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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/31/2020	\$ 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:								
Accounting Period	2020/1								
	Instructions:								
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa 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								
				6183520201					
				61835 2020/1					
	401 Carlson Circle								
	San Marcos, TX 78666								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless these					
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	Grande Communications - Corpus Christi								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	San Marcos, TX 78666								
_	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Corpus Christi	TX							
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
•	Alliance	MD	В	2					
	Gering	MD	В	3					

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 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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Grande Communications Networks, LLC 61835									
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 frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Corpus Christi	TX			First					
				Community					
			,						
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					
				Add Tows as fiecessary.					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grande Communications Networks, LLC

SYSTEM ID#
61835

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
Service to first set	9,269	\$	28.49		
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	1,367	\$	28.49		
Commercial	5	\$	28.49		
Converter					
Residential					
Non-residential					
	<u> </u>	1			

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.

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	F	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)	\$	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		1	
							1	

Α	ACCOUNTING PERIOD C	CCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)									
Period											

	INSTR	UCTIONS:	1				
B Owner	Give corpo In line	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation. 2.2, list any other names under which the owner conducts the business of the cable system. The were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA				
	-	Grande Communications Networks, LLC					
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):					
	3	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)					
	INCTO	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		OUT INVEX. If the 1, give any dustriess or leader natines based or herming the business and operation or the system unless mess. 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:					
		Grande Communications - Corpus Christi					
	2	MALING ADDRESS OF CABLE SYSTEM: 401 Carlson Circle (Number, sheet, that rolds, spintment, or suite number) San Marcos, TX 78666 (Number, sheet, steen)					

	BLC	OCK 1				
E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:					
Transmission	 Service to first set 	9,269	28.49			
Service: Sub-	 Service to additional set(s) 		ļ			
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel	1,367	28.49			
	Commercial	5	28.49			
	Converter					
	Residential					
	Non-residential					
			BLOCK 1			7
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	
F	Continuing Services:		Installation: No			
	Pay cable	16.99		Motel, hotel		
Services	Pay cable—add'l channel			Commercial		Ï
Other Than	Fire protection		1	Pay cable		Ï
Secondary	Burglar protection		1	Pay cable-add'l channel		
Fransmissions:	Installation: Residential]	Fire protection		
Rates	• First set	54.99		Burglar protection		
	 Additional set(s) 	30.00	Other services	:		
	• FM radio (if separate rate)			• Reconnect	30.00	
	Converter			Disconnect		
				Outlet relocation	30.00	ļ
				Move to new address	30.00	
]
	CHANNELS					
М	Instructions: You must give (1					stations
	to its subscribers and (2) the ca	able system's total n	umber of activa	ated channels, during the a	accounting period.	
Channels						
	Enter the total number of char	annels on which the	cable			23
	system carried television broa	adcast stations				
	2. Enter the total number of act	tivated channels				
	on which the cable system ca	arried television broa	deast stations			
	and nonbroadcast services .					398
						1
N	INDIVIDUAL TO BE CONTAC we can contact about this state		NFURMATION	15 NEEDED (Identify an	individual	
Individual to						
Be Contacted						
for Further	Name	Chris Conno	lly		Telephone	609-681-2178
Information						
	Address	650 College F			nhor)	
			uei, sireët, rural i	oute, apartment, or suite nun	inei)	
	i .					
		Princeton, N.				
			J 08540 town, state, zip)			
	Franklin ii n	(City,	town, state, zip)			
	Email (optional)		town, state, zip)		Fax (optional)	
	Email (optional)	(City,	town, state, zip)			
		chris.connol	town, state, zip)		Fax (optional)	
	CERTIFICATION (This statemen	chris.connoll	y@rcn.net e certifed and s	igned in accordance with 0	Fax (optional) Copyright Office regu	ulations.)
O		chris.connoll	y@rcn.net e certifed and s an electronic "	igned in accordance with (Fax (optional) Copyright Office reguns Smith). Do not for	ulations.)
O Certifcation	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic "	igned in accordance with (Fax (optional) Copyright Office reguns Smith). Do not for	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	town, state, zip) y@rcn.net e certifed and s an electronic ", e signature box	igned in accordance with (s/s* signature (e.g., /s/Joh in Space O of tab *page 8	Fax (optional) Copyright Office regular Smith). Do not for a space M-O*.	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic "	igned in accordance with (s/s* signature (e.g., /s/Joh in Space O of tab *page 8	Fax (optional) Copyright Office reguns Smith). Do not for	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic ", e signature box Typed or prir	igned in accordance with 1s/s signature (e.g., /s/Joh in Space O of tab "page 8 sted name: Parisa	Fax (optional) Copyright Office regular in Smith). Do not for in space M-O*.	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic "e signature box Typed or prir	igned in accordance with is signature (e.g., /s/Joh in Space O of tab "page 8 atted name: Parisa	Fax (optional) Copyright Office regular n Smith). Do not for space M-O*. Salehani	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic "e signature box Typed or prir	igned in accordance with 1s/s signature (e.g., /s/Joh in Space O of tab "page 8 sted name: Parisa	Fax (optional) Copyright Office regular n Smith). Do not for space M-O*. Salehani	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	e certifed and s an electronic ", e signature box Typed or prir Title:	igned in accordance with the sign of signature (e.g., Is/Joh in Space O of tab "page 8 atted name: Parisa Senior Vice Preside of official position held in corporation.	Fax (optional) Copyright Office regular n Smith). Do not for space M-O*. Salehani	ulations.)
-	CERTIFICATION (This statemen Signature Space O – this form w	chris.connoll	y@rcn.net e certifed and s an electronic "e signature box Typed or prir	igned in accordance with the sign signature (e.g., Is/Joh in Space O of tab "page 8 atted name: Parisa Senior Vice Preside of official position held in corp	Fax (optional) Copyright Office regular n Smith). Do not for space M-O*. Salehani	ulations.) get to enter an electronic

