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

STAT	FMFNT	OF A	CCOUNT

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

 2/28/2022
 \$

 ALLOCATION NUMBER

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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, zjp)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 Centrovision, Inc - Rogers
	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)

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
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: " communities within unincorporated areas and including single, discr vill serve as a form of system identification hereafter known as the "f
Area Served	city.	
	CITY OR TOWN	STATE
First	Rogers	ТХ
Community		
d Rows as Necessary		

	T							FORM SA1-	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	Grande Communication	s Networks	s, LLC						543
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND RAT	ES				
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						LIIUSE EXIS		
Service: Sub-	Number of Subscribers: Both						ble system	ı, 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	· · ·	,		,				
	Block 1: In the left-hand block	•		•					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	once again und	ler "Serv	ice to additional	set(s)."				
	Block 2: If your cable system	-							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	and DIOCK. A two	- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCH	(2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		37	28.49					
	Service to additional set(s)			20.45					
	• FM radio (if separate rate)								
	Motel, hotel			28.49					
	Commercial		0	28.49					
	Converter		······	20.45					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat			-		• •			
F	not covered in space E, that is, t					,			
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0.		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-			-		0	
Transmissions:				•				ware not	
Rates	Block 2: List any services that listed in block 1 and for which as	• •			-	-			
	brief (two- or three-word) descrip		-		ieu. List				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	CE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		tion: Non-resid		NATE	CATEG	JRT OF SERVICE	NATE
	Pay cable	16.99		el, hotel			Expand	led Basic	46.0
	Pay cable—add'l channel		-	nmercial				Tier (Premier P	22.9
	Fire protection		-	cable			Variety		14.99
	•Burglar protection			cable-add'l char	nnel		HD Tie		6.9
	Installation: Residential		-	protection			Latin T		7.9
		54.99		glar protection				Plus Pak	14.99
	First set							ports Tier	
	First set     Additional set(s)		Other e	ervices:			101010		4 90
	<ul> <li>Additional set(s)</li> </ul>	30.00		ervices: onnect		30.00	Movie '	•••••••••••••••••••••••••••••••••••••••	4.9 7.9
	• Additional set(s) • FM radio (if separate rate)		• Rec	onnect		30.00	Movie	•••••••••••••••••••••••••••••••••••••••	
	<ul> <li>Additional set(s)</li> </ul>		• Rec • Disc	onnect connect			Movie <sup>·</sup>	•••••••••••••••••••••••••••••••••••••••	4.99 7.9
	• Additional set(s) • FM radio (if separate rate)		• Rec • Disc • Outl	onnect	5	30.00 30.00 30.00	Movie <sup>-</sup>	•••••••••••••••••••••••••••••••••••••••	•••••

unting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Grande Communicat	•		5432
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including tra m during the accounting period, <i>except</i> (* in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations carr ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried to on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-a	1) stations carried only on a part-tii carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub Special Statement and Program I both on a substitute basis and also ee page (v) of the general instruction ogram services such as HBO, ESF air designation. For example, report sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for independent "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEN	9	N	Tamada TV
		<u> </u>	N IN	Temple, TX
	KWTX	10	N	Waco, TX
l Rows as Necessary				
I Rows as Necessary	кwtx	10	N	Waco, TX
l Rows as Necessary	KWTX KXXV	10 25	N N	Waco, TX Waco, TX
i Rows as Necessary	KWTX KXXV KWKT	10 25 44	N N N	Waco, TX Waco, TX Waco, TX
l Rows as Necessary	KWTX KXXV KWKT KNCT	10 25 44 46	N N N	Waco, TX Waco, TX Waco, TX Killeen, TX
l Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2	10 25 44 46 9.1	N N E I	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX
l Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2	10 25 44 46 9.1 10.1	N N N E I N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX
l Rows as Necessary	KWTX KXXV KWKT KNCT KCEN-2 KWTX-2 KXXV-2	10 25 44 46 9.1 10.1 25.1	N N N E I N	Waco, TX Waco, TX Waco, TX Killeen, TX Temple, TX Waco, TX Waco, TX

EGAL NAME OF								SYSTEM I
Grande Com	nmunicatio	ns Net	works, LLC					54
RIMARY TRA								LI
			arried on a separate and discre					Н
			nerally receivable by your cab					
eceivable if (1) in the basis of for detailed info aper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be recei it the Cc	I-Band FM Carriage: Under C tem whenever it is received a ved 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
			each station carried. n is AM or FM.					
			nal was electronically process	ed by the cable s	vstem as a se	parate a	and discrete	
			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>						
		<b></b>						
		<u> </u>						
		<b></b>						
				·				

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					5432
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
l	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:		•		• • • • • • • • • • • • • • • • • • • •	e general mour			2 101111.
Special	1. SPECIAL STATEMENT				ia any nanna	twork tolo	ision program	-
Statement and	During the accounting per		r cable system	carry, on a substitute bas	is, any nonne	WORK LEIEN		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 lee abbreviations	wherever nos	ssible if the	air maaning is	-
	clear. If you need more spa				wherever pot	551010, 11 111	cii meaning i	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 progra	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		"Yes." Otherwise enter "I				
		•		sting the substitute progra e community to which the		ancod 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 corriad by your	achla avatam	liot the ti	moo oogurata	
	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.	• •	,			0		
	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	
					.	+		
					.	+		
					.	+		
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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# 5432
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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	3,386.56 ss receipts)
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 \$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 accounting period is \$52.00	is 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 \$137,1	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		
	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	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		ts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE Grande Communic	ER OF CABLE SYSTEM: cations Networks, LLC	;			SYSTEM ID# 5432
M Channels	to its subscribers, ar	nd (2) the cable system's	total num	ls on which the cable system carried televi ber of activated channels during the accou		
		mber of channels on whic evision broadcast stations		le		13
	-				L	
	on which the cable	mber of activated channel e system carried televisio t services	n broadc	ast stations	[	385
N Individual to Be Contacted		CONTACTED IF FURTH at this statement of accou		RMATION IS NEEDED (Identify an individ	dual to whom	
for Further	Name Be	ernadette Kokolus			Telephone	(732) 443-7090
Information						
	Address 65	0 College Road Ea mber, street, rural route, apartn	nent, or sui	e 3100 te number)		
	Pr	inceton, NJ 08540				
	Email	bernadette.koko	olus@asi	ound.com F	Fax (optional	
	CERTIFICATION (This	statement of account mu	ist be cer	tified and signed in accordance with Copyr	right Office regulations)	
O Certification	• I, the undersigned, he	ereby certify that (Check or	ne, <i>but on</i>	<i>y one</i> , of the boxes.)		
	(Owner oth	er than corporation or pa	artnershi	<b>p)</b> 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 of not a corporation or partnership; or	of the owner of the cable sy	stem as identified
		p <b>artner)</b> I am an officer (i le 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
		nd correct to the best of my	-	clare under penalty of law that all statements ge, information, and belief, and are made in g		
			Х	/s/ Parisa Salehani		
				electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed	name:	Parisa Salehani		
		Title: (Tit		r Vice President - Controller position held in corporation or partnership)		
		Date:			2/28/22	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nde Communications Networks, LLC	5432
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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
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
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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