This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/29/2018	\$ 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

	1	
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Declarate Invested Invested Invested Indiana December 24
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
		Janoba Jana I ming I oned (optional cool monatorio)
Accounting Period		
		Instructions:
_		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title
В		of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WAVE DIVISION HOLDINGS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		401 KIRKLAND PARKPLACE SUITE 500
		(Number, street, rural route, apartment, or suite number)
		KIRKLAND WA 98033 (City, town, state, zip)
	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		WAVE BROADBAND
		MAILING ADDRESS OF CABLE SYSTEM:
	2	401 KIRKLAND PARKPLACE SUITE 500 (Number, street, rural route, apartment, or suite number)
	_	KIRKLAND WA 98033
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WAVE DIVISION HOLDINGS LLC	14342
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mobi	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	GARBERVILLE	CA
Community		
Add Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14342

### WAVE DIVISION HOLDINGS LLC

## E

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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:	289	62.39				
<ul> <li>Service to first set</li> </ul>						
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	23	62.39				
Commercial						
Converter						
Residential						
Non-residential						
		1		1	T	

# 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE R	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	11.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95	Burglar protection			
Additional set(s)	14.95	Other services:			
• FM radio (if separate rate)		Reconnect	29.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14342

### WAVE DIVISION HOLDINGS LLC

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**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 multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** 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 identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
IEM - NBC	3	N	EUREKA, CA
(GO-TV - ABC	7	N	SAN FRANCISCO, CA
KEET - PBS	13	E	EUREKA, CA
KVIQ - CBS	17	N	EUREKA, CA
KBVU – FOX	28	N	EUREKA, CA
KECA - MyNetworkTV	29.2	N	EUREKA, CA
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	, and the second		
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ounting Period:	2018/1			FORM SA1-2E. PAGE			
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	WAVE DIVISION HOLI	DINGS LLC		1434			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	In General: In space G, ide carried by your cable system	me basis under					
Primary	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						
ransmitters:							
Television			arried by your cable system on a sub	stitute program			
		les, 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 <i>only</i> 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.						
	Column 1: List each station's call sign. <i>Do not</i> 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 multistream "WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC 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.						
	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 (iv) of the general instructions in the paper SA1-2 form.						
	<b>Column 4:</b> 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 identified.						
	PCC. FOI MEXICALI OF CALLAC	nan stations, if any, give the name of	the community with which the station i	is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	***************************************						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### WAVE DIVISION HOLDINGS LLC

14342

### PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
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	od: 2018/1 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				. 31	SYSTEM ID					
Name	WAVE DIVISION HOLI							14342					
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G								
ı	In General: In space I, iden												
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special tement and	During the accounting per				sis, any nonn	etwork te	evision pro	gr <u>am</u>					
ogram Log	broadcast by a distant station?							X NO					
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the pro-												
	log in block 2.  2. LOG OF SUBSTITUT	E DROGR	AMS.										
	In General: List each subs	stitute progr	am on a separ		s wherever po	ssible, if	heir meanir	ng is					
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram") th	at during	the accour	nting					
	period, was broadcast by a												
	under certain FCC rules, re												
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progra	im titles, for e	xample,	Love Lucy	or					
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter "									
				asting the substitute prograthe community to which the		ensed by	the ECC or	in					
	the case of Mexican or Ca						lile FCC 0i	, 111					
			when your sy	stem carried the substitute	program. Us	se numera	ls, with the	month					
	first. Example: for May 7 g		e substitute nr	ogram was carried by you	r cable syster	n List the	times accu	rately					
	to the nearest five minutes												
	stated as "6:00–6:30 p.m."		listed pregram	n was substituted for area	rammina that			u ino al					
					Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required								
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in												
	was substituted for prograi							rogram					
	was substituted for prograi effect on October 19, 1976	mming that						rogram					
		mming that			ler FCC rules		ations in	rogram					
	effect on October 19, 1976	mming that		as permitted to delete und	ler FCC rules	and regu N SUBST AGE OCC	ations in Ture	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES						
	effect on October 19, 1976	mming that	your system w	as permitted to delete und	WHE	and regu N SUBST AGE OCC	ations in Ture	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
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	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
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	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					
	effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHEI CARRI  5. MONTH	and regu N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FO					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM I 143
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	nission service amount, see	
	during the accounting period	\$ 115 (Amount of gro	5,626.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	5263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	Enter the amount of gross receipts from space K	<u> </u>	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	•	
	FILING FEE AND TOTAL REMITTANCE DUE		
Eiling Eco and			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00

Accounting Period:	d: 2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14342
M Channels	CHANNELS 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.	
Oldinois	Enter the total number of channels on which the cable     system carried television broadcast stations	31
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	306
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	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)	
	Email tax.dept@wavebroadband.com Fax (optional) 425-576-8221	
_	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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 id in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(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 cain line 1 of space B.	able system
	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 to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: JOHN FEEHAN	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: 8/28/2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AVE DIVISION HOLDINGS LLC	14342
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number  First community served  Accounting period	

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