U.S. Copyright Office

ОК

Subgroup Gross Receipts Total

\$ 2,294,969.36

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST	1	Corpus Christi	\$ 2,294,969.36
SECOND 2	2		
THIRD	3		
FOURTH	4		
FIFTH 5	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH 1	10		
ELEVENTH 1	11		
TWELVTH 1	12		
THIRTEENTH 1	13		
FOURTEENTH 1	14		
FIFTEENTH 1	15		
SIXTEENTH 1	16		
SEVENTEENTH 1	17		
EIGHTEENTH 1	18		
NINTEENTH 1	19		
TWENTIETH 2	20		
TWENTY-FIRST 2	21		
TWENTY-SECOND 2	22		
TWENTY-THIRD 2	23		
TWENTY-FOURTH 2	24		
TWENTY-FIFTH 2	25		
TWENTY-SIXTH 2	26		
TWENTY-SEVENTH 2	27		
TWENTY-EIGHTH 2	28		
TWENTY-NINTH 2	29		
THIRTIETH 3	30		
THIRTY-FIRST 3	31		
THIRTY-SECOND 3	32		
THIRTY-THIRD 3	33		
THIRTY-FOURTH 3	34		
THIRTY-FIFTH 3	35		
THIRTY-SIXTH 3	36		
THIRTY-SEVENTH 3	37		
THIRTY-EIGHTH 3	38		
THIRTY-NINTH 3	39		
FORTIETH 4	40		

2. B'cast Space G Channel 3. Type of **Basis of** 1. Call Sign Number Station 6. Location of Station DSE Carriage KAJA-17 **TELEMUNDO** Corpus Christi, TX 1.000 **KTOV** 15 Corpus Christi, TX 1.000 **KCRP** 8 Corpus Christi, TX 1.000 **KDF-IND** 13 Corpus Christi, TX 1.000 9 **KEDT** Corpus Christi, TX 1.000 5 KIII Ν Corpus Christi, TX 0.250 2 1.000 **KORO** Corpus Christi, TX **KRIS** 7 Ν Corpus Christi, TX 0.250 KUQI 11 Ν Corpus Christi, TX 0.250 KYDF - Azteca 22 I Corpus Christi, TX 1.000 America 0.250 **KZTV** 12 Ν Corpus Christi, TX #N/A #N/A

	. B'cast					Space G
		3. Type of		_		Basis of
1. Call Sign N	umber	Station	6. Location of Stati	ion	DSE	Carriage
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
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					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A #N/A	

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 **Grande Communications Networks, LLC** Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

LEGAL NAME OF OWN	ER OF CABLE S	YSTEM:			SYSTEM ID#	ŧ l
Grande Commu			LLC		61835	Namo
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
In General: In space Coarried by your cable so FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Sobasis under specific FC Do not list the station station was carried List the station here, in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify ever system during tons in effect on .61(e)(2) and (sis, as explaine stations: With CC rules, regula- here in space only on a subsand also in spa formation concern. h station's call associated with -2". Simulcast e channel number.	y television state accounting in June 24, 19 4), or 76.63 (add in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state raing substitute in a station active area of the station active act	g period, except 181, permitting the referring to 76.6 paragraph. It is a paragraph. It is space I (the period of the period of	t (1) stations carrine carriage of certif (e)(2) and (4))]; s carried by your me Special Statemed both on a substans, see page (v) on program service rer-the-air designation of the television stanington, D.C. This	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program thent and Program Log)—if the situte basis and also on some other of the general instructions located tes such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in the may be different from the channel	Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	entering the least), "E" (for notes terms, see ation is outside the cearea, see properties of the cearea terms of th	etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becarding the multicast structure or an account of the est of the	network), "N-M" (all educational), of e general instructivice area, (i.e. "of general instruction 4, you must confide accounting periodical earn that is not successociation repressociation r	(for network multi- or "E-M" (for nonce ctions located in the distant"), enter "Y ctions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalt etween a cable sy esenting the prima channel on any constructions locate list the community with space G for each	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your attering "LAC" if your cable system capacity. y payment because it is the subject yetem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KAJA-TELEMUNE	17	I	No		Corpus Christi, TX	
KTOV	15	l	No		Corpus Christi, TX	See instructions for
KCRP	8	I	No		Corpus Christi, TX	additional information on alphabetization.
KDF-IND	13	I	No		Corpus Christi, TX	
KEDT	9	I	No		Corpus Christi, TX	
KIII	5	N	No		Corpus Christi, TX	
KORO	2	I	No		Corpus Christi, TX	
KRIS	7	N	No		Corpus Christi, TX	
KUQI	11	N	No		Corpus Christi, TX	
KYDF - AZTECA	22	l	No		Corpus Christi, TX	
KZTV	12	N	No		Corpus Christi, TX	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Grande Comm	unications l	letworks, l	LLC		61835	
PRIMARY TRANSMITT In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi	unications N ERS: TELEVISIO G, identify every system during to ions in effect or 5.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in space formation cond orm. ch station's call associated with A-2". Simulcast e channel numl se. For example system carried the in each case to or entering the le cast), "E" (for no	y television state accounting in June 24, 1984), or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state ring substitute is sign. Do not really a station account of the station account of the station. Whether the state "N" (for ne concommercial)	ation (including a period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: It it in space I (the stion was carried ute basis station cording to its over the reported in cording to its over the reported in cordinal as assigned to the reported in cordinal 4 in Wash ation is a netwo etwork), "N-M" (it educational), o	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cee Special Statement both on a substitute, see page (v) of a program services er-the-air designal column 1 (list each the television statington, D.C. This in the station, an indefor network multicar "E-M" (for nonco	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast).	G Primary Transmitters: Television
planation of local serv Column 5: If you he cable system carried to carried the distant state For the retransmiss of a written agreementhe cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ation is outside ice area, see pa ave entered "Ye he distant staticion on a part-tii sion of a distant t entered into o a primary trans simulcasts, also aree categories e location of ea Canadian statio	the local servage (v) of the es" in column on during the ame basis becamulticast strength or before Jumitter or an aspect of enter "E". If , see page (v) ch station. Forns, if any, give	vice area, (i.e. "c general instructi 4, you must cor accounting pericause of lack of a eam that is not s ine 30, 2009, be association repre- you carried the of of the general in r U.S. stations, if the the name of the	distant"), enter "Ye ions located in the inplete column 5, sod. Indicate by entictivated channel cubject to a royalty tween a cable system and the primar channel on any ot instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. y to which the station is licensed by the payment is the station is identified.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Grande Comm	unications I	Networks, I	LLC		61835	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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 specife 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for i						
,		CHANN	EL LINE-UP	A.C.	·	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					OVOTEM ID#	
Grande Comm			LLC		SYSTEM ID# 61835	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
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 specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC.	CC rules, regular here in space only on a substand also in spation and also in spation and associated with associated with a section and associated with a section and a section are a section as a section and a section are a section as a section and a section and a section a part-tilision of a distant tation a primary trans simulcasts, also a canadian station and a canadian and a can	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is sign. Do not read that is sign. Do not read that is streams must be the FCC has the station. Whether the station in commercial page (v) of the the local servers in column on during the sme basis becast multicast stream or before Jumitter or an account of the content of the co	torizations: It it in space I (the ation was carried tute basis station report origination or cording to its own to be reported in the annel 4 in Wash ation is a network etwork), "N-M" (I educational), one general instruction of the general instruction of the space of lack of a seam that is not some 30, 2009, be speciation repreyou carried the of the general in true. It is not some 30, 2009, be speciation repreyou carried the of the general in true.	e Special Statemer If both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television stati- ington, D.C. This in rk station, an inde- for network multicar "E-M" (for nonco- ctions located in the inglete column 5, so ad. Indicate by ent ctivated channel or ubiject to a royalty tween a cable sys- senting the primar channel on any of instructions locate- list the community inter community with	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). use paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system erapacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
Note: If you are utilizing	ng multiple chai		EL LINE-UP		cnannei iine-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Grande Comm	unications I	Networks, I	LLC		61835	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for ind						
,		CHANN	EL LINE-UP	^ =	·	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Grande Comm	unications I	Networks, I	LLC		61835	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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 networing periods. FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain networing periods. 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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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						
		CHANN	EL LINE-UP	۸E		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SYSTEM ID#		
Grande Communications		LLC		61835	Name	
PRIMARY TRANSMITTERS: TELEVIS	SION					
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), 07.76.63 (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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for indep						
explanation of these three categorie	es, see page (veach station. Fo tions, if any, giv	y) of the general in or U.S. stations, we the name of the	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
	CHANN	IEL LINE-UP	AG			
1. CALL 2. B'CAST SIGN CHANNE NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Grande Comm	unications I	Networks, I	LLC		61835	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for inde						
	<u> </u>	CHANN	EL LINE-UP	ЛЦ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Grande Comm	unications N	letworks, l	LLC		61835	
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), 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 specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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"						
tion "E" (exempt). For explanation of these th Column 6: Give th	simulcasts, also hree categories e location of ea Canadian statio	o enter "E". If y , see page (v) ch station. Fo ons, if any, give nnel line-ups,	you carried the o of the general in or U.S. stations, I the name of the	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
					011111111111111111111111111111111111111	
	A					

