This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/21/2019	\$ 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	2018/2										
Period	Instructions:										
B Owner	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.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	WAVE DIVISION HOLDINGS LLC										
				25544	420182						
				25544	2018/2						
	401 KIRKLAND PARKPLACE SUITE500										
	KIRKLAND WA 98033										
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	s these						
С	names already appear in space B. In line 2, give the mailing address of										
System	IDENTIFICATION OF CABLE SYSTEM:										
	WAVE BROADBAND										
	MAILING ADDRESS OF CABLE SYSTEM:										
	401 KIRKLAND PARKPLACE SUITE 500 2 (Number, street, rural route, apartment, or suite number)										
	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 pag	ge 1b						
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	CAMANO ISLAND CENTRAL	WA									
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in :	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#						
Sample	Alda	MD	A		1						
	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.

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 25544 **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 filings. 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. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **CAMANO ISLAND CENTRAL** WA Α First WA SEVEN LAKES Community **BIG LAKE** WA LA CONNER WA Α **BAYVIEW** WA 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# 25544

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	12,079	\$	25.95				
 Service to additional set(s) 				i l'			
• FM radio (if separate rate)				i l'			
Motel, hotel	366	\$	25.95	i l'			
Commercial				i l'			
Converter				ĺ			
Residential				ĺ			
Non-residential				i l"			
		†····		1 ľ			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	C	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel				
 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) 	\$	14.99	Other services:				
• FM radio (if separate rate)			Reconnect	\$ 29.95			
Converter			Disconnect				
			Outlet relocation				
			Move to new address		1		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25544 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) CBUT - CBC 2 I Yes 0 VANCOUVER, BC **KOMO - ABC** Ν No SEATTLE, WA 4 See instructions for additional information 4.2 Ν No **KOMODT2 - Com** SEATTLE, WA on alphabetization. **KOMODT3 - Char** 4.3 Ν No SEATTLE, WA Ν KING - NBC 5 No SEATTLE, WA 5.2 Ν No KINGDT2 - Justic SEATTLE, WA KINGDT3 - Quest 5.3 No Ν SEATTLE, WA KIRO - CBS Ν No 7 SEATTLE, WA 7.2 KIRODT2 - getTV Ν No SEATTLE, WA **KIRODT3 - Laff** 7.3 Ν No SEATTLE, WA KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS I 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA KSTWDT2 - Deca 11.2 Ν No TACOMA, WA **KVOS - Heroes &** 12.1 Ν No **BELLINGHAM, WA KCPQ - FOX** 13 Ν No TACOMA, WA KONG - Independ 16 ı No **EVERETT, WA**

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 25544 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTBW - TBN	20	N	No		SEATTLE, WA
KZJO - JOEtv	22	N	No		SEATTLE, WA
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA
KWPX - ION	33	N	No		BELLEVUE, WA
KFFVDT2 - Azteca	44.2	N	No		SEATTLE, WA

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 25544 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 SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/2			
LEGAL NAME OF OWNER OF	CABLE SYST	TEM:			S	YSTEM ID#				
WAVE DIVISION HOLE	INGS LLO	C				25544	Name			
SUBSTITUTE CARRIAGI	ify every no	nnetwork televi	sion program broadcast by	a distant stati			ı			
substitute basis during the a explanation of the programm form.							Substitute			
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I	titute progra ace, please of every no distant stat gulations, c tion. Do no Lucy" or "NE	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball:	al pages. rision program (substitute pour cable system substitute ss. See page (vi) of the ger categories like "movies", o	program) that ed for the pro neral instructi r "basketball'	t, during the accounting gramming of another sta ions located in the paper	ation				
Column 3: Give the call Column 4: Give the broa the case of Mexican or Car	sign of the s adcast station adian station	station broadca on's location (tl ons, if any, the	asting the substitute progra ne community to which the	am. station is lic station is ide	entified).	nth				
first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	es when the		ogram was carried by your ied by a system from 6:01:	•		ely				
Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976	and regulati ogramming	ons in effect d		d; enter the le	etter "P" if the listed pro	ed				
,				1 1	EN SUBSTITUTE	7. REASON				
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION				
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					
					_					
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					<u> </u>	ļ				
					<u> </u>					
					<u> </u>	 				
					<u> </u>	ļ				

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC			25544	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,861,893.00									
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	f gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by $k\ 3$ below.	e enter	ed on lin	e 1 of					
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered	on line	2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered o	on line					
1	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		\$	1,861,893.00					
	Enter the result here. This is your minimum fee.	\$		19,810.54					
	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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the column o	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		\$	19,810.54					
	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	\$		19,810.54					
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	19,810.54	Cable systems				
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r		0.00	additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
	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								
	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	ge (i) of	the	additional fees.				

ACCOUNTING PERIOD: 2018/2

	FORM SA3E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto 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.	tations 23 335
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Name OXANA SOSKOVA Telephone of the state of	425-576-8200 3221
 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regule.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 identifed as own 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	system as identified ner of the cable system
Is U.S.C., Section 1001(1986)] X	atibility settings.
	WAVE DIVISION HOLDINGS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast is 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name OXANA SOSKOVA Telephone Address 401 KIRKLAND PARKPLACE SUITE 500 (Windler, street, rural rouse, agantment, or suite number) KIRKLAND WA 98033 (City, town, state, app) Email tax.dept@wavebroadband.com Fax (optional) 425-576-4 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation in line 1 of space B and that the owner is not a corporation or partnership; or (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B 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 partnership) of the legal entity identified as own 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 own 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 are true, complete, and correct to the beat of my knowledge, information, and belief, and are made in good faith. Enter an electronic signature on the line above using an "fa" signature to certify this statement. (e.g., fs John Smith), Before entering the first forward slash of the fs' signature, place your cu

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 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 Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama						
WAVE DIVISION HOLDINGS LLC	25544	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the systems scribers and amounts collected from subscribers receiving secondary transmissions pursuants."	em for the basic shall 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 instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secon- made by satellite carriers to satellite dish owners?	dary 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 payment 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	v	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x							
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays x 0.00274							
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.	er 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 Cop please list below the owner, address, first community served, accounting period, and ID number as filing.	•							
Owner Address								
First community served								
Accounting period ID number								
U HUHDEI								

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 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 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.

