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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/28/2018	\$ 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:								
Accounting	2017/2								
Period									
B Owner	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 corpo rate title of the subsidiary, not that of the parent corporation 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 31268								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				3126820172					
				31268 2017/2					
	401 KIRKLAND PARKPLACE SUITE500								
	KIRKLAND WA 98033								
	INCTRUCTIONS: In line 4 min and business and to de access and to it	d 415 - 415 - 15 15 1							
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of								
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>					
- - - - - - - - - -	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	401 KIRKLAND PARKPLACE SUITE 500 2 (Number, street, rural route, apartment, or suite number)								
	KIRKLAND WA 98033 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	anly the fret comm	nunity convod below and rel	iot on nago 1h					
_		only the list conii	numity served below and rei	.st on page 1b					
Area Served	with all communities.	07475							
	CITY OR TOWN	STATE							
First Community	SEATTLE	WA							
Community	Below is a sample for reporting communities if you report multiple cha								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda Alliance	MD MD	A B	1 2					
	Gering	MD	В	3					
				,					

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 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.				1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			31268						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a									
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be		up designated by a	a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SEATTLE	WA			First					
VEATTLE				Community					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					
				Add Tows as fiecessary.					

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

31268

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.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
 Service to first set 	7,080	\$	25.95		
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	722	\$	25.95		
Commercial					
Converter					
Residential					
Non-residential					
	1	1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1							BLOCK 2	
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel					
 Pay cable—add'l channel 			Commercial			Ī		
Fire protection			Pay cable			Ī		
Burglar protection			Pay cable-add'l channel			Ī		
Installation: Residential			Fire protection			Ī		
First set	\$	29.99	Burglar protection			Ī		
 Additional set(s) 	\$		Other services:			Ī		
 FM radio (if separate rate) 			Reconnect	\$	29.95	Ī		
Converter			Disconnect			Ī		
			Outlet relocation			Ī		
			 Move to new address 			Ī		
						Ī		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 31268 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) **CBUT - CBC** 2 Ν VANCOUVER, BC Yes **KWPX - ION** 33 Ν No **BELLEVUE, WA** See instructions for additional information Ν **KOMO - ABC** 4 No SEATTLE, WA on alphabetization. Ν No KING - NBC 5 SEATTLE, WA **KONG** - Independ 16 ı No **EVERETT, WA** KIRO - CBS 7 Ν No SEATTLE, WA **KCTS - PBS** 9 Ε No SEATTLE, WA KSTW-CW Ν 11 No TACOMA, WA 22 KZJO - JOEtv Ν No SEATTLE, WA **KCPQ - FOX** 13 Ν No TACOMA, WA **BELLINGHAM, WA KVOS - MeTV** 12 Ν No **KCTS Plus** 9.1 Ε No SEATTLE, WA KTBW - TBN 20 Ν No SEATTLE, WA KWDK - Daystar 56 Ν No TACOMA, WA **KBTC - PBS** 27 Ε No TACOMA, WA 9.2 Ε KCTSDT2 - PBS K No SEATTLE, WA SEATTLE, WA KCTSDT3 - Create 9.3 Ν No KINGDT2 - Justice 5.2 Ν SEATTLE, WA No

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2017/2		
LEGAL NAME OF OWN					SYSTEM ID# 31268	Name		
WAVE DIVISION					31200			
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 located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 mul								
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilize	y multiple chai		EL LINE-UP		Giainiei iirie-up.	-		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KIRODT2 - getTV	7.2	N	No	(=,	SEATTLE, WA			
KOMODT2 - Come	4.2	N	No		SEATTLE, WA	1		
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA			
KOMODT3 - Char	4.3	N	No		SEATTLE, WA			
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA	,		
KSTWDT2 - Deca	11.2	N	No		TACOMA, WA			
	•							
						-		
					l	1		
						1		
	•							

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 31268 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	i PERIOD: 2017/2		
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name		
WAVE DIVISION HOLD	INGS LLO	<u> </u>					31268	Name		
SUBSTITUTE CARRIAGE								ı		
In General: In space I, identi substitute basis during the ad										
explanation of the programm	• .	•	•	-				Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
 During the accounting per broadcast by a distant stat 		r cable system	carry, on a substitute bas	s, any nonne	twork telev	vision progra	m X No	Special Statement and Program Log		
Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ıst comple	te the progra	ım			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	citute prograce, please a of every nor distant statis gulations, o tion. Do no Lucy" or "NB n was broad sign of the sadcast statio attant and day "ye "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional network televition and that your authorization at use general cast live, entertation broadca on's location (thous, if any, the when your system a program carrillisted program ons in effect du	al pages. ision program (substitute pur cable system substitute some categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programs to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is identification in identification is identification in identifi	during the ramming ones located List spec List spec nsed by the tiffied). numerals List the time is a sign of the time is a sign of the time is a sign of the time. The time is a sign of tim	e accounting of another sta I in the paper offic program e FCC or, in with the mo offic accurate should be on was require the listed pro	etion nth ely			
,					EN SUBS		7. REASON			
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OC	TIMES	FOR DELETION			
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	5222			
						_				
						_				
						_				
						_				
						_				
						_				
							·			
						_				

