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 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 account conducts the busine If there were different owners during the accounting period, only the owner as ingle statement of account and royalty fee payment covering the entire accounting the instance of the cable system is a single statement of account and royalty fee payment covering the entire accounting the cable system is first filing. If not, enter the system's ID	ess of the cable system on the last day of the counting perion	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	WAVE DIVISION HOLDINGS LLC			
				6264520172
				62645 2017/2
	401 KIRKLAND PARKPLACE SUITE500			
	KIRKLAND WA 98033			
	NOTELIOTIONS IN THE STATE OF TH	Leader death of the		
С	<b>INSTRUCTIONS:</b> 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:			· · · · · · · · · · · · · · · · · · ·
	WAVE BROADBAND			
	MAILING ADDRESS OF CABLE SYSTEM:			
	401 KIRKLAND PARKPLACE SUITE 500 2 (Number, street, rural route, apartment, or suite number)			
	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	only the fret comp	nunity served below and rel	ist on nage 1h
_	with all communities.	orny the not com	numity served below and ref	of on page 15
Area Served	CITY OR TOWN	STATE		_
First	CONCORD	CA		
Community	Below is a sample for reporting communities if you report multiple cha		naco G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A A	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3
i e				

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			62645				
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.							
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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İf	you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-commu 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 by	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
CONCORD	CA	Α		First			
WALNUT CREEK	CA	Α		Community			
CONTRA COSTA COUNTY	CA	A					
PLEASANT HILL	CA	A					
MARTINEZ	CA	Α					
				See instructions for additional information			
				on alphabetization.			
				Add rows as necessary.			
				Add Tows as flecessary.			
			•••••••••••••••••••••••••••••••••••••••				


Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#
62645

## 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	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential: • Service to first set	14,162	\$	25.95			
Service to additional set(s)     FM radio (if separate rate)						
Motel, hotel	468	\$	25.95			
Commercial Converter		<b> </b>				
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.

		BLO	CK 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					
<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		

