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 by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 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 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 unless these s 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
	2	(Number, street, rural route, apartment, or sulte number) San Marcos, TX 78666
		(City, town, state, zip code)
-		a 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

Privac form in order to proc at can be used to ident 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 suffciency of the fling, a determination that would be made by a court of law.

DATE RECEIVED

2/28/2022

Cable Systems (Short Form) General instructions are located

STATEMENT OF ACCOUNT for Secondary Transmissions by

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Grande Communications Networks, LLC	54
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discre vill serve as a form of system identification hereafter known as the "f
Area Served	city.	
	CITY OR TOWN	STATE
First	Salado	ТХ
Community		
d Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 543
	Grande Communication	s Networks	s, LLC						545
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RATE	S				
E	In General: The information in s	-		-	-				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary	•		•					
Rates	each category by counting the ne		•	0,0				charged	
	separately for the particular serv Rate: Give the standard rate c							ne and the	
	unit in which it is generally billed.	-	-	•				-	
	category, but do not include disc	· ·	,		Standar				
	Block 1: In the left-hand block	•		Ũ					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a	and rates, in th	e right-h	and block. A two-	or three	e-word descript	ion of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		240	00.40					
	Service to first set		319	28.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		0	28.49					
	Commercial		15	28.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS						
-	In General: Space F calls for rat				ect to all	your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		•					
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the			,				- 5,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				a. List i	nese other ser	vices in the	e form of a	
		BLO			_ 1	DATE	0.475.00	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	16.99		el, hotel	illiai		Expand	led Basic	46.0
		10.55		nmercial				Tier (Premier P	22.9
	Pay cable—add'l channel Fire protection		-				Variety		14.9
	Fire protection		· ·	cable			HD Tier		6.9
	•Burglar protoction		· ·	cable-add'l chanr			Latin T		
	•Burglar protection								
	Installation: Residential	E4.00		protection				Dius Pak	7.9
	Installation: Residential First set 	54.99	• Bur	glar protection				Plus Pak	14.9
	Installation: Residential • First set • Additional set(s)	54.99 30.00	• Bur Other s	glar protection		20.00	Ultra S	ports Tier	14.9 4.9
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	glar protection services:		30.00		ports Tier	14.9 4.9
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Disc	glar protection services: connect connect			Ultra S	ports Tier	14.9
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burn Other s • Rec • Disc • Out	glar protection services:		30.00 30.00 30.00	Ultra S	ports Tier	14.9 4.9

LEGAL NAME OF OWNER OF			FORM SA1-2E. PAGE 3
Name			SYSTEM ID
Grande Communicatio	ons Networks, LLC		5430
G rimary smitters: evision carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	tify every television station (including tr during the accounting period, <i>except</i> (effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61) explained in the next paragraph. With respect to any distant stations car es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. so in space I, if the station was carried in concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pro- with a station according to its over-the-a	1) stations carried only on a part-tim carriage of certain network program (e)(2) and (4))]; and (2) certain stati ried by your cable system on a sub- e Special Statement and Program Le both on a substitute basis and also ee page (v) of the general instruction ogram services such as HBO, ESPP air designation. For example, report sion station for broadcasting over the ation, an independent station, or a re- for network multicast), "I" (for independent "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station is	ne basis under ns [sections ons carried on a stitute program bg)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCEN	9	N	Temple, TX
кwтх	10	N	Waco, TX
as Necessary	25	N	Waco, TX
	44	NI	
KWKT	44	N	Waco, TX
KWKT KNCT	44 46	E	Waco, TX Killeen, TX
KNCT	46		Killeen, TX
KNCT KCEN-2	46 9.1	E	Killeen, TX Temple, TX
KNCT KCEN-2 KWTX-2	46 9.1 10.1	E I N	Killeen, TX Temple, TX Waco, TX

EGAL NAME OF								SYSTEM II
Grande Com	municatio	ns Net	works, LLC					54
RIMARY TRAI								
			arried on a separate and discre					Н
			nerally receivable by your cab					
eceivable if (1) on the basis of r For detailed info	it is carried by monitoring, to rmation abou	y the sys be recei	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t	t the system's he system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
aper SA1-2 for Column 1: Id		sian of e	each station carried.					
			on is AM or FM.					
			nal was electronically process	ed by the cable s	ystem as a se	parate a	ind discrete	
Column 4: G	ive the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+	<u>+</u>					

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Grande Communicatio	ons Netwo	orks, LLC					5430
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
l	In General: In space I, identi substitute basis during the a	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:	explanation of the programm	-			general insur		ie paper SAT-	2 101111.
Special	1. SPECIAL STATEMENT					twork tolo		-
Statement and	During the accounting per		r cable system	carry, on a substitute bas	is, any nonne	IWOIK LEIEV		X
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	te the progra	m
	log in block 2.		M0					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations	wherever nos	sible if the	air meaning is	
	clear. If you need more spa				wherever pot	551010, 11 1110	an meaning is	2
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		"Yes." Otherwise enter "I				
		0		sting the substitute progra e community to which the		need by th	e ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day		em carried the substitute			, with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	grom was corried by your	aabla avatam	List the ti	moo oogurata	sh <i>r</i>
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ery
	stated as "6:00-6:30 p.m."	•			•			
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.	• •	,	•		U		
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
						+		
						+		
						_	_	
							_	
							_	
					1		_	
								+
							_	
							_	
							_	
1	·	+			1	+		+

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	S	YSTEM ID# 5430
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	0,840.85 Joss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800	
	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 th	s six-month	
	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
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informati		its!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		ER OF CABLE SYSTEM: cations Networks, LLC				SYSTEM ID# 5430
M Channels				ls on which the cable system carried telev ber of activated channels during the accou		
		mber of channels on whick elevision broadcast stations		le		13
	on which the cab	mber of activated channel le system carried television st services	n broadc	ast stations		385
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of account		RMATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name Be	ernadette Kokolus			Telephone	(732) 443-7090
	Address 65	50 College Road Ea umber, street, rural route, apartn	st, Suit nent, or sui	e 3100 le number)		
	Pi (Cit	rinceton, NJ 08540 ty, town, state, zip)				
	Email	bernadette.koko	lus@ast	ound.com F	Fax (optional	
	CERTIFICATION (This	s statement of account mu	st be cer	tified and signed in accordance with Copy	right Office regulations)	
O Certification	• I, the undersigned, h	ereby certify that (Check on	e, but on	<i>y one</i> , of the boxes.)		
	(Owner ot	her than corporation or pa	artnershi	p) I am the owner of the cable system as ide	entified in line 1 of space B	; or
				artnership) I am the duly authorized agent o not a corporation or partnership; or	of the owner of the cable sy	/stem as identified
		r partner) I am an officer (if ne 1 of space B.	f a corpor	ation) or a partner (if a partnership) of the leg	gal entity identified as own	er of the cable system
		and correct to the best of my	-	clare under penalty of law that all statements ge, information, and belief, and are made in		
			Х	/s/ Parisa Salehani		
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John :		
		Typed or printed	name:	Parisa Salehani		
		Title: (Titl		r Vice President - Controller position held in corporation or partnership)		
		Date:			2/28/22	

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.

	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." 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	-
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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