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 Period	2017/2				
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable syst or on the last day of a counting perioa	em the accounting period should s	ubmi	1498
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	WAVE DIVISION HOLDINGS LLC				
				6149820	172
				61498 2017	7/2
	401 KIRKLAND PARKPLACE SUITE500 KIRKLAND WA 98033				
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND		9.10 acai coo g.10	ορασο Δ.	
	MAILING ADDRESS OF CABLE SYSTEM: 401 KIRKLAND PARKPLACE SUITE 500  (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	only the frst comr	nunity served below and rel	st on page 1b	
Area	with all communities.	1			
Served	CITY OR TOWN	STATE			
First Community	SOUTH SAN FRANCISCO	CA			
-	Below is a sample for reporting communities if you report multiple cha	STATE	CH LINE UP	SUB GRP#	
	Alda	MD	A A	1	
Sample	Alliance	MD	В	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
WAVE DIVISION HOLDINGS LLC			61498							
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 frst 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.										
<b>Note:</b> 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 a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
SOUTH SAN FRANCISCO	CA	Α		First						
SAN FRANCISCO	CA	Α		Community						
BURLINGAME	CA	Α								
DALY CITY	CA	Α								
REDWOOD CITY	CA	A								
SAN MATEO	CA	Α		See instructions for						
				additional information on alphabetization.						
				on diphabetization.						
				Add rows as necessary.						
	<b></b>									


Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#
61498

## 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:						
<ul> <li>Service to first set</li> </ul>	9,384	\$	25.95			
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	279	\$	25.95			
Commercial						
Converter						
Residential						
Non-residential						
	[					

# F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RAT			CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>			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		
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:			Ī		
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	29.95	Ī		
Converter			Disconnect			Ī		
			Outlet relocation			Ī		
			<ul> <li>Move to new address</li> </ul>			Ī		
						ľ		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 61498 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 CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) KTVU - FOX 2 Ν No OAKLAND, CA KNTV - NBC 11 Ν No SAN JOSE, CA See instructions for additional information Ν **KRON - MyNetwo** 4 No SAN FRANCISCO, CA on alphabetization. Ν No **KPIX - CBS** 5 SAN FRANCISCO, CA 36 ı No **KICU - Plus** SAN JOSE, CA **KGO TV- ABC** 7 Ν No SAN FRANCISCO, CA KTSF - Independe 26 No BRISBANE, CA ı **KQED - PBS** 9 Ε No SAN FRANCISCO, CA **KQED Plus - PBS** 9.2 Ε No SAN FRANCISCO, CA **KBCW - CW** Ν No 44 SAN FRANCISCO, CA **KOFY** - Independe 20 ı No SAN FRANCISCO, CA **KKPX - ION** 65 Ν No SAN JOSE, CA 60 KCSM - Independ Ν No SAN MATEO, CA **KSTS - Telemund** 48 Ν No SAN JOSE, CA KTNC - SF 42 Ν No CONCORD, CA 38 Ν KCNS - SBN No SAN FRANCISCO, CA N KTLN - TLN 68 No SAN RAFAEL, CA KMTP - Independe 32 Ν SAN FRANCISCO, CA No

**ACCOUNTING PERIOD: 2017/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 61498 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 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.

ST 3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
BER STATIO	(Yes or No)	CARRIAGE (If Distant)	b. Education of Station
2 N	No		SAN FRANCISCO, CA
3 E	No		SAN FRANCISCO, CA
.4 E	No		SAN FRANCISCO, CA
3 E	No		SAN FRANCISCO, CA
.3 E	No		SAN FRANCISCO, CA
3 N	No		SAN FRANCISCO, CA
.2 N	No		SAN JOSE, CA
2 N	No		SAN FRANCISCO, CA
3 N	No		SAN FRANCISCO, CA
.2 l	No		SAN JOSE, CA
.3 I	No		SAN JOSE, CA
2 N	No		OAKLAND, CA
		1	
	.2 I	.2 I No .3 I No	.2 I No .3 I No

