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

				 Return completed workbook
STATEM	IENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ems (Short Form)		ć	For additional information.
General instr	uctions are located	2/27/24	\$	contact the U.S. Copyright Office Licensing Division at:
-	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α				
A	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	YYY/(Period))	
		7		
	2023-2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	

~	ACCO	JUNTING 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			
		Instructions:	
В		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.	
		Charle have if this is the system's first filling. If not anter the system's ID number assigned by the Lippering Division	61686
		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 sulte number) San Marcos, TX 78666	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
•	name	s aneady appear in space b. In fine 2, give the maining address of the system, in different from the address given in	I space B
System	1	Grande Communications - San Marcos	
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Grande Communications Networks, LLC	61686
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	San Marcos	TX
mmunity		
Necessary		

								FORM SA1	TEM ID	
Name	LEGAL NAME OF OWNER OF C							515	6168	
	Grande Communication	is Networks	, LLC						0100	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND RA	ATES					
E	In General: The information in s	•		-						
- ·	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						hose existii	ng on the		
Service: Sub-	Number of Subscribers: Both	•				,	ole svstem.	broken		
scribers and	down by categories of secondary	•								
Rates	each category by counting the n			•		•				
	separately for the particular serv									
	Rate: Give the standard rate c	-	-	•			-			
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variations	s within a p	articular rate		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable		
	systems most commonly provide	to their subsc	ribers. (Give the numbe	er of subsc	ribers and rate f	or each list	ed category		
	that applies to your system. Not			-		-				
	categories, that person or entity				••		•			
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der Servic	e to the		
	Block 2: If your cable system					service that are	different fr	om those		
	printed in block 1 (for example, t	iers of services	that in	clude one or m	ore second	lary transmissio	ns), list the	m, together		
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word description	on of the se	ervice is		
	sufficient.				1			()		
	BLU	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		1,139	28.49						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel		701	28.49						
	Commercial		322	28.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for rat not covered in space E, that is, t		,		•	• •				
•	service for a single fee. There ar					,	,			
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,		
Secondary	enter only the letters "PP" in the									
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not		
Rates	listed in block 1 and for which a				-					
	brief (two- or three-word) descrip									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:	TUTE		ation: Non-res		TUTE	O, TEO		TUTE	
	• Pay cable	16.99		tel, hotel			Expand	led Basic	46.0	
				mmercial				Tier (Premier P	22.9	
	 Pay cable—add'l channel 		_	y cable			Variety		14.9	
	 Pay cable—add'l channel Fire protection 			y cable-add'l ch	nannel		HD Tie		6.9	
	Fire protection		• Pa				Latin T			
	•						ier			
	• Fire protection •Burglar protection Installation: Residential	54 99	• Fir	e protection					7.9	
	 Fire protection Burglar protection Installation: Residential First set 	54.99 30.00	• Fir • Bu	e protection rglar protection	I		Sports	Plus Pak	7.9 14.9	
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fir • Bu Other	e protection rglar protection services:	I	30.00	Sports Ultra S	Plus Pak ports Tier	7.9 14.9 4.9	
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fir • Bu Other • Re	e protection rglar protection services: connect	I	30.00	Sports	Plus Pak ports Tier	7.9 14.9 4.9	
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fir • Bu Other • Re • Dis	e protection rglar protection services: connect sconnect	I		Sports Ultra S	Plus Pak ports Tier	7.9 14.9 4.9 7.9	
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fir • Bu Other • Re • Dis • Ou	e protection rglar protection services: connect		30.00 30.00 30.00	Sports Ultra S	Plus Pak ports Tier	7.9 14.9 4.9	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	Grande Communicati	ons Networks, LLC		610						
	PRIMARY TRANSMITTERS: TELEVISION									
G	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, <i>except</i> (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									
Primary		e)(2) and (4), or 76.63 (referring to 76.6								
nsmitters: elevision		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a su	ibetitute program						
levision	basis under specific FCC ru	ules, regulations, or authorizations:								
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t a substitute basis	he Special Statement and Program	Log)—if the						
	List the station here, and a	also in space I, if the station was carrie								
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p								
	multicast stream associated	d with a station according to its over-the	÷	-						
	"WETA-2" as the same on t Column 2: Give the channel	the form. el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community						
		RC is channel 4 in Washington, D.C.	station on independent station or	-						
		a case whether the station is a network ering the letter "N" (for network), "N-M" (
	(for independent multicast),	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educat							
		erms, see page (iv) of the general instrunt n of each station. For U.S. stations, list		n is licensed by the						
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	n is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAKW	20	N Austin, TX							
	КВVО	18	I	Austin, TX						
	KENS	6	Ν							
vs as Necessary				San Antonio, 1X						
ws as Necessary	KEYE	5	Ν	San Antonio, TX Austin, TX						
ws as Necessary			N							
ws as Necessary	KEYE	5		Austin, TX						
ws as Necessary	KEYE KLRU	5 9	E	Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA	5 9 12	E	Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT	5 9 12 10	E I N	Austin, TX Austin, TX Austin, TX San Antonio, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC	5 9 12 10 2	E I N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO	5 9 12 10 2 13	E I N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						
ws as Necessary	KEYE KLRU KNVA KSAT KTBC KTFO KVUE	5 9 12 10 2 13 3	E I N N N N	Austin, TX Austin, TX Austin, TX San Antonio, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX Austin, TX						

