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						
2/28/2022	\$						
	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	ACC	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									
		Grande Communications Networks, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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:										
	ļ .	Centrovision, Inc Morgan's Point									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	401 Carlson Circle (Number, street, rural route, apartment, or suite number)									
		San Marcos, TX 78666 (City, town, state, zip code)									
-	-1										

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:	2021/2								
Ü	·	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Grande Communications Networks, LLC	5429							
	Instructions: List each separate community served by the cable system. A "community"								
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 serve community." Please use it as the first community on all future filings.	nities 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 home parks should be reported in parentheses below the identified city.								
Served									
Fire	CITY OR TOWN	STATE TX							
First Community	Morgan's Point								
Community									
Add Rows as Necessary									

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5429

Grande Communications Networks, LLC

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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	745	28.49					
Service to additional set(s)							
FM radio (if separate rate)							
Motel, hotel							
Commercial	14	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 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: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grande Communications Networks, LLC

SYSTEM ID# 5429

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	Е	Killeen, TX
KCEN-2	9.1	l	Temple, TX
KWTX-2	10.1	N	Waco, TX
KXXV-2	25.1	N	Waco, TX
KWKT-2	44.1	N	Waco, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5429

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 SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATIC	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	-	0.4 D. E. 0.40T							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O									5429
	SUBSTITUTE CARRIAGE	· SPECIA	I STATEMEN	T AND PROGRAM LOC	<u> </u>					
 Substitute									For a further	
Carriage:										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									n
Statement and	and								V	
Program Log										
		, leave trie	rest of this pag	je blank. Il your answer is	res, y	you mi	ust comple	te ti	ie prograi	111
	log in block 2.	PROGRA	MS							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." 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.								l tion	
	Column 4: Give the broat							e F	CC or, in	
	the case of Mexican or Can Column 5: Give the mon							. wit	h the mor	nth
	first. Example: for May 7 giv	,			p. 0 g. a.	000		,		
	Column 6: State the time					-				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	ı program carri	ed by a system from 6:01	:15 p.m.	to 6:2	28:30 p.m.	sho	uld be	
	Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	amming	that y	our systen	n wa	as <i>require</i>	d
	to delete under FCC rules a				-	-	-			
	was substituted for program		our system wa	s permitted to delete und	er FCC	rules a	and regulat	ions	in .	
	effect on October 19, 1976.									
						WHE	EN SUBST	ITU	ITE	
	S	UBSTITUT	E PROGRAM	T		CARR	IAGE OCC			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1	ONTH DAY	FROM	TIME	ES TO	52277677
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC				SYSTEM ID 542			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fill all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(second transmission service) IMPORTANT: You must complete a statement in space P concerning gross	the system's snation of how	secondary transm to compute this a	ission service imount, see				
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 less Use block 2 if the amount of gross receipts in space K is more than \$137,1 Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions located in the paper SA1-2 form for more	100 but less t 300 but less t	han \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF S	\$137,100 OF	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	yalty fee that y	you must pay for th	is six-month				
	Line 1. Royalty fee for accounting period				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Ac	dd lines 1 and	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR							
	Base amount under statutory formula	\$	263,800.00	_				
	Enter amount of gross receipts from space K	<u> </u>		_				
	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 line	es 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	\$263,800 (bu	ut less than \$527	,600)				
	Enter the amount of gross receipts from space K	\$	274,605.40					
	2. Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1	\$	10,805.40	_				
	4. Multiply line 3 by .01		\$	108.05				
	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 line	es 4, 5, and 6		\$	1,427.05			
	FILING FEE AND TOTAL REMITTANCE	DUE						
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,427.05				
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculation			20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,447.05			
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper				ghts!			

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: nications Networks, LLC				SYSTEM ID# 5429
M Channels	to its subscribers		f channels on which the cable s otal number of activated chann n the cable	-		13
	•	television broadcast stations	s			10
		able system carried televisio	n broadcast stations			385
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou	ER INFORMATION IS NEEDE	D (Identify an individ	dual to whom	
for Further Information	Name	Bernadette Kokolus			Telephone	(732) 443-7090
	·	650 College Road Ea (Number, street, rural route, apartr Princeton, NJ 08540	st, Suite 3100 lent, or suite number)			
	Email	(City, town, state, zip) bernadette.koko	lus@astound.com	F	-ax (optional	
	CERTIFICATION (7	his statement of account mu	st be certified and signed in acc			
O Certification	• I, the undersigned	, hereby certify that (Check or	e, but only one, of the boxes.)			
	(Owner	other than corporation or p	artnership) I am the owner of the	cable system as ide	entified in line 1 of space B	; or
			ion or partnership) I am the dul owner is not a corporation or pa		of the owner of the cable sy	stem as identified
	i	n line 1 of space B.	a corporation) or a partner (if a p			er of the cable system
		e, and correct to the best of my	ereby declare under penalty of la knowledge, information, and beli			
			X /s/ Parisa Saleha	ani		
			Enter an electronic signature on the Enter signature using an "/s/ signa			
		Typed or printed	name: Parisa Salehani	i		
		Title:	Senior Vice President - e of official position held in corporation			
		Date:			2/28/22	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 5429 **Grande Communications Networks, LLC** 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 fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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 * 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

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