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61498 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.								S PERIOD: 2017/			
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE							SYSTEM ID# 61498	Namo			
In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pening that must	nnetwork televis eriod, under spe st be included ir	sion program broadcast by a ecific present and former FC n this log, see page (v) of th	distant station	ations, or a	uthorizations	. For a further	Substitute Carriage:			
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> </ul>											
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr	titute progratice, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast static attant and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach additional nnetwork televition and that your authorization of use general case and the station broadca on's location (thous, if any, the when your system of a program carrielisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program 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 iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the letters	during the ramming ons located List spec List spec nsed by the stiffied). numerals List the till 8:30 p.m. our system ter "P" if the	e accounting of another state in the paper iffic program he FCC or, in with the momes accurate should be near the listed pro	ation r onth ely				
effect on October 19, 1976.		TE DDOODAN		1 1	EN SUBS		7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	IAGE OC 6. FROM	TIMES	FOR DELETION				
	163 01 140	OALL SIGIV	4. STATIONS ESCATION	AND DAT	TROW	<u>— то</u>					
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
WA	AVE DIVISION HOLDINGS LLC	61498	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)									
IMF	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,489,484.00 (Amount of gross 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 book 3 below.	be entered on line 1 of							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block							
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	ould be entered on line							
Block 1	Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at								
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.								
	This is your minimum fee.	\$ 15,848.11							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check							
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	<b>\$</b> -							
	Line 2. <b>3.75 Fee:</b> 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	\$ -							
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	\$ 15,848.11	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		submitting additional deposits under						
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact						
	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	\$ 16,573.11	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							

Nama	LEGAL NAME OF OWNER OF O	CABLE S	YSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HO	LDING	SS LLC	61498						
	CHANNELS									
M	Instructions: You mus	st give	(1) the number of channels on which the cable system carried television broadcast	st stations						
1	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	1 Enter the total number	or of o	sangle on which the cable							
1			nannels on which the cable backast stations	32						
	,									
	2. Enter the total number									
	•	•	arried television broadcast stations	396						
	and nonbroadcast ser	I VICES								
Z	INDIVIDUAL TO BE CO	ONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
	we can contact about the	this sta	ement of account.)							
Individual to Be Contacted										
for Further	Name OXANA S	sosk	OVA Telephone	425-576-8200						
Information										
			D PARKPLACE SUITE 500							
	`		oute, apartment, or suite number)							
	KIRKLAN (City, town, state		A 98033							
				0004						
	Email ta	ax.de	pt@wavebroadband.com Fax (optional) 425-576	-8221						
0	CERTIFICATION (This s	stateme	ent of account must be certifed and signed in accordance with Copyright Office re	guiations.						
Certifcation	• I the undersigned here	ebv cer	tify that (Check one, but only one, of the boxes.)							
Continuation	i, the undereigned, here	CDy CCI	any that (check the, but only the , of the boxes.)							
	(Owner other than co	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or						
			<ul> <li>corporation or partnership) I am the duly authorized agent of the owner of the cab that the owner is not a corporation or partnership; or</li> </ul>	ole system as identified						
	(Officer or partner)	l am a	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system						
	in line 1 of space		rollicer (ii a corporation) or a partiter (ii a partitership) or the legar entity identified as t	owner of the cable system						
	I have examined the sta	tatemen	t of account and hereby declare under penalty of law that all statements of fact contain	ined herein						
	are true, complete, and o	correct	to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001	1(1986)								
		X	/s/ John Feehan							
		nter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
	(e	e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot							
	1.2 batton, then type is and your marile. I ressing the 1 batton will avoid enabling excers Lotus compatibility Settings.									
	T	Typed o	or printed name: JOHN FEEHAN							
,										
1	Ti	Γitle:	CFO (Title of official position held in corporation or partnership)							
			(							
,	D	Date:	February 28, 2018							

