This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | | | | | |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | |
| 3-2-23 | \$ 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

| Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) | |
|---|-------|
| | |
| | l |
| Accounting Period | |
| Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. | |
| Owner List any other name or names under which the owner conducts the business of the cable system. | |
| If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. | |
| Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | 37725 |
| LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| Grande Communications Networks, LLC | |
| BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | |
| MAILING ADDRESS OF OWNER OF CABLE SYSTEM 401 Carlson Circle | |
| (Number, street, rural route, apartment, or suite number) | |
| San Marcos, TX 78666 (City, town, state, zip) | |
| C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unler names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space. | |
| System 1 IDENTIFICATION OF CABLE SYSTEM: | |
| Centrovision, Inc Temple MAILING ADDRESS OF CABLE SYSTEM: | |
| 401 Carlson Circle | |
| 2 (Number, street, rural route, apartment, or suite number) San Marcos, TX 78666 (City, town, state, zip code) | |

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

| | LEGAL NAME OF OWNER OF CARLE OVOTER | FORM SA1-2E. PAGE 1b SYSTEM ID# |
|-------------------|---|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | |
| | Grande Communications Networks, LLC Instructions: List each separate community served by the cable system. A "com | 37725 |
| D | separate and distinct community or municipal entity (including unincorporated of | |
| D | unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w | rill serve as a form of system identification hereafter known as the "first |
| | community." Please use it as the first community on all future filings. | · |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mol | bile home parks should be reported in parentheses below the identified |
| Served | city. | |
| | | |
| | CITY OR TOWN | STATE |
| First | Temple | TX |
| Community | | |
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| Rows as Necessary | | |
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FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37725

Grande Communications Networks, LLC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL | OCK 1 | BLOCK 2 | | | |
|--|-----------------------|---------|---------------------|-----------------------|------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | |
| Service to first set | 1,260 | 28.49 | | | |
| Service to additional set(s) | | | | | |
| FM radio (if separate rate) | | | | | |
| Motel, hotel | 0 | 28.49 | | | |
| Commercial | 23 | 28.49 | | | |
| Converter | | | | | |
| Residential | | | | | |
| Non-residential | | | | | |
| 1 | | ı | 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.

| | BLOCK 2 | | | | |
|---|-------------------------------|-------------------------------|-------|--------------------------|--------|
| CATEGORY OF SERVICE | RATE CATEGORY OF SERVICE RATE | | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | 16.99 | Motel, hotel | | Expanded Basic | 46.00 |
| Pay cable—add'l channel | | Commercial | | Digital Tier (Premier Pa | 22.99 |
| Fire protection | | • Pay cable | | Variety Pak | 14.99 |
| •Burglar protection | | Pay cable-add'l channel | | HD Tier | 6.95 |
| Installation: Residential | | Fire protection | | Latin Tier | 7.95 |
| First set | 54.99 | Burglar protection | | Sports Plus Pak | 14.99 |
| Additional set(s) | 30.00 | Other services: | | Ultra Sports Tier | 4.99 |
| • FM radio (if separate rate) | | Reconnect | 30.00 | Movie Tier | 7.95 |
| Converter | | Disconnect | | | •••••• |
| | | Outlet relocation | 30.00 | | •••••• |
| | | Move to new address | 30.00 | | |
| | | | | | |

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

1. CALL SIGN

37725

4. LOCATION OF STATION

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

KCEN 9 N Temple, TX **KWTX** 10 N Waco, TX **KXXV** 25 N Waco, TX Ν Waco, TX **KWKT** 44 Ε **KNCT** 46 Killeen, TX KCEN-2 9.1 ı Temple, TX KWTX-2 10.1 Ν Waco, TX KXXV-2 25.1 Ν Waco, TX KWKT-2 44.1 Waco, TX N