LEG	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nome						
WA	AVE DIVISION HOLDINGS LLC		31268	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,202,624.00										
IIVIF	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross r	receipts)							
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e entered on line 1 of	:							
▶ If p	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in bl	lock							
▶ If p	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	e							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of								
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.									
	This is your minimum fee.	\$	12,795.92							
Block 2	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and columns.	mn 4, you must check	3							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	3,198.98							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	3,198.98							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	12,795.92	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r	0.00	submitting additional deposits under						
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)									
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,520.92	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i) of the								

NI	LEGAL NAME OF OWNER OF	CABLE S	YSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HO	OLDING	SS LLC	31268						
	CHANNELS									
М	Instructions: You mu	ıst give	(1) the number of channels on which the cable system carried television broadcas	st stations						
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
			nannels on which the cable	24						
	system carried telev	ision br	padcast stations							
	2. Enter the total num	ber of a	ctivated channels							
			arried television broadcast stations	344						
	and nonbroadcast se	ervices		344						
N	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
Individual to	we can contact about	this sta	tement of account.)							
Be Contacted										
for Further	Name OXANA	SOSK	COVA Telephone	425-576-8200						
Information		••••••								
	Address 401 KIRI	KLAN	D PARKPLACE SUITE 500							
	(Number, stre	et, rural r	oute, apartment, or suite number)							
	KIRKLA		A 98033							
	(City, town, st	ate, zip)								
	Email	tax.de	pt@wavebroadband.com Fax (optional) 425-576-	-8221						
	CERTIFICATION (This	statem	ent of account must be certifed and signed in accordance with Copyright Office re	equilations						
0	OLKIII IOATION (TIIIS	Statem	shirt of account must be certified and signed in accordance with copyright office re	guiations.						
Certifcation	• I the undersigned he	reby cer	tify that (Check one, but only one, of the boxes.)							
Continuation	i, ine anaoroignoa, ne	.02, 00.	, a.a. (a.aa. a.a, a.a. a.a, a.a. aa.a.a.,							
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or						
			n corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified						
	in line 1 of spac	e B and	that the owner is not a corporation or partnership; or							
		•	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system						
	in line 1 of spac	e B.								
			t of account and hereby declare under penalty of law that all statements of fact contain	ned herein						
	are true, complete, and [18 U.S.C., Section 100]		to the best of my knowledge, information, and belief, and are made in good faith.							
	•	. (•							
1										
1		X	/s/ John Feehan							
1	-									
			electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso	or in the box and press the						
	,	"F2" but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu	us compatibility settings.						
	Typed or printed name: JOHN FEEHAN									
		7. · ·	·							
			050							
		Title:	CFO (Title of official position held in corporation or partnership)							
			Control of participation of participatin							
	ı	Date:	February 28, 2018							
	1	J 410.								

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 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 telephor 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 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

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 31268	Name
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 in the paper SA3 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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS 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 in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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 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 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: 2017/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABI	LE SYSTEM:			SY	STEM ID#					
1	WAVE DIVISION HOLD	INGS LLC				31268					
	SUM OF DSEs OF CATEGO										
	 Add the DSEs of each statio 										
	Enter the sum here and in line	e 1 of part 5 of this	schedule.		0.25						
	Instructions:					<u> </u>					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
	of space G (page 3).										
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
of DSEs for	mercial educational station, gi	ive the DSE as ".2		10. DOE:							
Category "O"	CALL CION	DOE	CATEGORY "O" STATION		CALLOION	DOE					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
10W3.											
		····				•					
		<u> </u>									
		···									
		<u></u>									
											
