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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/27/24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Grande Communications Networks, LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	401 Carlson Circle (Number, street, rural route, apartment, or suite number)						
	San Marcos, TX 78666 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	Centrovision, Inc Little River 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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	Grande Communications Networks, LLC	54							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominium identified city.	ns, or mobile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	Little River	TX							
Community									
Rows as Necessary									

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5434

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	BLOCK 1 BLOCK 2			BLOCK 2				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	62	28.49						
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel		28.49						
Commercial	2	28.49						
Converter								
Residential								
Non-residential								
				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 P	22.99
Fire protection		• Pay cable		Variety Pak	14.99
•Burglar protection		Pay cable-add'l channel		HD Tier	6.95
Installation: Residential		Fire protection		Latin Tier	7.95
• First set	54.99	Burglar protection		Sports Plus Pak	14.99
Additional set(s)	30.00	Other services:		Ultra Sports Tier	4.99
• FM radio (if separate rate)		Reconnect	30.00	Movie Tier	7.95
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5434

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCEN	9	N	Temple, TX
KWTX	10	N	Waco, TX
KXXV	25	N	Waco, TX
KWKT	44	N	Waco, TX
KNCT	46	E	Killeen, TX
KCEN-2	9.1	1	Temple, TX
KWTX-2	10.1	N	Waco, TX
KXXV-2	25.1	N	Waco, TX
KWKT-2	44.1	N	Waco, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

543

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
							
							

nd. 2022/2						FORM	A CA4 OF DACE E
	CABLE SYS	STEM:				FURI	SYSTEM ID#
					5434		
In General: In space I, idems ubstitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant state sta	ify every no ccounting pring that mu T CONCEI riod, did you tion? ", leave the E PROGRA titute prograce, please of every no distant start gulations, ries like "ma Bulls." In was broasign of the adcast statinadian statinth and day we "5/7." es when the Example: er "R" if the and regulation ming that	e rest of this paradd additiona on a separadd additiona on a that you authorization ovies" or "bask dcast live, ent station broadd on's location (ons, if any, they when your sy e substitute pro a program care listed program ions in effect of	ision program, broadcast by precific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute based by a substitute based by a substitute based by a substitute of the community of the general casting the substitute program ("substitute program"). List specific program are "Yes." Otherwise enter casting the substitute program was carried by your ried by a system from 6:00 of the general casting the accounting period during the accounting period during the accounting period casting the accounting the accounting period casting the accounting period casting the accounting the accounting period casting the accounting period casting the accounting the accounting period casting the accounting the	y a distant star CC rules, reg the general instant stars, any nonres "Yes," you res wherever present instruct am titles, for each to station is like the program. Using cable system in the station is like the program. Using cable system in the station is depressed in the system in the station in the program. Using cable system in the station in the s	ulations, or structions in the twork telemeters of the that, during ogramming ions for fur example, "I censed by entified), see numera m. List the 1:28:30 p.m.	evision prog YES lete the prog the account of another information Love Lucy" the FCC or, ls, with the nother information account of another information account the second the second the listed program was required the listed program in the	ns. For a further A1-2 form. ram X NO gram g is station tion. or in month ately
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					5. MONTH 6. TIMES		7. REASON FOR DELETION
	Grande Communication SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN* • During the accounting per broadcast by a distant stan Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTE In General: List each substelear. If you need more space 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 program Column 3: Give the call Column 4: Give the broat the 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 was substituted for program effect on October 19, 1976	Grande Communications Netwood Grande Communications Network Grande Communications Network Grande Communications Network Grande Communications Network Grande Communication Network Network Communication Network Network Communication Network	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under selex explanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syste broadcast by a distant station? Note: If your answer is "No", leave the rest of this pallog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systems. Example: for May 7 give "5/7." Column 6: State the times when the substitute program of the enearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast b substitute basis during the accounting period, under specific present and former f explanation of the programming that must be included in this log, see page (v) of: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr. "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which th Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peri was substituted for programming that your system was permitted to delete und effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general into the programming that must be included in this log, see page (v) of the general into the programming that must be included in this log, see page (v) of the general into the program of the programming that the program of the program of the programming that the program of the programming tha	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that ye substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork tele broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comp log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if to clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fur Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. Column 7: Enter the lett	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatio explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times accurt to the nearest five minutes. Example: a program carried by a system from 6.01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:3

ccounting Period:	2023/2 FORM	SA1-2E. PAGE						
Name		SYSTEM II						
	Grande Communications Networks, LLC	543						
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of	of						
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see							
oroco recorpto	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	25,675.29						
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of	gross receipts)						
ı	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
Copyright	Complete block 1, block 2, or block 3.							
Royalty Fee	 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 							
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00							
	Line 1. Royalty fee for accounting period	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
		=0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K	_						
	5. Enter the amount from line 3	=						
	6. Subtract line 5 from line 4	=						
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	=						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	-						
	FILING FEE AND TOTAL REMITTANCE DUE							
	FILING FE AND FOTAL NEIGHT PARCE DOL							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	_						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	_						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00						
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyr See page i of the general instructions in the paper SA1-2 form for more information.	ights!						

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7				
Name		DWNER OF CABLE SYSTEM: nunications Networks, LLC		SYSTEM ID# 5434				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.							
		I number of channels on whice television broadcast stations	13					
	on which the ca	I number of activated channel able system carried television cast services		385				
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to whom t.)					
for Further Information	Name	Morgan Conkle	Telephor	ae 347-835-7661				
	Address	(Number, street, rural route, apart	st, Suite 3100 nent, or suite number)					
		Princeton, NJ 08540 (City, town, state, zip)						
	Email	morgan.conkle	@astound.com Fax (optional)					
0	CERTIFICATION	(This statement of account m	ist be certified and signed in accordance with Copyright Office regulations)				
Certification	• I, the undersign	ed, hereby certify that (Check of	ne,but only one, of the boxes.)					
	(Owne	er other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space	e B; or				
			ttion or partnership) I am the duly authorized agent of the owner of the cabl wner is not a corporation or partnership; or	e system as identified				
		cer or partner) I am an officer line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
			X /s/ Parisa Salehani	_				
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)					
		Typed or printe	I name: Parisa Salehani					
		Title:	Senior Vice President - Controller ficial position held in corporation or partnership)					
		Date:	3/1/2024					

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: 2023/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 5434 **Grande Communications Networks, LLC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"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 YES. Enter the total here and list the satellite carrier(s) below. \$ 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 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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