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

37725

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|-----------|----------|-----|---------------------|-----------|----------|-----|---------------------|
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| | d: 2022/2 | | | | | | FUR | RM SA1-2E. PAGE 5. |
|-------------------------|--|--|---|---|--|---|---|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYST | ГЕМ: | | | | | SYSTEM ID# |
| Name | Grande Communicatio | ns Netwo | orks, LLC | | | | | 37725 |
| | SUBSTITUTE CARRIAGE | : SPECIA | I STATEMEN | IT AND PROGRAM I OG | <u> </u> | | | |
| 1 | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. FCC | | | | | | | |
| Substitute Carriage: | 1. SPECIAL STATEMENT | | | | e general ilisti | uctions in th | e paper on | 1-2 101111. |
| Special | During the accounting per | - | | | eie anv nonn | etwork telev | ision progra | am |
| Statement and | broadcast by a distant stati | - | ii cable system | rearry, orra substitute bas | sis, ally hollin | etwork telev | | X |
| Program Log | 1 | | | | (C) (| | YES | |
| | Note: If your answer is "No | ", leave the | rest of this pa | ge blank. If your answer is | s "Yes," you m | iust comple | te the progr | am |
| | log in block 2. 2. LOG OF SUBSTITUTE | DROGRA | MS | | | | | |
| | In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ce, please of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the adcast static atth and day ye "5/7." es when the Example: a er "R" if the and regulati | am on a separa add additional annetwork televion and that your authorization or "basked dcast live, enterstation broadcast is coation (tons, if any, the when your system of a program carrolisted program ons in effect dispendent of the coation of | rows to the tables. vision program ("substitute our cable system substitute is. See page (v) of the genetball." List specific program "Yes." Otherwise enter "asting the substitute program ended in the community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio | e program") the ed for the proneral instruction titles, for e No." am. e station is lice station is ide program. Us cable system: 15 p.m. to 6: ramming that d; enter the leter of the program of the p | ensed by the construction of the construction | ne accounting another size information ove Lucy" of the FCC or, in with the mannes accurate should be an was required in the listed pro | ng tation ion. or onth tely |
| | | | our system we | do permittod to delete dila | | | | |
| | effect on October 19, 1976. | | | as permitted to defete und | 11 | EN SUBSTI | | |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM | | WHE CARR | EN SUBSTI | TUTE JRRED | 7. REASON FOR |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM 3. STATION'S | | WHE CARR 5. MONTH | EN SUBSTI | TUTE JRRED IMES | 7. REASON FOR DELETION |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM | | WHE CARR | EN SUBSTI | TUTE JRRED | |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM 3. STATION'S | | WHE CARR 5. MONTH | EN SUBSTI | TUTE JRRED IMES | |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM 3. STATION'S | | WHE CARR 5. MONTH | EN SUBSTI | TUTE JRRED IMES | |
| | effect on October 19, 1976. | UBSTITUT | E PROGRAM 3. STATION'S | | WHE CARR 5. MONTH | EN SUBSTI | TUTE JRRED IMES | |
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| | effect on October 19, 1976. | UBSTITUT | E PROGRAM 3. STATION'S | | WHE CARR 5. MONTH | EN SUBSTI | TUTE JRRED IMES | |