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Grande Comm	unications I	Networks, I	LLC		61835	Name		
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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), ""(for independent), "I-M" (for indep								
,		CHANN	EL LINE-UP	Λ.Ι.	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Grande Comm	unications I	Networks, I	LLC		61835	Name	
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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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" (fo							
,		CHANN	EL LINE-UP	A K	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Grande Comm	unications I	Networks, I	LLC		61835	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th	ers: TELEVISIO G, identify every system during the control of the control Gold (e)(2) and (e) Gold (e)(3) and (e) Gold (e)(4) and (e) Gold	y television state accounting a June 24, 1964, or 76.63 (r d in the next prespect to any stions, or auth G—but do list titute basis. In the state of	ation (including to period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to it in space I (the ation was carried to the space I (the ation was assigned to the space I (the ation was assigned to the space I (the ation is a network), "N-M" (the space I instructive area, (i.e. "or general instruction at a period in the space I (the space I (th	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) of the program services the television station of the television o	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" ummercial educational multicast). the paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or (Note: If you are utilizing				•	which the station is identifed.	
Note. II you are utilizii	ig multiple chai		EL LINE-UP		спаппет ше-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Grande Comm	unications N	letworks, l	LLC		61835	
PRIMARY TRANSMITTI In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program by the substitute program by the substitute Basis of	unications N ERS: TELEVISIO G, identify every system during the tions in effect or 6.61(e)(2) and (sis, as explaine Stations: With r CC rules, regular n here in space only on a subsite and also in spanformation concorm. ch station's call associated with A-2". Simulcast if e channel numb se. For example ystem carried the in each case w y entering the le cast), "E" (for no ese terms, see p tation is outside ice area, see pa	y television state accounting an June 24, 194, or 76.63 (rad in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitutes in a station account as treams must be the FCC has been station. Whether the stater "N" (for moncommercial page (v) of the the local servage (v) of the state of the stat	ation (including to period, except 81, permitting the referring to 76.6° paragraph. If distant stations corrizations: If it in space I (the report origination cording to its over the permitted in Cording to its over the period in Cordinal	(1) stations carrie the carriage of certain (e)(2) and (4))]; as carried by your case Special Statement of both on a substitution, see page (v) of a program services the television station of the television station of the television station of the television, D.C. This park station, an indefor network multicator "E-M" (for noncontrions located in the distant"), enter "Yeions located in the	and low power television stations) donly on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify the stream separately; for example on for broadcasting over-the-air in may be different from the channel upendent station, or a noncommercial aast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form.	Namo
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed.						
Note: If you are utilizing	————	•	•		crianner inte-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN					SYSTEM ID#	Name
Grande Comm	unications l	Networks, I	LLC		61835	
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), 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 specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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"						
tion "E" (exempt). For explanation of these th Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givenel line-ups,	you carried the of the good of the general in U.S. stations, at the name of the	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						1
					SYSTEM ID#	Name
Grande Comm	unications l	Networks, I	LLC		61835	
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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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						
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM ID#	Name		
Grande Comm	unications I	Networks, I	LLC		61835			
PRIMARY TRANSMITTERS: TELEVISION								
Remark Transmitters: Television								
		CHANN	EL LINE-UP	۸D				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name		
Grande Comm	unications I	Networks, I	LLC		61835			
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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "wETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 multicas								
,		CHANN	EL LINE-UP	40	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name		
Grande Comm	unications I	Networks, I	LLC		61835			
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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swcETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "I-M" (for independent multicast), "E' (for noncommercial educational), or "E-M' (for noncomme								
		CHANN	EL LINE-UP	ΛP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURM SAJE. PAGE 3.					OVOTEM ID#	
Grande Comm			LLC		SYSTEM ID# 61835	Name
PRIMARY TRANSMIT	TERS: TELEVISION	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during tations in effect of 6.61(e)(2) and (asis, as explained	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc F Do not list the station station was carried List the station here basis. For further in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give ti its community of licer on which your cable s Column 3: Indicated ucational station, b (for independent multifor the meaning of the Column 4: If the splanation of local sern Column 5: If you cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give the station of these Column 6: Give the station was column 6: Give the station was column 6: Give the station was called the station of these Column 6: Give the station was carried the distant station "E" (exempt). For explanation of these Column 6: Give the station was carried to the station	and here in space of only on a substantial and also in spaniformation concorm. In associated with A-2". Simulcast the channel numbers of the second of the	ations, or auth G—but do listitute basis. ace I, if the state that it is sign. Do not read to a station acestreams must been the FCC has whether the station. Whether the station acommercial page (v) of the the local service in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given it is said to the station.	tit in space I (the ation was carried tute basis station report origination cording to its over the bearing to its over the ation is a network), "N-M" (I educational), cording to its over the ation is a network), "N-M" (I educational), cordinate area, (i.e. "organization in struction accounting period accounting peri	de Special Statemed do both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncetions located in the interest of the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncetions located in the interest occurs located in the interest occurs and in the interest of the interest o	es". If not, enter "No". For an ex- e paper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the mathematical which the station is identified.	Television
Troto: II you are alliz	ing manipio ona	•	EL LINE-UP		onamor into ap.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN			_	_	SYSTEM ID#	Name
Grande Comm	unications I	Networks, I	LLC		61835	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
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),76,63 (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 located in the paper SA3 form. **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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2:* Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. **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), "E" (for in						
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	v to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing				•		
	1	CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		ļ				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Grande Comm	unications I	Networks, I	LLC		61835	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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),0 r 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 specife 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (f						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name		
Grande Commi	unications I	Networks, I	LLC		61835			
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 located in the paper SA3 form. 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-rhe-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for i								
,		CHANN	EL LINE-UP	Δ\/	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						1
						Name
Grande Comm	unications l	Networks, I	LLC		61835	
Regal Name of Owner of Cable System: System ID# Grande Communications Networks, LLC						
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				,		
					011111111111111111111111111111111111111	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61835 **Grande Communications Networks, LLC** PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF Grande Communication							SYSTEM ID# 61835	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG					ı
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorization	s. For a further	Substitute
 SPECIAL STATEMEN During the accounting per broadcast by a distant sta 	iod, did you			s, any nonne	twork telev			Carriage: Special Statement and
Note: If your answer is "No log in block 2.		rest of this pag	ge blank. If your answer is '	'Yes," you mu	ust complet	Yes the prog		Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for preffect on October 19, 1976	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast statio hadian statio hadian statio re "5/7." es when the Example: a er "R" if the and regulatio togramming	m on a separa attach addition network televion and that your authorization t use general of the station broadca on's location (the station broadca on's location (the symmetry of the symmetry of the program carrillisted program carrillisted program ons in effect duthat your systems.	al pages. ision program (substitute pur cable system substitutes. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the community with substitute purposed by a system from 6:01: was substituted for programing the accounting periodem was permitted to delete	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 5 p.m. to 6:2 mming that yes enter the let under FCC reserved.	during the ramming or one located List specificated by the hitfried). numerals, List the tin 8:30 p.m. so our system ter "P" if the ules and re	accounting f another s in the pap fic program e FCC or, i with the mass accurate should be a was required listed program in the program of t	g tation er n n nonth stely	
1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCC	TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM			