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:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	61498	Name
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 1 lowing sentence:  "In determining the total number of subscribers and the gros service of providing secondary transmissions of primary brog scribers and amounts collected from subscribers receiving s  For more information on when to exclude these amounts, see the n paper SA3 form.  During the accounting period did the cable system exclude any amounded by satellite carriers to satellite dish owners?  X NO	s amounts paid to the cable system for the basic adcast transmitters, the system shall not include subsecondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	<b>\$</b>	
	Name Mailing Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments subm For an explanation of interest assessment, see page (viii) of the get		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 .	x days	
Line 3 Multiply line 2 by the number of days late and enter the sun		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)	_	
* To view the interest rate chart click on <a href="www.copyright.gov/lices">www.copyright.gov/lices</a> contact the Licensing Division at (202) 707-8150 or licensing@		
** This is the decimal equivalent of 1/365, which is the interest a	assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of accouplease list below the owner, address, first community served, accoupling.	1	
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											
1	LEGAL NAME OF OWNER OF CABL				S	STEM ID#					
•	WAVE DIVISION HOLDI	NGS LLC				61498					
	SUM OF DSEs OF CATEGOR		NS:								
	Add the DSEs of each station		0.00								
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00						
2	Instructions:										
2	In the column headed "Call S	Sign": list the ca	Ill signs of all distant stations	s identified by t	the letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0": for	each network or noncom-						
of DSEs for	mercial educational station, give			,							
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rouse on											
Add rows as											
necessary. Remember to copy											
all formula into new											
rows.											
TOWS.											
						***************************************					
						***************************************					
						***************************************					
•	L			I	. 4	l					

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				•	61498
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu- 4: at least to the third decir 5: For each independent s value as ".25." 5: Multiply the figure in co- point. This is the station's	he number of h mation given in he total number umn 2 by the fig mal point. This i station, give the flumn 4 by the fi	ours your cable syste space J. Calculate or of hours that the stat ure in column 3, and s the "basis of carriags "type-value" as "1.0.' igure in column 5, and gigure in column 5, and sigure in colum	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the ' For each netwo	ation during the accounti each station. ver the air during the acc decimals in column 4. T station. ork or noncommercial ed in column 6. Round to no	ounting period. This figure must ucational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE
			÷		= <u> </u>	<u>x</u>	<u>=</u>	
						x x		
			÷	:	=	x		
			÷		=	x	=	
							<u>=</u> =	
			÷	:	=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I).     Column 2: at your option.     Column 3: Column 4:	e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a pro- as shown by th ork programs du number of live, spond with the i is in the calenda in 2 by the figur (For more infor	gram that your systen e letter "P" in column iring that optional carr, nonnetwork program nformation in space I. r year: 365, except in re in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC ruled dy the word "Yes" in column stitution for programs that column 4. Round to no lethe general instructions	2 of t were deleted ss than the third	orm).
	1			BASIS STATION			T	T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY: IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷ -	=
		÷		=			÷	
		÷		=			÷	=
		÷		=			÷ -	
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.00		-
5		ER OF DSEs: Give the am s applicable to your system		poxes in parts 2, 3, and	4 of this schedul	le and add them to provid	e the tota	
Total Number	1. Number o	f DSEs from part 2 ●				<b>•</b>	0.00	4. DSE
of DSEs		f DSEs from part 3 ●				<b>&gt;</b>	0.00	
	3. Number o	f DSEs from part 4 ●				<b>&gt;</b>	0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.00