| Accounting Period: | 2022/2 | | FORM S | SA1-2E. PAGE 6. |
|------------------------------------|---|--------------------------------------|--|-----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | 5 | YSTEM ID# |
| Name | Grande Communications Networks, LLC | | | 37725 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ame all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | econdary transm to compute this a | ission service amount, see \$ 51 | |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR | an \$527,600 n. | 263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you | u must pay for this | six-month | |
| | accounting period is \$52.00 | , , | | |
| | Line 1. Royalty fee for accounting period | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | 0.00 |
| | , page 4, page 5. | | | |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. | | · · | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m | ore than \$137,1 | 00) | |
| | 1. Base amount under statutory formula | 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | | |
| | 3. Subtract line 2 from line 1 | | | |
| | 4. Enter the amount of gross receipts from space K | | | |
| | 5. Enter the amount from line 3 | | | |
| | 6. Subtract line 5 from line 4 | · | | |
| | | | | |
| | 7. Multiply line 6 by .005 (enter figure here) | • | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but | less than \$527, | 600) | |
| | Enter the amount of gross receipts from space K | 515,285.71 | | |
| | 2. Base amount under statutory formula | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | 251,485.71 | | |
| | 4. Multiply line 3 by .01 | \$ | 2,514.86 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | . \$ | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | \$ | 3,833.86 |
| | , s, and s | | Ψ | 0,000.00 |
| | FILING FEE AND TOTAL REMITTANCE DUE | | | |
| Filing Fee and Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | \$ | 3,833.86 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | . \$ | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | \$ | 3,853.86 |
| | Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for | | | nts! |

| Accounting Period: | 2022/2 | | | FORM SA1-2E. PAGE 7. |
|------------------------------|---|---|--|---|
| Name | | OWNER OF CABLE SYSTEM: unications Networks, LLC | | SYSTEM ID# 37725 |
| M Channels | to its subscribe 1. Enter the total system carrie 2. Enter the total on which the | rs, and (2) the cable system's total number of channels on which the delevision broadcast stations. all number of activated channels cable system carried television by | | 13 |
| N Individual to Be Contacted | | D BE CONTACTED IF FURTHER about this statement of account. | R INFORMATION IS NEEDED (Identify an individual to whom) | ı |
| for Further Information | Name | Greg Russo | | Telephone 732-580-6085 |
| | Address | 650 College Road East, (Number, street, rural route, apartmer Princeton, NJ 08540 (City, town, state, zip) | | |
| | Email | gregory.russo@as | stound.com Fax (optional | |
| O Certification | I, the undersigned (Owned) (Agent) X (Office) I have examined | r other than corporation or partress of owner other than corporation in line 1 of space B and that the over or partner) I am an officer (if a coin line 1 of space B. the statement of account and here te, and correct to the best of my kn | be certified and signed in accordance with Copyright Office report only one, of the boxes.) nership) I am the owner of the cable system as identified in line 1 or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identifies the declare under penalty of law that all statements of fact contained owledge, information, and belief, and are made in good faith. | of space B; or the cable system as identified fied as owner of the cable system |
| | | Typed or printed na | senior Vice President - Controller | ent. |
| | | (Title o | f official position held in corporation or partnership) 3/1/2023 | |

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

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 37725 **Grande Communications Networks, LLC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period

CONTROL #: REMITTANCE #:

Secondary Transission Service

Subscribers:

and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio Letter sent

Accepted

Letter sent

Accepted

Accepted

| Cable Worksheet | | Total amount of remittance | Number of SAs re | c'd Initials |
|---------------------------------|-----------------------------|----------------------------|----------------------------|-----------------|
| | | Date of remittance | - Check EFT | FILING FEES |
| Cable ID # | | | | Amount Initials |
| Examined by | Reviewed by | Date examination completed | Allocation number | |
| Space A Accounting Period | | | | |
| | ☐ January 1 - June 30, 2017 | | July 1 - December 31, 2017 | |
| | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space B Owner | | | | |
| | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space D Area Served | | | | |
| | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space E | | | | |

☐ Information received

Phone call/Date/Contact

☐ Information received

Phone call/Date/Contact

Phone call/Date/Contact

| | | Space I Substitute Carriage |
|-----------------------|---------------------------|---|
| Letter sent | ☐ Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log |
| ✓ Letter sent | ☐ Information received | (SA3 only) |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | ☐ Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | ☐ Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | Space M Channels |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space O Certification |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space P Statement of Gross Receipts |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space Q Interest Assessment |
| Letter sent | ☐ Info/add'l fee received | |
| Accepted | Phone call/Date/Contact | |