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grande Communications Networks, LLC

61835

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

		DATES	AND HOURS (OF P	ART-TIME CAR	RRIAGE			
CALL SIGN -	WHEN	CARRIAGE OCCU			CALL SIGN	WHEN	CARRIAGE O		
	DATE FROM		TO			DATE	HOURS FROM		TO
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Gra	ande Communications Networks, LLC	61835	Name
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amour impounts (gross receipts) paid to your cable system by subscribers for the system's secuted identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	condary transmission service compute this amount, see \$ 2,294,969.36	K Gross Receipts
IIVIF	OKTANT: Tou must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• Cor • Cor • If your fee • If you	RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the after the block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	pe entered on line 1 of	
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block	
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 24,418.47	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 24,418.47	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 25,143.47	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	

Name	LEGAL NAME OF OWNER OF CABLE S	YSTEM:	SYSTEM ID#
Humo	Grande Communications	Networks, LLC	61835
	CHANNELS		
M	Instructions: You must give	(1) the number of channels on which the cable system carried television broadca	st stations
Channels	to its subscribers and (2) the	cable system's total number of activated channels, during the accounting period.	
Chamileis	Enter the total number of classification	hannels on which the cable	00
	system carried television bro	padcast stations	23
	Enter the total number of a which the cable system or	ctivated channels carried television broadcast stations	
			398
N	INDIVIDUAL TO BE CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this state	tement of account.)	
Individual to Be Contacted			
for Further	Name Chris Connoll	<u>y</u> Telephone	609-681-2178
Information	***************************************		
	Address 650 College R	oad East, Suite 3100	
		oute, apartment, or suite number)	
	Princeton, NJ	08540	
	(City, town, state, zip)		
	Email chris.o	connolly@rcn.net Fax (optional)	
	CERTIFICATION (This stateme	ent of account must be certifed and signed in accordance with Copyright Office re	egulations.
0			
Certifcation	• I, the undersigned, hereby cer	tify that (Check one, but only one, of the boxes.)	
	(Ourself of their their commons		D
	(Owner other than corpora	ttion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or
	(Agent of owner other than	n corporation or partnership) I am the duly authorized agent of the owner of the cab	ole system as identified
		that the owner is not a corporation or partnership; or	,
	(Officer or partner) I am a	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system
	in line 1 of space B.		
	I have examined the statement	t of account and hereby declare under penalty of law that all statements of fact conta	ined herein
	are true, complete, and correct [18 U.S.C., Section 1001(1986)	to the best of my knowledge, information, and belief, and are made in good faith.	
	[10 0.0.0., 000.0 100 1(1000)	u	
	X	/s/ Parisa Salehani	
	Enter on	electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso	
	"F2" butt	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	us compatibility settings.
	Typed o	or printed name: Parisa Salehani	
	Title:	Senior Vice President - Controller	
		(Title of official position held in corporation or partnership)	
	Date:	August 28, 2020	