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

LEGAL NAME OF C							S'	YSTEM ID# 61498	Name
								01490	
Instructions: Block A:				7 (11 005 1			10 ( 10) (		6
schedule.				7 of the DSE sche	edule blank a	na complete pa	art 8, (page 16) of	tne	6
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
_	olete blocks B and								
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN		ne DSE Sche	dule. (Note: T	ne 25, 1981. For for the letter M below r Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	sis on which you o elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		ı tc	
CANNAGE	B Specialty stati C Noncommeric D Grandfathered	cal educational data	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	instructions for E Carried pursus	ant to individ	ual waiver of F	, ,					
	•	JHF station v	/ithin grade-B	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
	W Neuanamaan	on or a distar	it muiticast str	sam.					
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				_	
Line 2: Enter the								-	
Line 3: Subtract	line 2 from line 1	1. This is the	e total numbe	r of DSEs subject	t to the 3.75	rate.			
				7 of this schedu				0.00	5 (1)
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here				X 0.00	<del>, , , , , , , , , , , , , , , , , , , </del>	partially permited/ partially
							х	_	nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3					-	If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	WAVE DIVISION								S	#STEM ID# 61498	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programing: (e)(3)). arriage under all instructions the station's let the DSE figure B, column 3 information yet.	1981, under forme ach distant station his station for a sing period and year arriage on which the regulations cited be mming: Carriage, ()(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 OSE for the curren ures listed in column of part 6 for this state un give in columns	er FCC rules govidentifed by the gle accounting in which the car he station was to be low pertain to born a part-time borning to 76.61(e) C rules, section regulations, or form.  t accounting per and 5 and attion.  2, 3, and 4 musting the gless of the section of	/er let per ria arritho asi (1) s 7 aurio lis	entifed by the letter "F" rning part-time and subter "F" in column 2 of priod, occurring between the priod of	estitute carricant 6 of the n January 1 (e.g., 1981/e following 4, 1981. and under carricant carries and carries and the carries and the figures here are the carries and the carries and the figures here are the carries and the carries are	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedu	ections  vi) of the should be	981 e entere	
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
İ	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
1	5.5.1	301		_		0, 1, 1, 1, 1, 1, 1				202	
					••••						
											-
<b>7</b> Computation of the Syndicated	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete	•	art 8 of the DSE sched					
Exclusivity			ВСОС	K A. WAJOK	11	ELEVISION WARK	<u> </u>				_
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	X Yes—Complete	e blocks B and	IC.			No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VH	F/Grade B Contou	Stations		BLOC	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	X Yes—List each s No—Enter zero a			mitted DSE		X Yes—List each st No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
							<b> </b>				
				-			<del> </del>				
		_	TOTAL DSEs	0.00			_	TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,489,484.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined 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 DS is 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 DS is 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			STEM ID#
	'	WAVE DIVISION HOLDINGS LLC	61498
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
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 me 6 was 6 In blo If you If you blank What i	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ock 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 below is 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 e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our 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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 1,489,484.00	-
	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.)	_
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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)	_
		B. Enter 0.00701 of gross receipts  (the amount in section 1)	
		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 ▶ \$ -	-
		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	<u></u> .

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	•
WAVE DIVISION HOLDINGS LLC	61498	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) <b>\$</b>		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) <b>&gt;</b> _		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 <b>\$</b>		
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	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip	ū	9
Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computing your bas	se rate fee, to exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts.		of
exclusion, you must:		Base Rate Fee and
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. D		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base ra	ate fee for each group.	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your sy		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exalso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially d	istant station you	Permitted Stations
carried to that community.  Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscriber	rs were located	
outside the station's local service area. A subscriber located outside the local service area of a station is distant the same 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		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations system will have only one subscriber group when the distant stations it carried have local service areas that coin		
<b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of groups.	your system's subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is dis</li> </ul>	stant to all of the	
subscribers in the group.		
• If:		
<ol> <li>your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,</li> </ol>	gave it in 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 g part 6 of this schedule.	ave it in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.	general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedu page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do	group (that is, the total	

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

actual calculations on the form.

LEGAL NAME OF OWN						S	YSTEM ID#	Name	
WAVE DIVISION I	HOLDING	SS LLC					61498	ivaine	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA	South 9	San Francisco, Sa	ın Franc	COMMUNITY/ ARE	A		0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				-		<u> </u>		Base Rate Fe	
			<b></b>					and	
		_	<b></b>					Syndicated	
	<del></del>		<b></b>	-	<u></u>			Exclusivity	
			<b></b>		·····			Surcharge for	
		-	<b>+</b>		·····			Partially	
			<b>+</b>					Distant	
		-	<b>+</b>		•••••			Stations	
		<b>-</b>							
		H							
			ļ						
			<b></b>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$ 1,489	,484.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	<b>c</b>	0.00	Base Rate Fee Sec	and Croup	•	0.00		
Dase Rate Fee First G	поир	\$	0.00	Dase Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
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WAVE DIVISION H	IOLDING	SS LLC					61498	Name
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ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
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otal DSEs			0.00	Total DSEs			0.00	
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				as shown in the boxe				

ACCOUNTING PERIOD: 2017/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 61498 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