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								
8/31/2020	\$ 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: (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.										
	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)										
	The state of the s										
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 - Salado										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 401 Carlson Circle (Number, street, rural route, apartment, or suite number)										
	San Marcos, TX 78666 (City, town, state, zip code)										
L											

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.

Accounting Period:	2020/1										
necounting r crious	2029/1	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Grande Communications Networks, LLC	5430									
	Instructions: List each separate community served by the cable system. A "communit										
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.										
	CITY OR TOWN	STATE									
First	Salado	TX									
Community											
Add Rows as Necessary											
Add Rows as Necessary											

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5430

Grande Communications Networks, LLC

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	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	297	28.49				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel	19	28.49				
Commercial	28	28.49				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.99	Motel, hotel		Expanded Basic	46.0
 Pay cable—add'l channel 		Commercial		Digital Tier (Premier Pa	22.9
 Fire protection 		• Pay cable		Variety Pak	14.9
Burglar protection		 Pay cable-add'l channel 		HD Tier	6.9
Installation: Residential		Fire protection		Latin Tier	7.9
First set	54.99	Burglar protection		Sports Plus Pak	14.9
 Additional set(s) 	30.00	Other services:		Ultra Sports Tier	4.9
 FM radio (if separate rate) 		Reconnect	30.00	Movie Tier	7.9
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5430

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.

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

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

5430

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
							ļ
	 	 					
	 						
		ļ					
	†						
	 	 					
		 					
							
	L						
	 	 					
		 					
		ļ					
	 	 					f
	 	 					
							ļ
	 	 					f
	 	 					
							ļ
							<u> </u>
							
	 	 					
							ļ
	 	 					1
	 	 					
		 					
	_	 					
		1					
	 	 					
							ļ
							
	 	1					t

Accounting Period: 2020/1 FORM SA1-2E. PAGE 5.										
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 5430		
Substitute Carriage: Special Statement and Program Log	riage: ecial nent and am Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 program									
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 medicar. 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 acception, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further into Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love 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 licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list was substituted for programming that your system was effect on October 19, 1976.								tion n. nth ly		
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATION	5. MONTH	EN SUBST RIAGE OCC 6.		7. REASON FOR DELETION		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	S'	YSTEM ID 543
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic nis amount, see	of e 1,212.98
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 equal to 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 accounting period is \$52.00	or this six-month	
	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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)	
	1. Base amount under statutory formula	<u>_</u>	
	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 \$52	27,600)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
		` <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

: 2020/1									FO	RM SA1-2E. PAGE 7
		:								SYSTEM ID# 5430
to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cabl	und (2) the cable system's to umber of channels on which evision broadcast stations. umber of activated channels e system carried television b	the cable	ole	of activated chann	els during the	accounting p	period.		13 385	
			ORM	ATION IS NEEDE	ED (Identify an	individual to	whom			
Name	Chris Connolly						Telephor	e 609-68	1-2178	
(† F	Number, street, rural route, apartm Princeton, NJ 08540									
Email		rcn.net	t			Fax (op	otional)			
Owner of (Agent of in line) X (Officer in line) I have examined the are true, complete, as	ther than corporation or parties of owner other than corporate of of space B and that the owner partner) I am an officer (if the office of the other office) I am an officer (if the oth	artnership tion or pa wher is no a corpora tereby decknowledge Enter an e Enter sign	nnly on partne partne portation eclare ge, int /s	me, of the boxes.) am the owner of the ership) I am the dicorporation or particular of the properties of the end of the	e cable system ily authorized a nership; or partnership) of aw that all state ief, and are mad nani the line above the state of the line above the line a	as identified gent of the o the legal enti ements of fac de in good fa	in line 1 of space where of the cable ity identified as over the contained hereinith.	B; or system as ic		
							/28/0			
	LEGAL NAME OF OW Grande Commun CHANNELS Instructions: You to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cabl and nonbroadcas INDIVIDUAL TO B We can contact abo Name Address CERTIFICATION (The I, the undersigned, (Owner of in line X (Officer in line I have examined th are true, complete, a	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channet to its subscribers, and (2) the cable system's total num 1. Enter the total number of channels on which the cat system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of the system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated channels. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDE we can contact about this statement of account.) Name Chris Connolly Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip) Email Chris connolly@rcn.net CERTIFICATION (This statement of account must be certified and signed in account in the content of the content	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the 1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an we can contact about this statement of account.) Name Chris Connolly Address 650 College Road East, Suite 3100 [Number, street, rural route, apartment, or suite number) Princeton, NJ 08840 (City, town, state, zip) Email Chris.connolly@rcn.net CERTIFICATION (This statement of account must be certified and signed in accordance with the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system (Agent of owner other than corporation or partnership) I am the duly authorized a in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statement under the complete, and correct to the best of my knowledge, information, and belief, and are ma [18 U.S.C., Section 1001(1986)] X /s/ Parisa Salehani Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., f. Typed or printed name: Parisa Salehani Title: Senior Vice President - Controlle (Title of official position held in corporation or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to to its subscribers, and (2) the cable system's total number of activated channels during the accounting of the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to we can contact about this statement of account.) Name Chris Connolly Address 650 College Road East, Suite 3100 (ikumber street, rural roate, apartment, or suite number) Princeton, NJ 08540 (City, town, satie, zip) Email Chris.connolly@crcn.net Fax (or CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright of the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B. 1 I have examined the statement of account and hereby declare under penalty of law that all statements of fac are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good factors to the best of my knowledge, information, and belief, and are made in good factors in the complete, and correct to the best of my knowledge, information, and belief, and are made in good factors in the complete, and correct to the best of my knowledge information, and belief, and are made in good factors in the complete, and correct to the best of my knowledge information, and belief, and are made in good factors in the complete, and correct to the best of my knowledge information or partner	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Chris Connolly S59. College Road East, Suite 3100 (Number, sinet, rad root, systemer, or suite number) Princeton, N. 103540 (Cay, town, sine, pp) Email Chris.connolly@rcn.net Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations of the system and identified in line 1 of space and that the owner is not a corporation or partnership) 1 am the duity authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as over in line 1 of space B. I have examined the stateme	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	EFAIL NAME OF OWNER OF CARLE SYSTEM Grand Communications Networks, LLC

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 the 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 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

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nde Communications Networks, LLC	5430
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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Mailing Address Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessment
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.