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 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 telephor 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 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Grande Communications Networks, LLC	61835	Name
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic of include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?	ansmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days -	
x	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 please list below the owner, address, first community served, accounting period, and ID number as given i filing.		
Owner Address		
First community served Accounting period ID number		

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 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 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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts
The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

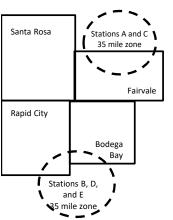
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAG						
1	LEGAL NAME OF OWNER OF CABL				SY	STEM ID#
•	Grande Communication	s Networks,	LLC			61835
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00	
	Instructions:					•
2	In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	s identified by	the letter "O" in column 5	
Commutation	of space G (page 3). In the column headed "DSE"	's for each inden	andant station, give the DSI	= 00 "1 0": for	anch natwork or nancom	
Computation of DSEs for	mercial educational station, give	. for each indepo	endent station, give the DSt 25."	= as 1.0 , loi	each network of noncom-	
Category "O"	mercial cancalierial station, give		CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
		1				

Name		NER OF CABLE SYSTEM:	rks. LLC				SYSTEM ID# 61835
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: C Column 1: List to Column 2: F figure should co Column 3: F Column 4: [be carried out at Column 5: F give the type-va Column 6: N	APACITY the call sign of all distant of each station, give the trespond with the information of each station, give the Divide the figure in coluit least to the third decimination of each independent station of each independent station. This is the station's	nt stations identified the number of hours ymation given in space total number of hours in 2 by the figure in all point. This is the station, give the "type lumn 4 by the figure	rour cable systeme J. Calculate onlours that the static column 3, and g "basis of carriage e-value" as "1.0." in column 5, and ormation on rounce	n carried the sta y one DSE for each broadcast over the teresult in value" for the second process. For each netword give the result in ling, see page (tion during the accounting the the air during the accounting the air during the accounting the air during the accounting the air during the account of the air during the account of the air during the air during the air during the account of the account of the account of the accounting the account of the accounting the a	g period. This bunting period. his figure must cational station, less than the
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAG VALUE		6. DSE
	SUM OF DSEs O	DF CATEGORY LAC S	÷ ÷ ÷ ÷ ÷ ÷ ÷ † TATIONS:			x x x x x x x	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give t • Was carried b tions in effect • Broadcast one space I). Column 2: Fo at your option. Th Column 3: En Column 4: Div	the call sign of each state y your system in substition October 19, 1976 (a or more live, nonnetworr each station give the his figure should correst the number of days yide the figure in column	ation listed in space I tution for a program as shown by the lette ork programs during t number of live, nonrespond with the inform in the calendar year in 2 by the figure in c	(page 5, the Log that your system or "P" in column 7 hat optional carria etwork programs ation in space I. : 365, except in a olumn 3, and give	of Substitute P was permitted t of space I); and ge (as shown by carried in subs	rograms) if that station: o delete under FCC rules d the word "Yes" in column 2 titution for programs that blumn 4. Round to no less the general instructions in	s and regular- 2 of were deleted s than the third
	1. CALL SIGN	SUI 2. NUMBER OF PROGRAMS	BSTITUTE-BASI 3. NUMBER OF DAYS IN YEAR	S STATIONS 4. DSE	: COMPUTA 1. CALL SIGN	ATION OF DSEs 2. NUMBER OF PROGRAMS	3. NUMBER 4. DSE OF DAYS
	Add the DSEs of	÷ ÷ ÷ ÷	S STATIONS:			÷ ÷ ÷ ÷ • • • • • • • • • • • • • • • •	
5 Total Number of DSEs	number of DSEs a 1. Number of D 2. Number of D	pplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		in parts 2, 3, and 4	4 of this schedule	e and add them to provide	0.00 0.00 0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF C			LC				S	YSTEM ID# 61835	Name
Instructions: Bloc		•							
In block A: If your answer if		•	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8. (page 16) of	the	6
schedule. • If your answer if		•	·			ia complete p	t o, (page 10) o.		
i your answer ii	140, complete bit			ELEVISION M	ARKETS				Computation of
Is the cable syster effect on June 24,	1981?		,					gulations in	3.75 Fee
	plete part 8 of the elete blocks B and		OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	,		
No Comp	nete blocks B and								
Column 1:	List the call signs			IAGE OF PERI			tom was normitte	d to corn	
CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 or ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ıles and regu ed pursuant t	lations cited be to the FCC ma	sis on which you on the pertain to the pertain to the rket quota rules [7]	ose in effect of 76.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	; tc	
	C Noncommeric	al educational d station (76.4 or DSE sched	al station [76.5 65) (see parag lule).	9(c), 76.61(d), 76. raph regarding su	.63(a) referring	g to 76.61(d)			
	*F A station pre	viously carrie JHF station w	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule	***************************************		,		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B abo	ove			,	<u>-</u>	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter sı	ım here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	OWNER OF CABLE munications No	.LC			S'	4STEM ID# 61835	Name
1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	SIGN	BASIS	SIGN	BASIS		Computation of
							3.75 Fee

