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  |                   |  |  |  |  |  |
|--------------------------------|-------------------|--|--|--|--|--|
| TOR OUT TRIOTH OF HOE OUE ONE! |                   |  |  |  |  |  |
| DATE RECEIVED                  | AMOUNT            |  |  |  |  |  |
| 02/28/20                       | \$                |  |  |  |  |  |
|                                | 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  |  |  |  |  |  |  |
|                      |   | Barcode Data Filing Period (optional - see instructions)  |  |  |  |  |  |  |
| Accounting<br>Period |   |   |  |  |  |  |  |  |
|                      |   |   |  |  |  |  |  |  |
| В                    |   | <b>Instructions:</b> 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<br>(City, town, state, zip)  |  |  |  |  |  |  |
|                      |   | (City, town, state, Zip)  |  |  |  |  |  |  |
| С                    |   | <b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:   |   |  |  |  |  |  |  |
| .,                   | 1   | 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)  |  |  |  |  |  |  |
| I                    | 1   | (Oity, town, state, zip toue)   |  |  |  |  |  |  |

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   |                       |  |  |  |  |  |  |  |
| 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<br>Served        | Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city.   |                       |  |  |  |  |  |  |  |
| 331133                |   |                       |  |  |  |  |  |  |  |
|                       | CITY OR TOWN  | STATE                 |  |  |  |  |  |  |  |
| First<br>Community    | Morgan's Point  | TX                    |  |  |  |  |  |  |  |
| Add Rows as Necessary |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |
|                       |   |                       |  |  |  |  |  |  |  |

Accounting Period: 2019/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5429

### **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          | 721         | 28.49 |                     |             |      |  |
| Service to additional set(s)  |             |       |                     |             |      |  |
| • FM radio (if separate rate) |             |       |                     |             |      |  |
| Motel, hotel                  | 80          | 28.49 |                     |             |      |  |
| Commercial                    | 19          | 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 |
| <ul> <li>Pay cable—add'l channel</li> </ul> |         | Commercial                                  |       | Digital Tier (Premier P | 22.99 |
| <ul> <li>Fire protection</li> </ul>         |         | • Pay cable                                 |       | Variety Pak             | 14.99 |
| <ul> <li>Burglar protection</li> </ul>      |         | <ul> <li>Pay cable-add'l channel</li> </ul> |       | HD Tier                 | 6.95  |
| Installation: Residential                   |         | Fire protection                             |       | Latin Tier              | 7.95  |
| • First set                                 | 54.99   | Burglar protection                          |       | Sports Plus Pak         | 14.99 |
| <ul> <li>Additional set(s)</li> </ul>       | 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: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

### **Grande Communications Networks, LLC**

5429

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.

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                      | 1                  | Temple, TX             |
| KXXV-2       | 25.1                     | 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     | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D      | LOCATION OF STATION |
|-----------|--------------|-----|---------------------|-----------|----------|----------|---------------------|
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           | <del> </del> |     |                     |           |          |          |                     |
|           | <del> </del> |     |                     |           |          |          |                     |
|           | <del> </del> |     |                     |           |          |          |                     |
|           | <del> </del> |     |                     |           |          |          |                     |
|           | <del> </del> |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           | <b></b>      |     |                     |           |          |          |                     |
|           | <b></b>      |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           | T            |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          | l        |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           | T            |     |                     |           |          |          |                     |
|           | T            |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          |          |                     |
|           |              |     |                     |           |          | <u> </u> |                     |