LEGAL NAME OF OWN					SYSTEM ID#	Name	
WAVE DIVISION	N HOLDING	S LLC			62645		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
•		,	, ,		s 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 substitute program basis, as explained in the next paragraph.							
				s carried by your o	cable system on a substitute program	Transmitters: Television	
basis under specifc FC	C rules, regula	ations, or auth	norizations:				
<ul> <li>Do not list the station station was carried</li> </ul>	•		t it in space I (th	e Special Statem	ent and Program Log)—if the		
<ul> <li>List the station here,</li> </ul>	and also in spa	ace I, if the sta			tute basis and also on some other		
basis. For further in in the paper SA3 for		erning substit	tute basis statio	ns, see page (v) o	of the general instructions located		
		sign. Do not r	report origination	n program service	es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- h stream separately; for example		
WETA-simulcast).			•	`	, , ,		
					tion for broadcasting over-the-air in may be different from the channel		
on which your cable sy	stem carried th	ne station.		•	•		
					ependent station, or a noncommercial		
					cast), "I" (for independent), "I-M" commercial educational multicast).		
For the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in t	he paper SA3 form.		
planation of local service				**	es". If not, enter "No". For an ex- e paper SA3 form.		
Column 5: If you ha	ave entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your		
cable system carried th carried the distant stati		•	٠.	•	tering "LAC" if your cable system capacity		
For the retransmissi	ion of a distant	multicast stre	eam that is not s	subject to a royalty	y 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 tion "E" (exempt). For s	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	senting the prima	ry transmitter, enter the designa- ther basis, enter "O." For a further		
the cable system and a tion "E" (exempt). For s explanation of these th	a primary trans simulcasts, also ree categories	mitter or an a o enter "E". If , see page (v)	ssociation repre you carried the ) of the general	senting the prima channel on any o instructions locate	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
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the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of the	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char cHANNEL NUMBER  2 3 4 5 36 7 26 9 9.2 11 44 20	mitter or an a conter "E". If , see page (v) ch station. For ins, if any, givened line-ups,  CHANN 3. TYPE OF STATION N N N N N N N N I E E N N I I	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate to the se	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle which the station is identified.  Channel line-up.  6. LOCATION OF STATION  OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. FOR	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char cHANNEL NUMBER  2 3 4 5 36 7 26 9 9.2 11 44 20 42	mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  N  N  N  N  N  I  E  E  N  N  N  N  N  N  N  N  N  N  N	ssociation repreyou carried the of the general for U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  by to which the station is licensed by the hamber which the station is identified.  channel line-up.  6. LOCATION OF STATION  OAKLAND, CA  SACRAMENTO, CA  SAN FRANCISCO, CA  CONCORD, CA	additional information	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  KTVU - FOX  KCRA - NBC  KRON - MyNetwo  KPIX - CBS  KICU - Plus  KGO-TV - ABC  KTSF - Independe  KQED - PBS  KQED Plus - PBS  KNTV - NBC  KBCW - CW  KOFY - Independe  KTNC - SF  KKPX - ION	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char channel.  2. B'CAST CHANNEL NUMBER  2  3  4  5  36  7  26  9  9.2  11  44  20  42  65	mitter or an a conter "E". If , see page (v) ch station. For ins, if any, givened line-ups,  CHANN 3. TYPE OF STATION N N N N N N N N I E E N N I I	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate to the se	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle when which the station is identified.  channel line-up.  6. LOCATION OF STATION  OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. FOR	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 5 36 7 26 9 9.2 11 44 20 42 65 32	mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  N  N  N  N  I  E  E  N  N  N  I  I  N  I  N  I  I  N  N  I  I	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate of the se	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle which the station is identified. It is channel line-up.  6. LOCATION OF STATION  OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. FOR MEXICAL SIGN  KTVU - FOX  KCRA - NBC  KRON - MyNetwo  KPIX - CBS  KICU - Plus  KGO-TV - ABC  KTSF - Independe  KQED - PBS  KQED Plus - PBS  KNTV - NBC  KBCW - CW  KOFY - Independe  KTNC - SF  KKPX - ION	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 5 36 7 26 9 9.2 11 44 20 42 65 32	mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  N  N  N  N  N  I  E  E  N  N  N  N  N  N  N  N  N  N  N	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate to the se	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle when which the station is identified.  channel line-up.  6. LOCATION OF STATION  OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. FOR	a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char channel 2. B'CAST CHANNEL NUMBER 2 3 4 5 36 7 26 9 9.2 11 44 20 42 65 32 48	mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  N  N  N  N  I  E  E  N  N  N  I  I  N  I  N  I  I  N  N  I  I	ssociation repreyou carried the of the general for U.S. stations, the the name of the use a separate of the se	senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle which the station is identified. It is channel line-up.  6. LOCATION OF STATION  OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	

**ACCOUNTING PERIOD: 2017/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 62645 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 AB								
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				
KCNS - SBN	38	N	No		SAN FRANCISCO, CA				
KRONDT3 - get T	4.3	N	No		SACRAMENTO, CA				
KNTVDT2 - Cozi	11.2	N	No		SAN JOSE, CA				
KPIXDT2 - Decad	5.2	N	No		SAN FRANCISCO, CA				
KGODT3 - Laff	7.3	N	No		SAN FRANCISCO, CA				
KQED Life	54.3	E	No		SAN JOSE, CA				
KQED World	9.3	E	No		SAN FRANCISCO, CA				
KQED Kids	9.4	E	No		SAN FRANCISCO, CA				
KQEHDT5 - PBS	54.4	E	No		SAN JOSE, CA				
KICU - CCTV New	36	I	No		SAN JOSE, CA				
KICU - KBS	36.2	I	No		SAN JOSE, CA				
KSTSDT2 - TeleX	48.2	N	No		SAN JOSE, CA				
KTVU - LATV	2.2	N	No		OAKLAND, CA				
	<b>†</b>	1							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62645 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	PERIOD: 2017/2
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name
WAVE DIVISION HOLE	DINGS LLO	C					62645	
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	cable syst	tem carried on a	I
substitute basis during the a								Cook attituda
explanation of the programm				e general instr	uctions loc	cated in the	paper SA3 form.	Substitute Carriage:
<ul> <li>SPECIAL STATEMENT</li> <li>During the accounting per broadcast by a distant star</li> </ul>	iod, did you			s, any nonne	twork tele		gram s XNo	Special Statement and
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ıst comple			Program Log
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 broatthe 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."	titute progra ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork televion and that your or authorization at use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball".  o." m. station is lice station is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the let	during the ramming on slocated List special sp	e accounting another of another o	ng station per m , in month rately	
	NI IRSTITI IT	E PROGRAM	1		EN SUBS	TITUTE CURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES	FOR DELETION	
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	<del> </del>							
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