		 <mark></mark>	•	 <u> </u>			

	LEGAL NAME OF OWN	IER OF CABLE	E SYSTEM:						S	YSTEM ID#	ţ:
Name	Grande Commi	unications	Networks, LLC	;						61835	:
										0 1000	_
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fit A—Part-time spy 76.59) B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Farriage under all instructions the station's the DSE figures. B, column 3 differentiation you information you informatio	1981, under forme ach distant station i his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, c)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gover dentified by the gle accounting properties and the care station was celebay pertain to the care station was celebay pertain to the properties of 6.61(e). Corules, sections regulations, or a corm. accounting per ms 2 and 5 and tion. 2, 3, and 4 mus	verni lette perio rriag arrie arrie asis, (1)). s 76 auth	intifed by the letter "F" ing part-time and sub- er "F" in column 2 of p od, occurring betweer le and DSE occurred (ed by listing one of the le in effect on June 24 , of specialty program l. 5.59(d)(3), 76.61(e)(3) horizations. For further as computed in parts the smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981/ e following l, 1981. Iming unde , or 76.63 (r explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ections of the should be	e entere	
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRI	OR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED	
	SIGN	DSE	. PI	ERIOD		CARRIAGE	[DSE		DSE	
											Т
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete		t 8 of the DSE schedu					
Syndicated			BLOCK	A: MAJOR	ΤEI	LEVISION MARKE	ET				
Exclusivity											
Surcharge	Is any portion of the or	cable system v	vithin a top 100 majo	or television mar	ket a	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
.		•				_			,		
	Yes—Complete	DIOCKS B and	16.			No—Proceed to	part 8				
					$\exists \Gamma$						-
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations	4	BLOCK	C: Compu	tation of Exem	pt DSEs	}	_
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			n	Was any station listed hity served by the cabl o former FCC rule 76.	le system p				
	Yes—List each s	tation below wi	th its appropriate per	mitted DSE		Yes—List each sta	ation below	with its appropria	ate permi	tted DSE	
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero ar	nd proceed t	o part 8.			
	<u> </u>		F			<u> </u>					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE	
		•									
				·····							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	
					- 11						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	SYSTEM ID# 61835	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,294,969.36	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DG is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here.		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	(Grande Communications Networks, LLC	61835
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of perchecked "Yes," use the total number of DSEs from part 5. sinck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. sur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. sur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be as a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are paged within that station's local service area and others were located outside that area. For the definition of a station's "local service area instructions."	low
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section		
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	_
		Base Rate Fee	0.00

		S PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM: de Communications Networks, LLC 61835	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	Dase Rate ree
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$ \$ \\$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 2. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

for Partially Permitted Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61835 **Grande Communications Networks, LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Sync	LEGAL NAME OF OWNE						S	YSTEM ID# 61835	Name
COMMUNITY/ AREA Corpus Christi CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Symbol CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL	B	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
CALL SIGN DE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN DS		FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GRO	UP	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SALL SIGN DSE CALL SIGN DSE CA	COMMUNITY/ AREA	Corpus	Christi		COMMUNITY/ ARE	Α		0	9 Compute
Total DSEs		1	CALL SIGN	DSE			i i	DSE	of
Symin Section Start St									Base Rate
Total DSEs									and
Fotal DSEs OLOO Gross Receipts First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIG									Syndicat
Page Rate Fee First Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts First Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts First Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Second Group S 0.00 Gross Receipts Fourth Subscriber Group G COMMUNITY/ AREA 0 G CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE GROUP G CALL SIGN DSE GROUP G Gross Receipts Fourth Group G 0.00 Gross Receipts Fourth Group S 0.00 Gross Receipts Fourth Group									Exclusivi Surcharg
Pa Dit									for
THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL S									Partially
Total DSEs Octol			-						Distant
Scross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									Stations
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN			-						
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN			-						
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group S 2,294,969.36 Gross Receipts Second Group Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN D									
Gross Receipts First Group S 2,294,969.36 Gross Receipts Second Group S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CAL									
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Total DSEs			0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	Gross Receipts First G	Group	\$ 2,294	4,969.36	Gross Receipts Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CAL	3ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
Total DSEs Total DSEs Total DSEs Total DSEs Gross Receipts Third Group Some secretary in the control of th	COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			_						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			•						
	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
te Fee: Add the base rate fees for each subscriber group as shown in the boxes above. re and in block 3, line 1, space L (page 7) \$ 0.00	te Fee: Add ti	ne base ra i	te fees for each subs						

Grande Communication	ABLE SYSTEM: s Networks, LLC				S	4835 YSTEM			
	A: COMPUTATION C		TE FEES FOR EAC						
	TH SUBSCRIBER GRO				H SUBSCRIBER GRO				
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
otal DSEs	- 	0.00	Total DSEs			0.00			
Gross Receipts First Group \$ 0.00			Gross Receipts Sec	Gross Receipts Second Group \$ 0.00					
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	TH SUBSCRIBER GRO				SUBSCRIBER GRO				
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Ά		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
otal DSEs		0.00	Total DSEs			0.00			
	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00			
Fotal DSEs Gross Receipts Third Group	\$			ırth Group	\$				

LEGAL NAME OF OWNER Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
			<u> </u>			Ц		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GRO	JP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 61835	Name
		•			0=	IDED 65.51	01000	
		COMPUTATION OF SUBSCRIBER GROUND		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Office Office	DOL	O/ LEE OF OTT	DOL	ONEE GIGIT	DOL	O'NEE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
								for Partially
								Distant
								Stations
						•		
Total DSEs	-	•	0.00	Total DSEs	•	••	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Grande Communication	ABLE SYSTEM: IS Networks, LLC				S	487EM ID# 61835
	A: COMPUTATION (11			
	TH SUBSCRIBER GR		1		H SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINTEEN	TH SUBSCRIBER GR	OUP		TWENTIETH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00	Total DSEs	•		0.00
otal DSEs			11	urth Group	\$	0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	iitii Gioup	*	0.00

LEGAL NAME OF OV						S	61835	Name
			BASE D/	ATE FEES FOR EAC	LI SI IBSCE	PIRED CROLID	01000	
TW		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	1 -
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated Exclusivity
		_						Surcharge
								for
		-						Partially
		-						Distant
								Stations
								ı
								ı
								ı
								ı
Total DSEs			0.00	Total DSEs		1	0.00	ı
	t Croup	•	0.00		and Croup	•	0.00	ı
Gross Receipts Firs	a Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	ı
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	l
TWE	ENTY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	ı
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	ı
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								ı
								ı
								ı
		-						ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	ı
								ı
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	ı
				Ш				ı
			riber group	as shown in the boxes	above.			ı
Enter here and in bl	ock 3, line 1, s	space L (page /)				\$		ı

LEGAL NAME OF OW Grande Commu						S	YSTEM ID# 61835	Name
			DASE DA	ATE FEES FOR EAC	LU CLIDOCE	DIRED CROLID	0.000	
		SUBSCRIBER GROU				I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
	-							for
								Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs		11	0.00	
	Croup	.	0.00		and Croup	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	orid Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GROU	JP	TWEN	NTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