EGAL NAME OF Grande Com								SYSTEM I
	intunicatio		works, EEO					616
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	AM or EM	8/D			AM or EM	e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2023-2						FORM	SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Grande Communicatio	ons Netwo	orks, LLC					61686
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or aut	horization	s. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network te <u>levis</u>	ion progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	ge blank lf vour answer i	s "Yes " vou i	nust complete	the prog	-
	log in block 2.			ge blank. It your answer i	5 105, your		the progr	um
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if their	meaning	is
	clear. If you need more spa					aat during the	aaaaunti	
	period, was broadcast by a			vision program ("substitute our cable system substitu				
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further	r informat	ion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lov	ve Lucy" o)r
		n was broa		er "Yes." Otherwise enter				
				asting the substitute prog he community to which th		censed by the	FCC or i	n
	the case of Mexican or Car						1 00 01,1	
		•	when your sy	stem carried the substitute	e program. U	se numerals, w	vith the m	onth
	first. Example: for May 7 gr		e substitute pr	ogram was carried by you	r cable syste	m List the time	es accura	telv
	to the nearest five minutes.							lory
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			n was substituted for prog				
	was substituted for program	nming that						gram
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM			N SUBSTITU AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION
		100 01 110	0.122 0.011		7415 5711		10	
						_		
						_		
						_		

Accounting Period:	2023-2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Grande Communications Networks, LLC			61686
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to corpage (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.	dary transn mpute this	nission servio amount, see	5,490.32
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 than or • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 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	527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you m	nust pav for	this six-mon	tl
	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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more th	nan \$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)	<u> </u>		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · · - <u>-</u>		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 t	than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 425,	,490.32		
	2. Base amount under statutory formula \$ 263,	,800.00		
	3. Subtract line 2 from line 1 \$ 161,	,690.32		
	4. Multiply line 3 by .01		1,616.90	
	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		\$	2,935.90
		-		_
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		2,935.90	
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	[\$	2,955.90
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more	-		ights!

Accounting Period:	2023-2						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: unications Networks, LL	с				SYSTEM ID# 61686
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried television rast services	total numb th the cable the cable should be cable to broadcas	ber of activated channe e st stations	els during the a	accounting period.	ns 26 409
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDE	D (Identify an i	individual to whom	
for Further Information	Name	Morgan Conkle				Telephor	e 347-835-7661
	Address	650 College Road Ea (Number, street, rural route, apart Princeton, NJ 08540 (City, town, state, zip)	ment, or suit	te 3100 te number)			
	Email	morgan.conkle(@astounc	d.com		Fax (optional)	
O Certification	I, the undersigned (Owne (Agent in l X (Office in l · I have examined	(This statement of account m ed, hereby certify that (Check o r other than corporation or p c of owner other than corpora line 1 of space B and that the c er or partner) I am an officer (i line 1 of space B. I the statement of account and e, and correct to the best of my on 1001(1986)]	artnership artnership ation or pa owner is no if a corpora hereby dec	y one, of the boxes.) b) I am the owner of the irtnership) I am the dul t a corporation or partn ation) or a partner (if a p clare under penalty of la	e cable system a y authorized ag ership; or partnership) of t aw that all state	as identified in line 1 of space gent of the owner of the cab he legal entity identified as ments of fact contained her	e B; or le system as identified owner of the cable system
		Typed or printed Title:	Enter an e Enter signa name: Senior	/s/ Parisa Saleha electronic signature on ti ature using an "/s/ signa Parisa Salehani Vice President -	he line above to ature" (e.g., /s/	John Smith)	
		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 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 telephon 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 i 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 th 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

unting Period: 2023-2				FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:				SYSTEM II
nde Communications Networks, LLC				6168
SPECIAL STATEMENT CONCERNING GROSS RECEIPT The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d lowing sentence: "In determining the total number of subscribers and the gross am service of providing secondary transmissions of primary broadca scribers and amounts collected from subscribers receiving secon For more information on when to exclude these amounts, see the note of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts made by satellite carriers to satellite dish owners?)(1)(A), of the Copy nounts paid to the c st transmitters, the idary transmissions on page (vii) of the	yright Act by adding cable system for the system shall not in s pursuant to sectio general instructions	e basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below				
Name Mailing Address Maili	ne ing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments submitted				Q
				Q
You must complete this worksheet for those royalty payments submitted	instructions locate			Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general	instructions locate			Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	instructions locate	ed in the paper SA1-		Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general	instructions locate	ed in the paper SA1-	-2 form.	Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	instructions locate	ed in the paper SA1-		Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	instructions locate	xx	-2 form. - days	Q Interest Assessmen
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