| cd: 2019/2  LEGAL NAME OF OWNER OF Grande Communication  SUBSTITUTE CARRIAGE In General: In space I, identification of the programment of the prog | E: SPECIA<br>tify every no<br>accounting p<br>ning that mu   | AL STATEME<br>nnetwork televi<br>eriod, under sp<br>st be included i   | ision program, broadcast by<br>pecific present and former F<br>in this log, see page (v) of t   | a distant stat   | ulations, c  | your cable sys<br>or authorization   | ns. For a further   |  |
|--|--|--|---|--|--|--|---|--|
| SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN • During the accounting pe  | E: SPECIA<br>tify every no<br>accounting p<br>ning that mu<br>T CONCER   | AL STATEME nnetwork televi period, under sp ist be included i  | ision program, broadcast by<br>pecific present and former F<br>in this log, see page (v) of t   | a distant stat   | ulations, c  | or authorization   | 5429<br>tem carried on a<br>ns. For a further   |  |
| In General: In space I, iden substitute basis during the explanation of the programm.  1. SPECIAL STATEMEN  • During the accounting personal statements of the programments of the program | tify every no<br>accounting p<br>ning that mu<br>T CONCER  | ennetwork televi<br>period, under sp<br>list be included i   | ision program, broadcast by<br>pecific present and former F<br>in this log, see page (v) of t   | a distant stat   | ulations, c  | or authorization   | ns. For a further   |  |
|  | ation?   | ur cable syster  |   | sis, any nonr  | network te   | elevision prog   | ram<br>X NO   |  |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progr  |  |  |   |  |  |  |   |  |
| In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, r. Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca. Column 5: Give the mofirst. Example: for May 7 g. Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules   | stitute prograce, please of every not a distant state gulations, ories like "mo. Bulls." m was broasign of the adcast statinh and day ive "5/7." nes when th . Example: ter "R" if the and regulat   | am on a separadd additional connetwork televition and that your authorization ovies" or "bask addast live, enterstation broadd on's location (toons, if any, there when your system is substitute program carrelisted program carrelisted 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 to which the community to which 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 each of the program.  "No."  e station is lide to station is lide program. Use program. Use program. Use the program to 6 to 155 p.m. to 6 to 155 p.m. to 6 to 155 p.m. to 155 | nat, during<br>ogrammin<br>ions for fu<br>example, '<br>censed by<br>entified).<br>se numera<br>m. List the<br>:28:30 p.i<br>your sys<br>etter "P" i   | g the accounting of another surther informa "I Love Lucy"  the FCC or, als, with the rule times accurate. The should be tern was requifithe listed properties of the state of  | ing station tion. or in nonth ately   |  |
| effect on October 19, 1976   |  |  | WHEN SURSTITUTE   |  |  |  |   |  |
| S  | UBSTITUT   | E PROGRAM  | I   |  | 7. REASON FOR  |  |   |  |
| 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION   | 5. MONTH<br>AND DAY  | 6.<br>FROM   | TIMES TO   | DELETION  |  |
|  |  |  |   |  |  |  |   |  |
|  | In General: List each subsclear. If you need more sprodumn 1: Give the title period, was broadcast by a under certain FCC rules, redo not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograil effect on October 19, 1976 | 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progr clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant sta under certain FCC rules, regulations, Do not use general categories like "me "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broac Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian stati the case of Mexican or Canadian stati to the nearest five menth and day first. Example: for May 7 give "5/7." Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE? | 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that y under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, entocolumn 3: Give the call sign of the station broadcolumn 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program can stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S | 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for program to delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rul | 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program on the general categories like "movies" or "basketball." List specific program titles, for e "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.  Column 4: Give the broadcast station's location (the community to which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S  5. MONTH | 2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if 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, durin period, was broadcast by a distant station and that your cable system substituted for the programmir under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "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.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the acco | 2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 account period, was broadcast by a distant station and that your cable system substituted for the programming of another sunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "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.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the nifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed prowas substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  SUBSTITUTE PROGRAM  2. LIVE?  3. STATION'S  2. LIVE?  3. STATION'S  5. MONTH  6. TIMES |  |