Grande Communication	ABLE SYSTEM: s Networks, LLC				S	YSTEM ID# 61835
	: COMPUTATION C		TE FEES FOR EAC			
TWENTY-NINT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	<u>UP</u> 0
		U				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	······					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
THIRTY-FIR:	ST SUBSCRIBER GRO	OUP	THIR	TY-SECONE	SUBSCRIBER GROU	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	orth Group	<u>\$</u>	0.00

LEGAL NAME OF OWNER Grande Communic						SY	STEM ID# 61835	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIRT	ΓY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

GAL NAME OF OWNER OF CABLE SYSTEM rande Communications Networks					61835
BLOCK A: COMPUTA					
THIRTY-SEVENTH SUBSCRIE				SUBSCRIBER GRO	
OMMUNITY/ AREA	0	COMMUNITY/ AREA	4		0
CALL SIGN DSE CALL S	IGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
				-	
				-	
				-	
				•	
otal DSEs	0.00	Total DSEs			0.00
5 11 51 10	0.00	Gross Receipts Seco	ond Group	\$	0.00
ross Receipts First Group \$					
ase Rate Fee First Group \$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ase Rate Fee First Group \$		Base Rate Fee Seco			
		Base Rate Fee Seco	FORTIETH	\$ SUBSCRIBER GRO	
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
se Rate Fee First Group \$ THIRTY-NINTH SUBSCRIE	BER GROUP 0		FORTIETH		UP
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE	BER GROUP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NINTH SUBSCRIE DMMUNITY/ AREA CALL SIGN DSE CALL SI	BER GROUP O IGN DSE	CALL SIGN	DSE	SUBSCRIBER GRO	DSE
THIRTY-NINTH SUBSCRIE DMMUNITY/ AREA CALL SIGN DSE CALL SI contail DSEs	BER GROUP O O O O O O O O O O O O O	COMMUNITY/ ARE/	DSE	SUBSCRIBER GRO	DSE DSE O.00

LEGAL NAME OF OWNE Grande Communi						S	YSTEM ID# 61835	Name
						IDED 65 51 '-	01033	
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		- COBOOTIBLIT OF CO	0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ IEE O/O/V	DOL	GALL STORY	BOL	37 LEE 31314	562	OF ILL STORY	502	Base Rate Fee
								and
								Syndicated
		_						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

						-		
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW Grande Commu						S	61835	Name
				TE EEEO 500 511	211 0112002	UDED ODGUID	01033	
FC		SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ ARE			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
		=						Partially
								Distant
								Stations
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	d Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		li		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		
Enter here and in bit	JUN U, III IE 1,	opaco L (page 1,				~		

LEGAL NAME OF OWNE Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
FORT	Y-NINTH	SUBSCRIBER GRO			FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		31.122.21.01.1						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO	JP	††		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		=						
		•						
		•						
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	
FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	
	9
NITY/ AREA 0 COMMUNITY/ AREA 0	Computatio
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
B	Base Rate F
	and
	Syndicated
	Exclusivity
	Surcharge
	for
	Partially Distant
	Stations
	Otations
Total DSEs	
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
tte Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP	
NITY/ AREA 0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Es 0.00 Total DSEs 0.00	
eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Ite Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNE Grande Communic						S	YSTEM ID# 61835	Name
		•	BASERA	TE FEES FOR EAC	CH SURSOP	IRER GROUD	3.000	
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFT	TY-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C.000 Recopts Tillia G	οαρ		3.00	Oroso Receipts i ou	.a. Group	<u>*</u>	<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SIXT	TY-FIRST	SUBSCRIBER GRO		SIXT	TY-SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		31.122.21.01.1						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		††		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SIXT	ry-FIFTH	SUBSCRIBER GRO		S	IXTY-SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		31.122.21.01.						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GRO	JP	††		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						·		
		=						
		•						
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SIXT	Y-NINTH	SUBSCRIBER GROU	JP	SI	EVENTIETH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		••••••						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
•	•					· ·		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROU	JP	ii -		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Grande Commun						S	YSTEM ID# 61835	Name
						IDED 65 5:	01033	
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ ILL SIGIT	BOL	GALLE GIGIT	502	37 LEE 31314	502	OF ILL STORY	552	Base Rate Fee
								and
								Syndicated
		_						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTY-FIFTH	SUBSCRIBER GRO		li		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Grande Communic						S	YSTEM ID# 61835	Name
			BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP	31000	
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
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Enter here and in bloo	ck 3, line 1,	space L (page 7)				\$		

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	Partia							<u></u>	
	Dista							á	
	Statio								
			•						
0.00 Total DSEs 0.00		0.00		'	Total DSEs	0.00			otal DSEs
up \$ 0.00 Gross Receipts Second Group \$ 0.00		0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
up \$ 0.00 Base Rate Fee Second Group \$ 0.00		0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
TEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP		JP	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TV	JP	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NIN
O COMMUNITY/ AREA O		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			 			. <mark>.</mark>			
						1		NI I	
							-		
0.00 Total DSEs 0.00		0.00			Total DSEs	0.00			Fotal DSEs
			\$	Group				iroup	
			\$	Group			\$	iroup	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE						S	YSTEM ID# 61835	Name
							01033	
BI ONE HUNDRED TWEI				TE FEES FOR EAC		SUBSCRIBER GROUP	-	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			Computation of
07.122.0.0.1	302	0.122 0.011	202	07.22 5.6.1	202	07.122.01.01.1	332	Base Rate Fee
								and
						 -		Syndicated
								Exclusivity
								Surcharge for
						·		Partially
								Distant
						_		Stations
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						_		
						-		

Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base rat c 3, line 1, s	te fees for each subso space L (page 7)	riber group	as shown in the boxes	s above.	\$		

Grande Communications	BLE SYSTEM: Networks, LLC				S	YSTEM ID# 61835
			ATE FEES FOR EAC			
ONE HUNDRED TWENTY-FIFTH COMMUNITY/ AREA	SUBSCRIBER GROUP	P 0	ONE HUNDRED TW		I SUBSCRIBER GROUF	0
COMMUNITY AREA		U				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
otal DSEs		0.00	Total DSEs	•		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	D D-4- F 0	0		0.00
	Ψ	0.00	Base Rate Fee Seco	ona Group	\$	0.00
E HUNDRED TWENTY-SEVENTH		P	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUF)
E HUNDRED TWENTY-SEVENTH				NTY-EIGHTH		.
E HUNDRED TWENTY-SEVENTH OMMUNITY/ AREA		P	ONE HUNDRED TWE	NTY-EIGHTH)
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH OMMUNITY/ AREA	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
E HUNDRED TWENTY-SEVENTH	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
CALL SIGN DSE	I SUBSCRIBER GROUP	0	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	0
CALL SIGN DSE Community/ AREA	I SUBSCRIBER GROUP	DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE 0.00
NE HUNDRED TWENTY-SEVENTH	CALL SIGN	DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE 0.00

