transmissions of primary b nts collected from subscribers receivin when to exclude these amounts, see the form.	CEIPTS EXCLUSIONS n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
	ere and list the satellite carrier(s) below	N\$	
Name Mailing Address		Name Mailing Address	
INTEREST ASSESSI		ibmitted as a result of a late neument or underneument	_
•	• • • •	ibmitted as a result of a late payment or underpayment. general instructions located in the paper SA1-2 form.	Q
Line 1. Enter the amount	of late payment or underpayment		Interest Assessment
Line i Line ine amount	or late payment or underpayment		
		х	
Line 2 Multiply line 1 by t	he interest rate* and enter the sum he		
		xdays	
Line 3 Multiply line 2 by t	he number of days late and enter the s	sum here	
	2.00074**	X 0.00274	
Line 4 Multiply line 3 by 0	0.00274^^ and enter nere 6) block 1, line 2, or block 2 line 8, or b	lock 3 line 6 \$	
7 (1 3	-, -, -, -,	(interest charge)	
	rate chart click on www.copyright.gov/l g Division at (202) 707-8150 or licensir	icensing/interest-rate.pdf. For further assistance please ng@loc.gov.	
** This is the decimal e	equivalent of 1/365, which is the interes	st assessment for one day late.	
•	_	ccount already submitted to the Copyright Office, please r, and accounting period as given in the original filing.	
Owner			
Address			
ID number			
First community served			

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