|                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |             |                    |               | SA1-2E. PAG      |  |  |  |  |
|-------------------------------|--|-------------|--------------------|---------------|------------------|--|--|--|--|
| Name                          | Grande Communications Networks, LLC  |             |                    |               | 54               |  |  |  |  |
| <b>K</b><br>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   |             |                    | -             | <b>30,464.34</b> |  |  |  |  |
| L<br>Copyright<br>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 \$137,10  Use block 3 if the amount of gross receipts in space K is more than \$263,80  See page (vi) of the general instructions located in the paper SA1-2 form for more               | 0 but less  | than \$527,600     | 263,800       |                  |  |  |  |  |
|                               | BLOCK 1: GROSS RECEIPTS OF \$1   | 37,100 O    | R LESS             |               |                  |  |  |  |  |
|                               | Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00   | ·           |                    |               |                  |  |  |  |  |
|                               | Line 1. Royalty fee for accounting period  |             |                    |               | 0.00             |  |  |  |  |
|                               | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  |             |                    |               |                  |  |  |  |  |
|                               | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L  |             |                    |               |                  |  |  |  |  |
|                               | Base amount under statutory formula  | . \$        | 263,800.00         |               |                  |  |  |  |  |
|                               | Enter amount of gross receipts from space K  | \$          | 230,464.34         | <u>-</u> -    |                  |  |  |  |  |
|                               | 3. Subtract line 2 from line 1   | \$          | 33,335.66          | _             |                  |  |  |  |  |
|                               | 4. Enter the amount of gross receipts from space K   |             | \$                 | 230,464.34    | _                |  |  |  |  |
|                               | 5. Enter the amount from line 3  |             | <b>\$</b>          | 33,335.66     | _                |  |  |  |  |
|                               | 6. Subtract line 5 from line 4   |             | \$                 | 197,128.68    | _                |  |  |  |  |
|                               | 7. Multiply line 6 by .005 (enter figure here)   |             |                    | \$            | 985.64           |  |  |  |  |
|                               | 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  |             |                    |               | 985.64           |  |  |  |  |
|                               | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2   | 63,800 (b   | ut less than \$527 | 7,600)        |                  |  |  |  |  |
|                               | Enter the amount of gross receipts from space K  |             |                    | _             |                  |  |  |  |  |
|                               | Base amount under statutory formula  | \$          | 263,800.00         | _             |                  |  |  |  |  |
|                               | 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  | s 4, 5, and | 6                  |               |                  |  |  |  |  |
|                               | FILING FEE AND TOTAL REMITTANCE D  | UE          |                    |               |                  |  |  |  |  |
| Filing Fee and                | 4 Develo For Develo for Association Device (form Disch 4.0, or 0, oh our)  |             | ¢                  | 005.64        |                  |  |  |  |  |
| otal Remittance<br>Due        | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   |             |                    | 985.64        | _                |  |  |  |  |
|                               | Filing Fee (See the instructions for more information on filing fee calculations   | s)          | <u>\$</u>          | 20.00         | -                |  |  |  |  |
|                               | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.  |             |                    | \$            | 1,005.64         |  |  |  |  |
|                               | Important: Your remittance must be in the form of an electronic page   | avment na   | wahle to the Regi  | ster of Convr | inhtel           |  |  |  |  |

| Accounting Period:                 | 2019/2   |  | FORM SA1-2E. PAGE 7                     |
|------------------------------------|--|--|---|
| Name                               |  | OWNER OF CABLE SYSTEM:<br>nunications Networks, LLC  | SYSTEM ID#<br>5429                      |
| M<br>Channels                      | to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier | fou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period.  If number of channels on which the cable is television broadcast stations in the cable is all number of activated channels is able system carried television broadcast stations is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is asset services in the number of activated channels is as a service in the number of activated channels is as a service in the number of activated channels is as a service in the number of activated channels is a service in the number of activated channels is a service in the number of activated channels is a service in the number of activated channels in the number of activated channels is a service in the number of activated channels in the number of activated channels in the number of activated channels is a service in the number of activated channels in the number of activate | 78                                      |
| N<br>Individual to<br>Be Contacted |  | D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)  |   |
| for Further<br>Information         | Name   | Wilette Cogdell Telephone 609-68   | 1-2194                                  |
|                                    | Address  | 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)  Princeton, NJ 08540 (City, town, state, zip)  |   |
|                                    | Email  | Wilette.Cogdell@rcn.net Fax (optional)   | 0.00.00.00.00.00.00.00.00.00.00.00.00.0 |
| O<br>Certification                 | I, the undersigned (Owned)     (Agentian I)     X (Official I)     I have examined             | . "  |   |
|                                    |  | 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: February 28, 2020  |   |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| counting Period: 2019/2  | FORM SA1-2E. PAGE 8   |
|--|---|
| GAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| ande Communications Networks, LLC  | 5429  |
| 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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section.  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 transmade by satellite carriers to satellite dish owners?  X NO | basic clude sub- 119."  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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2   |   |
| 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   | days  |
| × 0.002  | 74  |
| 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  | narge)  |
| * 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   | ce please   |
| ** 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 Offic list below the owner, address, first community served, ID number, and accounting period as given in the original   | -   |
| Owner  |   |
| Address  |   |
| ID number First community served   |   |
| Accounting period  |   |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.