DSE SCHEDULE. PAG	E II. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CA	SYSTEM ID#										
I	WAVE DIVISION HOLD			25544								
	SUM OF DSEs OF CATEGO		<u>.</u>									
	• Add the DSEs of each stati											
	Enter the sum here and in lir		schedule		1.00							
2	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
Computation	of space G (page 3).											
Computation of DSEs for	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"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE II	CALL SIGN	DSE						
Otations	CBUT - CBC	1.000	OALL GIGIT	DOL	OALL GIGIT	DOL						
	CBUI-CBC	1.000										
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Add rous as												
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.				<u></u>								
		······		···								
		·····										
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						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
												

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 25544 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. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 5. TYPE 1 CALL 2. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE** CARRIED BY **STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 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 regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 1.00 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 ● TOTAL NUMBER OF DSEs 1.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

	OWNER OF CABLES						S'	YSTEM ID# 25544	Name
n block A: If your answer if ' chedule.		mainder of pa	·	of the DSE sched	lule blank and	d complete part	8, (page 16) of the	e	6
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation of
ffect on June 24, Yes—Com	1981?	utside of all n	najor and smal	ler markets as defii	ned under se		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanat	tion of permitte	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	eles and reguled pursuant to on as defined al educational distation (76.6 r DSE sched ant to individu viously carrie IHF station w	ations cited be of the FCC marks in 76.5(kk) (70 all station [76.58] (55) (see paragiule). It is a waiver of FC d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b))(1), 76.63(a) 3(a) referring stitution of gr is prior to Jur	June 24, 1981 , 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	4 of 3. DSE	
SIGN CBUT - CB	BASIS	4.00	SIGN	BASIS		SIGN	BASIS		
CBUI - CB	<u>U</u>	1.00							
				•					
								1.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule				1.00	
ne 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				1.00	
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of th DSEs represe partially
ne 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitte carriage?
ne 6: Enter tota	al number of DSI	Es from line	3					<u>-</u>	If yes, see pa 9 instructions
ne 7: Multiply li	ine 6 by line 5 ar	nd enter here	e and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2018/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 25544 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.) Computating 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. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). 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 Instructions: Block A must be completed. 7 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) X 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 **CBUT - CBC** 1.00 **CBUT - CBC** 1.00 1.00 1.00 **TOTAL DSEs TOTAL DSEs**

LEGAL NA	MME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	1,861,893.00	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	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 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	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.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			YSTEM ID# 25544				
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). 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. \$\\$\$					
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.					
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting perio Yes—Complete part 9 of this schedule. **No—Complete the following sections.** BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE						
	Section 1 Section 2 Section 3	Enter the amount of gross receipts from space K (page 7). 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.). 1.00 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	0				
		(the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). \$ 13,051.87 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. \$ 19,810.54	_				

j		3 PERIOD: 2018/2
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
WAVI	E DIVISION HOLDINGS LLC 25544	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A Enter 0.01064 of gross receipts	8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	
	(the arrivant in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) > _	of
	C. Multiply line B by 3.000 and enter here \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	`шиносиничносиничносиничносиничносин ————————————————————————————————————	
	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	
	Dase Nate i ee	
IMPOR	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	of
this exc	clusion, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
		for
must a	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	oldentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
Step 1	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
carried	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
Step 3	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscri	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
• Identi	fy 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 to all of the ibers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add tl	he 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 general instructions e paper SA3 form.	
Comp page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

LEGAL NAME OF OWNER WAVE DIVISION H						S	YSTEM ID# 25544	Name	
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
	FIRST	SUBSCRIBER GROUP)		SECOND	SUBSCRIBER GROU	JP	^	
COMMUNITY/ AREA CAMANO ISLAND CENTRAL, BIO				COMMUNITY/ AREA0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
		-						and	
								Syndicate	
								Exclusivity	
								Surcharge for	
								Partially	
		-						Distant	
								Stations	
		-							
			2.22				0.00		
otal DSEs			0.00	Total DSEs 0.00					
Gross Receipts First Gr	oup	\$ 1,861,	893.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	THIRD	SUBSCRIBER GROUP	-	FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00			0.00			
	1.					-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
				II is shown in the boxes al					

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION F				milica 5.75 State		S	25544	Name
E				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CAMANO ISLAND CENTRAL, BI				SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		-						and
		-						Syndicate
								Exclusivi Surcharg
								for
						-		Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1,861	,893.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00				
	THIRD	SUBSCRIBER GROU	JP	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0					l
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
						·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$		0.00	Gross Receipts Fourth	n Group	\$	0.00		
							<u> </u>	
		1		II		1		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	•			Base Rate Fee Fourth		\$	0.00	

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:							
Name	WAVE DIVISION HOLDINGS LLC 25544							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
of	First 50 major television market Second 50 major television market							
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1 give the total DSFs by subscriber group for commercial VHE Grade B contour stations listed in block A part 9 of							
Syndicated Exclusivity Surcharge for	 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 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 							
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 show your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First 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 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: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							