	AL NAME OF OWNER OF CABLE SYSTEM:	SYST	TEM ID#
WA	VE DIVISION HOLDINGS LLC		62645 Name
Inst all a (as	OSS RECEIPTS  tructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary transmission service	K Gross Receipts
IMF	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 2,255,11 (Amount of gross receipts)	2.00
• Cor • Cor • If your fee • If you	(RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e 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	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  Line 2. Multiply the amount in line 1 by 0.01064		2.00
	Enter the result here.		
	This is your minimum fee.	\$ 23,99	14.39
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 colui "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	\$	
	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	\$ 23,99	04.39 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	ır	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)		Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 72	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	\$ 24,71	9.39 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	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	62645
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations  396	
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further	Name OXANA SOSKOVA Telephone 425-576-8200	
	Address 401 KIRKLAND PARKPLACE SUITE 500 (Number, street, rural route, apartment, or suite number)	
	KIRKLAND WA 98033	
	(City, town, state, zip)	
	Fmail tay dont@wayohroadhand.com Fay (antional) 425 576 9221	
	Email tax.dept@wavebroadband.com Fax (optional) 425-576-8221	
	CERTIFICATION (This statement of country with a satisfied and six and in country with Country to Co	
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifi in line 1 of space B and that the owner is not a corporation or partnership; or	ied
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable s in line 1 of space B.	ystem
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ John Feehan	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and pres "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	
	Typed or printed name: JOHN FEEHAN	
	Title: CFO  (Title of official position held in corporation or partnership)	
	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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	62645	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 additional lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO	he basic include sub- iion 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	derpayment.	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 herex	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	st charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assist 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 O please list below the owner, address, first community served, accounting period, and ID number as given in 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						<del></del>				
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM									
•	WAVE DIVISION HOLDINGS LLC 626									
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:							
	Add the DSEs of each station				2.22					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00					
	Instructions:									
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE"	' for each inden	endent station, dive the DSI	= ae "1 ()": for	each network or noncom-					
of DSEs for	mercial educational station, give			_ 43 1.0 , 101	each network of noncom-					
Category "O"	, 3		CATEGORY "O" STATION	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						***************************************				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				•	62645
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 nal point. This i station, give the lumn 4 by the f	ours your cable syste space J. Calculate or or of hours that the stat pure in column 3, and is the "basis of carriage "type-value" as "1.0.' igure in column 5, and igure in column 5,	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 accounting each station.  ver the air during the accounting the	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>	x	=	
				:		X X		
			÷		=	x		
			÷	:	<b>=</b>	x		
							= =	
			÷	:		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	<ul> <li>Instructions:</li> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: <ul> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</li> </ul> </li> </ul>							
				BASIS STATION				
	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
		÷		=			÷ -	=
		÷		=			<del>-</del> ÷	=
		÷		=			÷	=
		÷		=			÷ -	
	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 provide	e the tota	
Total Number	1. Number o	f DSEs from part 2●				<b>•</b>	0.00	
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# 62645	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
,	, <u> </u>			ELEVISION M	ARKETS				Computation of
l <u>—</u>		schedule—[	•					gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations  and regulations	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fu 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 rd A Stations carring 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ales and regued pursuant to on as defined al education of the station (76.) or DSE sched ant to individually carries the station will be stati	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e)	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s une 25, 198	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet 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	
							<del> </del>		
							<b>†</b>		
<u> </u>							ļ		
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				<u>-</u>	
Line 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove			1		
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.	<u>.</u>	0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

