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		
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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2018/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should 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. 31268								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				31268	320181				
				31268	2018/1				
С	401 KIRKLAND PARKPLACE SUITE500 KIRKLAND WA 98033 INSTRUCTIONS: In line 1, give any business or trade names used to								
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	of the system, if di	Terent from the address giv	en in space	е в.				
System	1 WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM: 401 KIRKLAND PARKPLACE SUITE 500 (Number, street, rural route, apartment, or suite number) KIRKLAND WA 98033 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	munity served below and re	elist on pag	je 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	SEATTLE	WA							
Community	Below is a sample for reporting communities if you report multiple ch			1					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A		GRP#				
Sample	Alliance	MD	В		2				
	Gering	MD	В		3				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

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

WAVE DIVISION HOLDINGS LLC

31268

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	•	BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	6,555	\$ 25.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	722	\$ 25.95				
Commercial						
Converter						
 Residential 						
 Non-residential 						
		†				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

FORM SA3E. PAGE 3.					OVOTEM ID#	I
WAVE DIVISION					SYSTEM ID# 31268	Namo
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List each	s, identify every ystem during the ons in effect on .61(e)(2) and (is, as explaine tations: With I C rules, regula here in space only on a subs and also in spate formation concern. In station's call associated with	y television state he accounting in June 24, 1944), or 76.63 (from the next prespect to any attons, or auth G—but do list titute basis. In the state erning substitutes is gun. Do not reason a station accounting a station accounting accounting substitutes as a station accounting accounting accounting substitutes as a station accounting acco	g period, except 81, permitting th referring to 76.6° paragraph. distant stations orizations: t it in space I (that ation was carried trute basis station report origination cording to its over	(1) stations carried e carriage of certa 1(e)(2) and (4))]; a carried by your case Special Statemed both on a substitute, see page (v) of a program services er-the-air designat	and low power television stations) d only on a part-time basis under nin network programs [sections and (2) certain stations carried on a substitute program and Program Log)—if the sute basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi-	G Primary Transmitters: Television
WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service	e channel number. For example stem carried the in each case wentering the least), "E" (for noise terms, see lation is outside ce area, see parea, see pare	per the FCC he, WRC is Chane station. whether the stater "N" (for no commercial page (v) of the the local servage (v) of the	as assigned to to to to the annel 4 in Wash t	the television staticington, D.C. This in the station, an indefor network multicar "E-M" (for noncoptions located in the listant"), enter "Yeons located in the	s". If not, enter "No". For an ex- paper SA3 form.	
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	ACCOUNTIN	NG PERIOD: 2018/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	31268	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television s carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	*	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect 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 carriage of certain stations carriage of certain network programs [sect 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 carriage of certain network programs [sect 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 carriage of certain network programs [sect 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 carriage of certain network programs [sect 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 carriage of certain network programs [sect 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 carriage of certain network programs [sect 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carriage of certain network programs [sect 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carriage of certain network programs [sect 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain network programs [sect 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4),		Primary
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	e program	Transmitters: 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.	ne	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some		
basis. For further information concerning substitute basis stations, see page (v) of the general instructions lo	cated	

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).

in the paper SA3 form.

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 identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)		6. LOCATION OF STATION
KONG - Independ	16	I	No		EVERETT, WA
KTBW - TBN	20	N	No		SEATTLE, WA
KZJO - JOEtv	22	N	No		SEATTLE, WA
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA
KBTC - PBS	27	Е	No		TACOMA, WA
KWPX - ION	33	N	No		BELLEVUE, WA
KWDK - Daystar	56	N	No		TACOMA, WA
		<u> </u>			
		<u> </u>			
	.				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 31268 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM WAVE DIVISION HOLDINGS LL				S	31268	Name
SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting prexplanation of the programming that mu form.	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	Substitute
SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2.	ur cable systen	n carry, on a substitute bas	-	Yes	XNo	Carriage: Special Statement and Program Log
2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant sta under certain FCC rules, regulations, of SA3 form for futher information. Do no titles, for example, "I Love Lucy" or "NI Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast station the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulating gram was substituted for programming effect on October 19, 1976.	am on a separa attach addition innetwork televition and that your authorization of use general BA Basketball: deast live, entestation broadcon's location (tons, if any, the when your system carrollisted program carrons in effect d	nal pages. vision program (substitute pour cable system substitute is. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "leasting the substitute programe community to which the community with which the stem carried the substitute or carried the substitute or carried by your ied by a system from 6:01 in was substituted for programing the accounting period	orogram) that ed for the proper al instruction "basketball" No." am. a station is lice station is ide program. Use cable system 15 p.m. to 6:: amming that the left is station is the program.	during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in intified). The numerals, with the more accurate 28:30 p.m. should be a your system was require ther "P" if the listed pro	nth ely	
SUBSTITUT	E PROGRAM	l		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM 2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

LEG	AVE DIVISION HOLDINGS LLC			SYSTEM ID# 31268	Name		
Ins all a (as pag	ROSS RECEIPTS Itructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seculidentified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary	transmis e this an	sion service	K Gross Receipts		
• Cor • Cor • If you fee • If you	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of						
bloo ▶ If page 3 be	ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	entered	d on line	2 in block			
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee 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 Enter the result here. This is your minimum fee.	\$	Ψ	11,934.88			
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of the property of the p	nn 4, yo	ou must	check			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	11,934.88			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00			
	Line 3. Add lines 1 and 2 and enter here	\$		11,934.88			
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	11,934.88	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, ente zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	r		0.00	submitting additional deposits under Section 111(d)(7)		
	(Interest Worksheet)			0.00	should contact the Licensing additional fees.		
	Line 4. FILING FEE						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		12,659.88	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 pa	ige (i) of	the			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 31268
	WAVE DIVISION HOLDINGS LLC	31200
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	
	Enter the total number of activated channels on which the cable system carried television broadcast stations 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 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	
0	CERTIFICATION (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 identifed 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(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 system in line 1 of space B.	
	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 press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"
	Typed or printed name: JOHN FEEHAN	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: August 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 the 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 telephon 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 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	EM ID#	Nome
WAVE DIVISION HOLDINGS LLC	31268	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."		P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
\$ space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please		
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

DSE SCHEDULE, PAGE 11, (CONTINUED)

DSE SCHEDULE. PAGI	LEGAL NAME OF OWNER OF CAB	I E QVQTEM:			51	STEM ID#
1		J	31268			
	WAVE DIVISION HOLD					31200
	SUM OF DSEs OF CATEGO		NS:			
	Add the DSEs of each static		in a de a de da		4.00	
	Enter the sum here and in line	e i of part 5 of thi	is schedule.		1.00	
	Instructions:					
2	In the column headed "Call	Sign": list the ca	all signs of all distant stations	identified by the	ne letter "O" in column 5	
	of space G (page 3).		and and addison as in the DOI	= "4 O". F		
	In the column headed "DSE mercial educational station, g			as 1.0; for 6	each network or noncom-	
Category "O"	merciai educationai station, g	ive the DSL as .	CATEGORY "O" STATION	IS: DSEc		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Stations	CBUT - CBC	1.000	OALL GIGIT	DOL	OALL GIOIV	DOL
	CDO1 - CDC	1.000		ł		
						
Add rows as		<mark>.</mark>		 		
necessary.		<mark>.</mark>		ļ		
Remember to copy all				 		
formula into new						
rows.						

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				L		I

	LEGAL NAME OF OW	/NER OF CABLE SYSTEM:					SYSTEM ID#	
Name	WAVE DIVISION	ON HOLDINGS LLC					31268	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. 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. CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	4 0411						0.005	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS C D BY S M C	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	GE VALUE	6. DSE	
			÷		=	X	=	
			÷		=	<u>x</u>	=	
						x x		
						x		
						x		
							=	
			÷	-	=	x	=	
	Add the DSEs of	DF CATEGORY LAC S each station. here and in line 2 of pa		e,		0.00		
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • 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 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). 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. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. 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).							
		SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4. DSE OF DAYS IN YEAR	
		÷		=		÷	=	
		÷		=		÷	=	
		÷ -				+	=	
		-		=		÷	=	
		÷		=		÷	=	
	Add the DSEs of	DF SUBSTITUTE-BASI each station. here and in line 3 of pa		e,	▶	0.00		
5		R OF DSEs: Give the ame		in parts 2, 3, and	4 of this schedule	e and add them to provide t	he total	
Total Number	1. Number of [OSEs from part 2 ●				•	1.00	
of DSEs		OSEs from part 3 ●				-	0.00	
- -		DSEs from part 4 ●				-	0.00	
	TOTAL NUMBER	OF DSEs					1.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

	WNER OF CABLES N HOLDINGS						S	YSTEM ID# 31268	Nama
n block A:	k A must be comp		art 6 and part	7 of the DSE sched	dule blank and	d complete par	t 8, (page 16) of th	ne	6
• If your answer if "No," complete blocks B and C below.								Computation o	
BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in									3.75 Fee
ffect on June 24, Yes—Com	1981?	schedule—D	•	PLETE THE REMA			· ·	iations in	
		BLOC	CK B: CARF	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Scheo	ns prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	rther explana	tion of permitte	ed stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfatherec instructions fo E Carried pursua *F A station pre-	les and reguled pursuant to on as defined al educational I station (76.6 r DSE schedi ant to individu viously carrie IHF station w	ations cited be to the FCC ma in 76.5(kk) (7 I station [76.5 55) (see paragule). Ital waiver of F d on a part-tin ithin grade-B of	ne or substitute bas contour, [76.59(d)(5	se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring estitution of gr	June 24, 198 , 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st	76.63(a) referring t 6.61(e)(1) actions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 cetter "F" in column			orksheet on page	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBUT - CB	D	1.00							
							-		
	•					<u> </u>		{	
								1.00	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from p	oart 5 of this	schedule			183-	1.00	
ne 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				1.00	
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here				х		permited/ partially nonpermitted carriage?
ne 6: Enter tota	al number of DSE	s from line	3						If yes, see pa
ne 7: Multiply li	ne 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 31268 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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)). Carriage 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 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE 7 Instructions: Block A must be completed. In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the **Syndicated BLOCK A: MAJOR TELEVISION MARKET** Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSF DSE **CBUT - CBC** 1.00 **CBUT - CBC** 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,121,699.00	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	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 Distance of the properties of th	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. 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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	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 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 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.		
	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	1	WAVE DIVISION HOLDINGS LLC	31268							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated		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								
_	Imateur	ctions:								
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	oart							
		checked "res, disc the total number of Bolts from part s. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	_	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	• If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	NOW							
	What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area.	cal							
	Service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 1,121,699	.00_							
	Section	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.)	1.00							
	Coation	ase the total number of 5523 from part o.).	1.00							
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)	.88							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)▶ <u>\$ 7,863.11</u>								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	11 934 99							
		Base Rate Fee								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

. =						
	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	31268	Name			
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.					
7	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		2400 1440 1 00			
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$					
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶					
	F. Multiply line D by line E and enter here \$					
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)					
	Base Rate Fee ▶ \$	0.00				
shall in	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broastead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9			
-	Space G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	e fee, to exclude				
	s from subscribers located within the station's local service area, from your system's total gross receipts. To tal dusion, you must:	ke advantage of	Computation of Base Rate Fee			
station DSEs a	divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distator the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	nine the number o e for each group.	and			
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.						
Step 1:	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant to that community.	: station you	for Partially Permitted Stations			
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)					
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.					
_	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's				
	section:					
• Give t	y the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant the group.	o all of the				
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	e it in parts 2, 3,				
2) any _[portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,				
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.					
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions				
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	that is, the total				

LEGAL NAME OF OWNE						S	STEM ID# 31268	Name
[COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA	SEATTI	_E		COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,121	,699.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
		-						
	-		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			ber group a	s shown in the boxes al	bove.		0.00	
Enter here and in block	3, iine 1, s	pace ∟ (page /)				\$	0.00	

LEGAL NAME OF OWNE			•			S	31268	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA SEATTLE				COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
	<u> </u>							Stations
	<u> </u>							
								
								
	<u> </u>				···		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,121	,699.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
			<u>'</u>					
	THIRD	SUBSCRIBER GROU		001444444	FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<u> </u>				<u> </u>			
			ļ				_	
					<u> </u>			
	-		ļ		-			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	s	0.00	
inter nere and in block	S, IIIIE T, S	pace L (page /)				P	0.00	

ACCOUNTING PERIOD: 2018/1

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	unial VIII Crade D contesse stations listed in block A most 0 of
and Syndicated Exclusivity Surcharge for Partially Distant Stations	Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	for the VHF Grade B contour stations that were classified as er zero. of DSEs used to compute the surcharge.
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)