Grande Commun						S	YSTEM ID# 61835	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTY-NINTH	SUBSCRIBER GROUP		iii —	THIRTIETH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
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								Distant
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		-						
Total DSCs			0.00	Total DSEs			0.00	
Total DSEs	roun	•	0.00		d Croup	•	0.00	
Gross Receipts First G	лоир	\$	0.00	Gross Receipts Secon	а Стоир	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
		-						
						_		
						_		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWI						S	61835	Name
	BLOCK A: (ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUI		
COMMUNITY/ AREA		CODOCINDEN GROOT	0	COMMUNITY/ ARE		- CODOCHIDEN GROOT	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		_						Syndicated
		_						Exclusivity Surcharge
								for
		_						Partially
								Distant
		_						Stations
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Grande Commun						S	YSTEM ID# 61835	Name
B ONE HUNDRED THIRTY				ATE FEES FOR EACH		RIBER GROUP	D	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
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Total DSEs		 	0.00	Total DSEs	- !		0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon		\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP		li		I SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	'	ļ:	-		r	<u>ı'</u>		
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Grande Commu						S	61835	Name
	BLOCK A: 0	COMPUTATION OF		ATE FEES FOR EAC				<u> </u>
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
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								Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Grande Commur						S	61835	Name
- E	BLOCK A: (COMPUTATION O		TE FEES FOR EAC				
ONE HUNDRED FO		SUBSCRIBER GROU	0	ONE HUNDRED COMMUNITY/ ARE.		SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL STORY	BOL	O'TEE GIGIT	BOL	O'ILL GIGIN	DOL	O/ALL CICIV	BOL	Base Rate Fee
								and
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base ra tck 3, line 1,	te fees for each subs	criber group	as shown in the boxe	s above.	\$		

						tetworks, LLO	Janon 3	Grande Communic
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
		SUBSCRIBER GROUP						ONE HUNDRED FORT
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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	0.00		·	Total DSEs	0.00		•	otal DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gr
								
	0.00	\$	I Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROUP	-SECOND :	ONE HUNDRED FIFTY	IP	SUBSCRIBER GROU	Y-FIRST	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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	0.00	_		Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs cross Receipts Third G

LEGAL NAME OF OWN						S	YSTEM ID# 61835	Name
	BLOCK A: (COMPUTATION O		TE FEES FOR EAC				
ONE HUNDRED FI		SUBSCRIBER GRO	0 0	ONE HUNDRED FIF		SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
3.122 3.31	202	C. 122 31011	332	3.122 3.011	232	3, 122 3, 3, 1	502	Base Rate Fee
		-						and
								Syndicated
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						-		for
								Partially
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		-						
			<u> </u>			•••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Grande Commun						S	61835	Name
E ONE HUNDRED FIFT				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA	. CLVLIVIII	2000 NIDER GROUP	0	COMMUNITY/ AREA		- 23200 NIDEN GROOF	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDE	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					·			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t	he base r at	te fees for each subse	criber aroun	as shown in the hove	s above			
Enter here and in bloc			5. oap			\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	_		0014011747701157		TE EEEO EOO E: 0		IDED ODC: ID		
COMMUNITY AREA CORPUS Christ COMMUNITY AREA D CALL SIGN DSE CALL	В				TE FEES FOR EAC			LID	
Compute CALL SIGN DSE CALL SIGN CALL S	COMMUNITY/ AREA			<u> </u>	COMMUNITY/ AREA		30B3CKIBEK GKO		9
of CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and a syndice Exclusion of the control of	COMMUNITY AREA	Corpus	Cilisu		COMMONT T/ AREA				_
Base Rati	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndical Exclusion Section Sec					0.122.1.0				Base Rate
Exclusive Surchar for Partial Distant Station Mail DSEs									and
Surchar for a partial post of the partial post									Syndica
Atal DSEs									Exclusiv
Atal DSEs									Surchar
Atal DSEs Oss Receipts First Group S OLO SER Rate Fee First Group S S OLO SER Rate Fee First Group S S OLO SER Rate Fee First Group S S OLO SER Rate Fee Second Group S S OLO S S OLO SER RATE Fee Second Group S S OLO S S OLO SER RATE Fee Second Group S S OLO S OLO S S OLO S S OLO S S OLO S OLO S S OLO S OLO S S OLO S OLO S OLO S S OLO									for
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THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	otal DSEs			0.00	Total DSEs		-	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA	ross Receipts First G	roup	\$ 2,294	,969.36	Gross Receipts Seco	nd Group	\$	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	ana Bata Fan First C			0.00	Basa Bata Faa Caaa			0.00	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN	ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	na Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE A CALL SIGN DSE CALL SIGN DSE A CALL SIGN DSE CALL SIGN DSE A C		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
otal DSEs Oss Receipts Third Group Total DSEs Oss Receipts Third Group Gross Receipts Fourth Group	OMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
total DSEs Oss Receipts Third Group Total DSEs Oss Receipts Fourth Group Gross Receipts Fourth Group									
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			<u> </u>						
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s oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	otal DSEs			0.00	Total DSEs			0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		Group	\$			th Group	\$	-	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		Group	\$			th Group	\$	-	
			\$	0.00	Gross Receipts Four		\$	0.00	
I .	ross Receipts Third (0.00	Gross Receipts Four			0.00	
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	ross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group		0.00	

Name	YSTEM ID# 61835					Tetworks, LLO	cations N	Grande Communi
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Name 9	YSTEM ID# 61835					Networks, LLC		LEGAL NAME OF OWNE Grande Communic
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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Grande Communic						S	YSTEM ID# 61835	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP			TY-SECONE	SUBSCRIBER GROUP		9
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ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		İ		SUBSCRIBER GROUP		
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

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NI	YSTEM ID# 61835	S				Networks, LLC		LEGAL NAME OF OWNE Grande Communic
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FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Grande Communications Networks, LLC 61835 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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