Name	WAVE DIVISIO								s	4STEM ID# 62645
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 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  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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									
	1. CALL SIGN	2. PRIO	OR 3. ACC	COUNTING ERIOD		4. BASIS OF CARRIAGE	5. PF	RESENT	6. P	ERMITTED DSE
	SIGN	DSE	Pt	_				JSE		DSE
					•••••				••••••	
<b>7</b> Computation of the		"Yes," comple	· ete blocks B and C,		pa	art 8 of the DSE sched	ule.			
Syndicated			BLOCK	( A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity Surcharge	Is any portion of the or	cable system v	vithin a top 100 majo	or television mar	ket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
C	X Yes—Complete	•				No—Proceed to			,	
	BLOCK B: C	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSE	8
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	in block B le system p	of part 7 carrie	d in any	commu-
	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	SN	DSE
								-		
		<del></del>	TOTAL DSEs	0.00			!	TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	520.0	
Section	Enter the amount of gross receipts from space K (page 7)	2,255,112.00	7
1 Section	Enter the amount of gross receipts from space K (page 7)	2,255,112.00	•
	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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 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			SYSTEM ID#
	١	WAVE DIVISION HOLDINGS LLC	62645
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity 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  \$\Bigsim \text{\$\sum_{\text{sure}}\$}\$	
•		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 pa	62645
8	6 was	checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bek	ow
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "locale area," see page (v) of the general instructions.	11
	301 1100	s area, see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	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) ▶ _ \$ 2,255,112.0	00_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ <b>0.</b>	00
	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:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
Section  If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State		8
B. Enter 0.00701 of gross receipts  (the amount in section 1)   ▶ \$		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b></b> ►		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	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television stead be reported on a community-by-community basis (subscriber groups) if the cable system reported means		9
Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computing you receipts from subscribers located within the station's local service area, from your system's total gross receives exclusion, you must:		Computation of Base Rate Fee
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers the station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable syste DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate ba <b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for you	em. Determine the number of use rate fee for each group.	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is r also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both blo if your cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partial carried to that community.	ally distant station you	for Partially Permitted Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscoutside the station's local service area. A subscriber located outside the local service area of a station is distant to 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 the 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	ations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for ea groups.	ch of 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 subscribers in the group.</li> </ul>	is distant to all of the	
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE a and 4 of this schedule; or,</li> </ul>	s you gave it in parts 2, 3,	
<ul><li>2) any portion of your system is located in a major or smaller televison market, give each station's DSE as y part 6 of this schedule.</li></ul>	ou gave 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) or in the paper SA3 form.	of the general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this scl page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscr DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). Y actual calculations on the form.</li> </ul>	riber group (that is, the total	

LEGAL NAME OF OWNE WAVE DIVISION H						S	YSTEM ID# 62645	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA CONCORD, WALNUT CREEK, CO				COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<b>-</b>					Exclusivity
			<b></b>					Surcharge for
		-	•		•••••			Partially
		_						Distant
								Stations
		-						
			<u> </u>					
			<del></del>					
Total DSEs	1	I I	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roun	\$ 2,255	,112.00	Gross Receipts Seco	and Group	\$	0.00	
Cross resolpto r not C	ющр		,	Cross rescipts cost	ona Group	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<b>-</b>					
		-						
			<u> </u>					
			<del></del>					
••••••					•••••			
Total DSEs	•		0.00	Total DSEs	<b>.</b>		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$	0.00	

WAVE DIVISION F	IOLDING						62645	
В				TE FEES FOR EAC			LID.	
201111111111111111111111111111111111111		SUBSCRIBER GRO		0014141417		SUBSCRIBER GRO		9
COMMUNITY/ AREA	CONC	ORD, WALNUT C	KEEK, C	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
						<b></b>		Exclusivit
						<u> </u>		Surcharge
						-		for
		-				H		Partially Distant
	·		···		·····	<b>-</b>		Stations
	•	-	···		••••	<u> </u>	····	Otationo
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,255	5,112.00	Gross Receipts Sec	ond Group	\$	0.00	
. 150 . Goodpio i not O	. ~~P		.,	3.000 1.000.00	J. Jup	·		
a <b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	)UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
	·- <mark></mark>	 			·····			
			<del></del>		·····	<b></b>	·····	
			•••			+		
					•••••			
otal DSEs			0.00	Total DSEs			0.00	
	Na	•			maths O	•	•	
Gross Receipts Third (	oroup	\$	0.00	Gross Receipts Fou	ıın Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

ACCOUNTING PERIOD: 2017/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 62645 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 Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown