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	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 busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable syste on the last day of th unting period.	em. the accounting period should su		45				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				626452018	31				
				62645 2018/1	1				
	401 KIRKLAND PARKPLACE SUITE500 KIRKLAND WA 98033								
С	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 o	ir the system, ir dii	Terent from the address giv	en in space B.					
-	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	only the frst com	munity served below and re	elist on page 1b					
Area	with all communities.	T							
Served	CITY OR TOWN	STATE							
First Community	CONCORD	CA							
Community	Below is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·		CUD CDD#					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB 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 sufficiency of the fling, a determination that would be made by a court of law.

-ORM SA3E. PAGE 1b.				T					
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 honbelow the identified city or town.	ne parks should be	e reported in pare	ntheses						
all communities with the channel line-up "A" in the appropriate column below or leave the	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,								
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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 to	l 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	Α							
PLEASANT HILL	CA	Α							
MARTINEZ	CA	Α							
				See instructions for					
				additional information					
				on alphabetization.					
		• • • • • • • • • • • • • • • • • • • •							
			•••••						
				Add rows as necessary.					
		• • • • • • • • • • • • • • • • • • • •							
		• • • • • • • • • • • • • • • • • • • •							

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.

BLG	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	13,731	\$ 25.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	468	\$ 25.95				
Commercial						
Converter						
Residential						
Non-residential						
		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	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.						1	
LEGAL NAME OF OWN					SYSTEM ID#	Namo	
WAVE DIVISION	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) 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 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 numb	ner the ECC h	as assigned to t	he television stati	on for broadcasting over-the-air in		
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic	e. For example stem carried the in each case we entering the least), "E" (for no	e, WRC is Chane station. whether the station in the station of the station in th	annel 4 in Washi ation is a netwo etwork), "N-M" (f educational), o	ington, D.C. This in the station, an indee for network multica to "E-M" (for nonco	may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).		
For the meaning of the Column 4: If the sta							
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	AA		1	
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		
KTVU - FOX	2	N	No		OAKLAND, CA		
KTVUDT2 - LATV	2.2	N	No		OAKLAND, CA	Can instructions for	
KCRA - NBC	3	N	No		SACRAMENTO, CA	See instructions for additional information	
KRON - MyNetwo	4	N	No		SAN FRANCISCO, CA	on alphabetization.	
KRONDT3 - getTV		N	No		SACRAMENTO, CA	1	
KPIX - CBS	5	N	No		SAN FRANCISCO, CA	1	
KPIXDT2 - Decade		N	No		SAN FRANCISCO, CA	1	
KGO TV-ABC	7	N	No		SAN FRANCISCO, CA	1	
KGODT3 - Laff	7.3	N	No		SAN FRANCISCO, CA	1	
KQED - PBS	7.3 9	E	No		SAN FRANCISCO, CA	1	
KQED Plus	9.2	E	No		SAN FRANCISCO, CA	1	
KNTV - NBC	SAN JOSE, CA	1					
KNTVDT2 - Cozi T	11 11.2	N N	No No		SAN JOSE, CA	1	
KOFY - Independe			No		SAN FRANCISCO, CA	1	
KTSF - Independe		<u>'</u>	No		SAN FRANCISCO, CA	1	
		<u>'</u>	No		SAN FRANCISCO, CA	1	
KMTP - Independe KICU - Plus	32 36	<u>'</u>				1	
		<u> </u>	No No		SAN JOSE, CA	1	
KICUDT2 - KEMS/	36.2	I	No		SAN JOSE, CA		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62645 **WAVE DIVISION HOLDINGS LLC**

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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL 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
KICUDT3 - CCTV	36.3	I	No		SAN JOSE, CA
KCNS - SBN	38	N	No		SAN FRANCISCO, CA
KTNC - SF	42	N	No		CONCORD, CA
KBCW - CW	44	N	No		SAN FRANCISCO, CA
KSTS - Telemund	48	N	No		SAN JOSE, CA
KSTSDT2 - TeleX	i 48.2	N	No		SAN JOSE, CA
KEMO - Azteca	50.1	N	No		FREMONT, CA
KQEHDT3 - World	54.3	E	No		SAN JOSE, CA
KQEHDT4 - Kids	54.4	E	No		SAN JOSE, CA
KCSM - Independ	60	I	No		SAN MATEO, CA
KKPX - ION	65	N	No		SAN JOSE, CA
KTLN - TLN	68	N	No		PALO ALTO, CA

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 62645 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

FORM SASE. PAGE 5.						ACCOUNTING	PERIOD: 2018/1	
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					S	62645	Name	
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no ccounting po	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant station CC rules, regu	lations, or authorizations.	For a further	Substitute	
1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				Carriage:	
During the accounting per	-		-	sis, any nonne	etwork television prograr	n	Special Statement and	
broadcast by a distant station?								
Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	nust complete the progra	m		
	E PROGRA	AMS						
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." 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								
effect on October 19, 1976	•			II WHE	EN SUBSTITUTE			
S	UBSTITUT	E PROGRAM	1		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		
					_			
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
WA	VE DIVISION HOLDINGS LLC	62645	Name						
Inst all a (as pag	OSS RECEIPTS cructions: The figure you give in this space determines the form you fle and the amour imounts (gross receipts) paid to your cable system by subscribers for the system's section in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	condary transmission 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								
bloc	k 3 below.								
3 be	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 block 4 below.	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 Enter the result here.								
	This is your minimum fee.	\$ 23,287.51							
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. X No—Leave block 3 below blank and the stations of the stat	mn 4, you 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	\$ -							
	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	\$ -							
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	\$ 23,287.51	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 zero.		submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	\$ 725.00	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	\$ 24,012.51	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	additional 1665.						

Name		62645							
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.								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to	Name OXANA SOSKOVA Telephone 425-576-8200								
Be Contacted for Further Information									
	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								
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 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:	SYSTEM ID#							
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 I lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant	m for the basic nall not include sub-	P Special Statement Concerning						
For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	ary transmissions							
X NO								
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 paymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA:	· •	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	- days							
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please							
** 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 Copy please list below the owner, address, first community served, accounting period, and ID number as g 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. PAGI	LEGAL NAME OF OWNER OF CABL	F SYSTEM [.]			SY	STEM ID#					
1	WAVE DIVISION HOLDI					62645					
			02040								
		UM OF DSEs OF CATEGORY "O" STATIONS:									
	 Add the DSEs of each station Enter the sum here and in line 		is schedule		0.00						
	Enter the sum here and in line	r or part o or till	is soriculic.	<u></u>	······································						
	Instructions:										
	In the column headed "Call	Sign": list the ca	all signs of all distant stations	s identified by the	ne letter "O" in column 5						
Computation	of space G (page 3).	' for each inden	endent station, give the DSI	= as "1 N"· for e	each network or noncom-						
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	, 5		CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
				·							
											
Add rows as				 							
necessary.				 							
Remember to copy all				······································							
formula into new				·							
rows.											
				·							
				 							
											
											
				.							
											
											

	LEGAL NAME OF OWN	NER OF CABLE SYSTEM:					SYSTEM ID#	
Name	WAVE DIVISIO	N HOLDINGS LLC					62645	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	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 page SA3 form.							
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS C D BY S M C	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE	GE VALUE	6. DSE	
			÷		=	X		
			÷		=	<u>x</u>	=	
						x x		
						x		
						x		
							=	
			÷	:	=	x	=	
	Add the DSEs of	F CATEGORY LAC So 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 STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL 2 SIGN 2	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	F SUBSTITUTE-BASI each station. here and in line 3 of pa		e,		0.00		
5		OF DSEs: Give the amo		s in parts 2, 3, and	4 of this schedule	e and add them to provide t	he total	
Total Number	1. Number of D	SEs from part 2 ●				>	0.00	
of DSEs	2. Number of D	SEs from part 3 ●				•	0.00	
	3. Number of D	SEs from part 4 ●				•	0.00	
	TOTAL NUMBER (OF DSEs					0.00	

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

	WNER OF CABLE S						S	YSTEM ID# 62645	Name
n block A:	ck A must be comp		art 6 and part	7 of the DSE sched	dule blank and	complete par	t 8, (page 16) of th	ne	6
If your answer if "No," complete blocks B and C below.									
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in ffect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									
	plete part 8 or the blete blocks B and		O NOT COMP	LETE THE REMA	INDER OF PA	ART 6 AND 7.			
		BLO	CK B: CARF	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations on DSE Scheen	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fur ne letter M below re Act of 2010.)	rther explanat	ion of permitte	d stations, see the	,	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	ntified by the l	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	
								<u> </u>	
								0.00	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-	
				of DSEs subject 7 of this schedule		ate.		0.00	
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the
ne 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		partially permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 9 instructions
ne 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 62645 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 DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	MME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	2,188,676.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance in the signal of the signal of the section is a section 3b. If the Distance in the signal of the section is a section is a section in the section in the section is a section in the section is a section in the section is a section in the section in the section is a section in the section is a section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the	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)		
	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.		
O.D	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM ID#							
Name	1	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		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.	_							
ouronargo										
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge. \$	<u></u>							
0		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part								
8		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. Just answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	,	ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
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 "local								
	service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule.								
	• Did v									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section									
	1	Enter the amount of gross receipts from space K (page 7)	_							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	_	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	<u>)</u>							
	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)	_							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)▶ <u>\$ 15,342.62</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	_							
		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: 2018/1

. = 0 11 114	NE OF ONNER OF OARLE SVOTEM	0.40=======	
	ME OF OWNER OF CABLE SYSTEM: DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
Section If	the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		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 ▶\$		
	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 inst	FANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro tead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9
	ral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	·	Computation
	from subscribers located within the station's local service area, from your system's total gross receipts. To ta usion, you must:	ke advantage of	of Base Rate Fee
station o DSEs ar	vide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are districted as a subscriber group as if it were a separate cable system. Determined 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	mine the number of se for each group.	and
must als	f any portion of your cable system is located within the top 100 television market and the station is not exemple o compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block Arr, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
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 distan o that community.	t station you	for Partially Permitted Stations
outside t	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 etoken, the station is distant to the subscriber.)		
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist er group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
_	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your er groups.	system's	
In each s			
• Give th	the communities/areas represented by each subscriber group. Le call sign for each of the stations in the subscriber group's complement—that is, each station that is distant ers in the group.	to all of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav this schedule; or,	e it in parts 2, 3,	
, , .	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
page. In DSEs fo	Ite a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group r that group's complement of stations and total gross receipts from the subscribers in that group). You do no ual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNER WAVE DIVISION H						S	(STEM ID# 62645	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		SECOND SUBSCRIBER GROUP				Ω
COMMUNITY/ AREA CONCORD, WALNUT CREEK, CO				COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>	-		Exclusivity
					. 		<u></u>	Surcharge for
								Partially
								Distant
								Stations
						-		
						<u> </u>		
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 2,188	,676.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP)		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<u> </u>			
							<u> </u>	
				•	<u> </u>	-		
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
•					-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes ab	ove.	\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE			•			S	YSTEM ID# 62645	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р	SECOND SUBSCRIBER GROUP				0
COMMUNITY/ AREA	CONCO	RD, WALNUT CR	EEK, C(COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						_		and
								Syndicated
	<u> </u>					_		Exclusivity
	<u>-</u>							Surcharge
	-				.			for
					-			Partially Distant
					•			Stations
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	<u> </u>		1					
			1					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,188	,676.00	Gross Receipts Secon	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third Group \$ 0.00							0.00	
oroso recoupto Tima e	лоир		0.00	Oross recorpts rountin	Стоир	<u>*</u>	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	s	0.00	
inter riere and in block	S, IIIIE T, S	pace L (page /)				φ	0.00	

ACCOUNTING PERIOD: 2018/1

FORM SA3F PAGE 20

	I FOAL MANE OF CHAPTER OF CARLE OVETEN	FURM SAJE, PAGE 20.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY 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 may 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 and	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								
Syndicated	this schedule.	ercial VIII Grade B Contour Stations listed III block A, part 9 of							
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group								
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none er Step 3: In line 3, subtract line 2 from line 1. This is the total number								
Partially Distant Stations	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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to								
1	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 total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY 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 total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge computation	subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE							
	Third Group	Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page								