		···									
		···									

		<u> </u>									

Name									
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For figure should correct Column 3: For Column 4: Die be carried out at least the Column 5: For give the type-value Column 6: Me	e call sign of all dista or each station, give the espond with the information each station, give the vide the figure in colu- east to the third decir or each independent site as ".25."	ne number of hours mation given in spane total number of himn 2 by the figure in all point. This is the station, give the "typlumn 4 by the figure illumn 4 by the figure.	your cable systemed J. Calculate on ours that the station column 3, and go "basis of carriage e-value" as "1.0."	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in	tion during the accounting the station. For the air during the accordecimals in column 4. The station. The or noncommercial edurence of the column 6. Round to no	ounting period. his figure must cational station,		
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	ON AIR + = X = X = + = X = NS: Ithis schedule,					
						x x			
			÷	=		x	=		
							····		
	Add the DSEs of ea			e,		0.00			
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted								
	•	SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	1		
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		OF	OF DAYS	4. DSE	
		÷		=		÷		=	
		÷		=		÷		=	
		÷		=		÷		=	
		÷		=		÷		=	
	Add the DSEs of ea			e,		0.00			
5 Total Number of DSEs		plicable to your systen Es from part 2● Es from part 3●		s in parts 2, 3, and	4 of this schedule	e and add them to provide	0.25		
	TOTAL NUMBER O	PF DSEs						0.25	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF C							S	YSTEM ID# 31268	Name
Instructions: Bloc In block A:									G
 If your answer if 'schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if '	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable syster effect on June 24, Yes—Com	1981?	outside of all i	major and sma		efined under s			gulations in	3.75 Fee
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric	ules and reguled pursuant for as defined all educations detailed station (76.)	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag	usis on which you delow pertain to the rket quota rules [76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	se in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring	n June 24, 198), 76.61(b)(c), a) referring to 7 g to 76.61(d)	76.63(a) referring '6.61(e)(1	j tc	
	E Carried pursus *F A station pre	ant to individe viously carrie JHF station w	ual waiver of Fed on a part-tire	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBUT - CB	D	0.25				-			
		<u> </u>							
								0.25	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			-	0.25	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				0.25	
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				·	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 3. ACCOUNTING 6. PERMITTED 1. CALL 2. PRIOR 4. BASIS OF 5. PRESENT **PERIOD CARRIAGE** DSE DSE SIGN DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE CALL SIGN DSE CBUT - CBC 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,202,624.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.25	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	•	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	'	WAVE DIVISION HOLDINGS LLC	31268							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u> .							
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of packed "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	elow							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.									
	Castian	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 1,202,624	.00_							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.25							
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)	.98							
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 8,430.39								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	3,198.98							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	E DIVISION HOLDINGS LLC	31268	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) > \$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1)► \$		of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
		_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
IMPOR	TANT: It is no longer necessary to report tologision signals on a system wide basis. Carriage of tologision broads:	et signale shall	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe	e, to exclude	Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a	dvantage of this	of
	on, you must:		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant sta	tion you	Permitted
	to that community.	•	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were to the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each	section:		
	fy the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	l of the	
• If:	··· ·· 3 ·		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in t 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	nstructions	
• Comp page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the protection of the group's complement of stations and total gross receipts from the subscribers in that group). You do not need	at is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
WAVE DIVISION P	טוועט						31268	
В		COMPUTATION OF		TE FEES FOR EAC			LID	
COMMUNITY ASSE		SUBSCRIBER GROU	ור	COMMUNITY ASS		SUBSCRIBER GRO		9
COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIA	BOL	O/ LE CICIT	BOL	ON LEE CHOIN	BOL	O/ IEE OF OTT	502	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
		_						
								
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,202	,624.00	Gross Receipts Sec	cond Group	\$	0.00	
·	•							
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	<u>-</u>	-						
		-						
		_						
		_						
	<u> </u>	H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	<u></u>	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	17				p	<u>·</u>		
_	_							
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				Ш				
Paga Pata Fact Add 4	no hen e ===	to food for each auch -	ribor ara	as shown in the harr-	a abova			
Base Rate Fee: Add the Enter here and in block			inner group	as shown in the doxe	s above.	\$	0.00	
	.,	/ /L=3, /				·		

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 31268								Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of	
07.122 0.0.1	202	07.122 0.0.1	202	07.122.01.01.1	202	0/122 0.0.1	DSE	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
	<u></u>							for
	<mark></mark>							Partially
					·····			Distant
	<mark></mark>				·····	-	····-	Stations
	<u> </u>	H	···					
	<u></u>	H				-	·····	
		H				H		
•••••								
otal DSEs	•		0.00	Total DSEs	•	•	0.00	
ross Receipts First G	iroup	\$ 1,202	2,624.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
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intel DCCs			0.00	Total DCFa			0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the			criber group	as shown in the boxe	es above.	•	0.00	
nter here and in block	k 3, line 1,	space L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2017/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown