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 Period	2018/2									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				5661	120182					
				5661	2018/2					
	401 KIRKLAND PARKPLACE SUITE500 KIRKLAND WA 98033									
С	INSTRUCTIONS: In line 1, give any business or trade names used to i									
	names already appear in space B. In line 2, give the mailing address o	of the system, if dif	ferent from the address giv	en in space	∌ B.					
System	1 IDENTIFICATION OF CABLE SYSTEM: 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 pag	e 1b					
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	WOODLAND	CA								
Community	Below is a sample for reporting communities if you report multiple ch			T .						
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A		GRP#					
Sample	Alliance	MD	В		2					
	Gering	MD	В		3					

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2018/2							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
WAVE DIVISION HOLDINGS LLC			5661								
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 fillings. 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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
WOODLAND	CA	A		First							
DIXON	CA	A		Community							
WEST SCARAMENTO WINTERS	CA CA	A A									
WINTERO	L CA										
				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#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF			Π		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	8,358	\$	25.95				
 Service to additional set(s) 				ľ			
 FM radio (if separate rate) 				ľ			
Motel, hotel	317	\$	25.95	l l'			
Commercial				ľ			
Converter				ľ			
Residential				l l'			
Non-residential				l"			
		†····		1 l"			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE	С	ATEGORY 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				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 5661 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) KCRA - NBC 3 Ν No SACRAMENTO, CA KCRADT2 - MeTV 3.2 Ν No SACRAMENTO, CA See instructions for additional information **KVIE - PBS** No 6 Ε SACRAMENTO, CA on alphabetization. **KVIEDT2 - KVIE2** 6.2 Ε No SACRAMENTO, CA Ε **KVIEDT3 - World** 6.3 No SACRAMENTO, CA KVIEDT4 - PBS K 6.4 Ε No SACRAMENTO, CA **KQED - PBS** No SAN FRANCISCO, CA 9 Ε Ν KXTV - ABC 10 No SACRAMENTO, CA KXTVDT2 - Justic 10.2 Ν No SACRAMENTO, CA 13 Ν No **KOVR - CBS** STOCKTON, CA **KOVRDT2 - Deca** 13.2 Ν No STOCKTON, CA SACRAMENTO, CA **KSPX - ION** 29 Ν No **KMAX - CW** 31 Ν No SACRAMENTO, CA KCSO - Telemuno 33 Ν No SACRAMENTO, CA KTXL - FOX 40 Ν No SACRAMENTO, CA KTXLDT2 - Anten 40.2 Ν No SACRAMENTO, CA KTXLDT3 - This T 40.3 Ν No SACRAMENTO, CA KQCA - MyNetwo 58 Ν No STOCKTON, CA

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN					SYSTEM ID:	Name
WAVE DIVISION	N HOLDING	S LLC			566′	1
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the	G, identify ever system during toons in effect of 6.61(e)(2) and of 6.61(e)(2) and of 6.61(e)(2) and of 6.61(e)(2) and of 6.61(e)(2) as explained as on spatial associated with a system of the complete of th	y television single accounting June 24, 19 (4), or 76.63 (add in the next respect to an attions, or autiful G—but do listitute basis ace I, if the steeming substitution substitution account in a station account in a sta	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (the ation was carried itute basis static report origination coording to its own the reported in thas assigned to	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; s carried by your he Special Statened both on a substant, see page (v) on program serviciver-the-air design column 1 (list each the television states).	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the citute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identification. For example, report multi ch stream separately; for example tion for broadcasting over-the-air in s may be different from the channe	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entering the lecast), "E" (for no see terms, see ation is outside ce area, see pave entered "Yene distant static ion on a part-tion of a distant entered into on a primary transfirmulcasts, also ree categories elocation of eaccanadian static	etter "N" (for roncommercial page (v) of the the local serage (v) of the es" in column on during the me basis between the basis between th	network), "N-M" al educational), al educational), al egeneral instructivice area, (i.e. " general instruction 4, you must occar accounting per learn that is not une 30, 2009, be association repressive the general or U.S. stations, we the name of the general of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of the	(for network multior "E-M" (for noncuctions located in idistant"), enter "Y tions located in the implete column 5, iod. Indicate by elactivated channel subject to a royall etween a cable spesenting the primarchannel on any constructions locat, list the community wither community of instructions in the community wither community with indicated in the community wither community with indicated in the community with indicated in t	res". If not, enter "No". For an ex see paper SA3 form stating the basis on which you netering "LAC" if your cable system capacity ty payment because it is the subject system or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the the which the station is identified.	
		CHANN	EL LINE-UP	AB		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	
KQCADT2 - Movie	58.2	N	No		STOCKTON, CA	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 5661 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

FURINI SAJE. PAGE 5.						ACCOUNTING	1 PERIOD: 2016/2			
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					5	SYSTEM ID# 5661	Name			
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ar explanation of the programm	ify every non	nnetwork televiseriod, under spe	sion program broadcast by a ecific present and former FC	a distant stati CC rules, regu	lations, or authorizations.	For a further	I			
form.	ing that ma	ot be moladed ii	Tallo log, see page (v) of all	e general ins	traditions rodated in the pe	1001 0710	Substitute Carriage:			
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		rest of this na	ne blank. If your answer is	"Yes " vou m			Program Log			
log in block 2.	, 10010 110	root or time pay	go blami. Il your anower io	100, you !!	nact complete the progre					
2. LOG OF SUBSTITUTE			ata lina. Llaa abbraviationa	whorever no	essible if their magning i	•				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	oce, please of every no distant stat gulations, of tion. Do no ucury or "NE n was broad sign of the sadcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatiogramming	attach addition nnetwork televicion and that your authorization at use general of the Basketball: deast live, enter station broadca on's location (thous, if any, the when your system a program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute orgram was carried by your lied by a system from 6:01:	orogram) that ed for the pro neral instruct r "basketball" No." am. station is lic station is ide program. Us cable systen 15 p.m. to 6: amming that d; enter the le	t, during the accounting or amming of another stations located in the paper. List specific program ensed by the FCC or, in entified). The numerals, with the mon. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro-	ation - nth				
				WHE	EN SUBSTITUTE	T				
S	UBSTITUT	E PROGRAM			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				
					<u> </u>	"				
					<u> </u>					
					<u> </u>	"				
					<u> </u>	"				
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					<u> </u>	"				
							1			

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC		5661	Name				
Inst all a (as i	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmis	sion service	K Gross Receipts				
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount o	f gross receipts)					
ConConIf yo fee tIf yo	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 ${\bf k}$ 3 below.	e entered on lin	e 1 of					
▶ If pa	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	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	\$	1,288,327.00					
	Enter the result here. This is your minimum fee.	\$	13,707.80					
	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.	nn 4, you must o	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	\$	<u>-</u>					
	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	\$	13,707.80	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	r	0.00	submitting additional deposits under				
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	14,432.80	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					

ACCOUNTING PERIOD: 2018/2
FORM SA3E, PAGE 8.

		FURIVI SASE, PAGE 6.									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 5661									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television bro to its subscribers and (2) the cable system's total number of activated channels, during the accounting pe										
	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	359									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Be Contacted for Further Information	Name OXANA SOSKOVA Tel	ephone 425-576-8200									
	Address 401 KIRKLAND PARKPLACE SUITE 500 (Number, street, rural route, apartment, or suite number)										
	KIRKLAND WA 98033 (City, town, state, zip)										
	Email tax.dept@wavebroadband.com Fax (optional) 42	5-576-8221									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Off	ice regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of	f space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or	ne cable system as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identification in line 1 of space B.	ed as owner of the cable system									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faitt [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 statem (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place you button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo	r cursor in the box and press the "F2"									
	Typed or printed name: JOHN FEEHAN										
	Title: CFO (Title of official position held in corporation or partnership)										
	Date: February 21, 2019										

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#	Name						
WAVE DIVISION HOLDINGS LLC	5661	Name						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shat scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	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 secondar made by satellite carriers to satellite dish owners?	y transmissions							
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q						
Line 1 Enter the amount of late payment or underpayment		Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-							
X Line 3 Multiply line 2 by the number of days late and enter the sum here	days							
	X 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-							
<u>-</u>	(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give 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 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.

ACCOUNTING PERIOD: 2018/2

4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#						
1	WAVE DIVISION HOLDINGS LLC											
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00											
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 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" STATIC	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary. Remember to copy												
all formula into new												
rows.												
10003.												
				···								
				····								
				····								

N	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						5	SYSTEM ID#	
Name	WAVE DIVIS	ION HOLDINGS LLC							5661	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF D	SEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	ЭΕ	5. TYPE VALUE	6. DS	SE	
			÷		=)				
			÷ -		=		(
			÷ ÷		_		(<u>-</u>		
			÷		=)	•	=		
			÷		=)	(=		
			÷		=		(=		
			÷		=)	C	=		
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		nedule,			0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations. Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork of the cach station give the This figure should correst Enter the number of days Divide the figure in colum This is the station's DSE	itution for a pro- as shown by the ork programs do number of live spond with the in the calendar in 2 by the figure (For more information of the area of the pro- area of the pro- area of the pro- area of the pro- area of the pro- area of the pro- area of pro- area of pro- a of pro- area of pro- area of pro- area of pro- area of pro- area of pro- a of pro- area of pro- a of p	ogram that your systeme letter "P" in column uring that optional carror, nonnetwork program information in space I ar year: 365, except in the in column 3, and girmation on rounding, s	n was permitted 7 of space 1); an itage (as shown by as carried in subsection. a leap year. ve the result in cosee page (viii) of	to delete und d y the word "Ye stitution for p olumn 4. Roo the general i	der FCC rules es" in column 2 rograms that v und to no less nstructions in	of were deleted than the third	rm).	
				BASIS STATION		ATION OF	DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
				=			÷		=	
							÷		=	
		-		=			÷		=	
	Add the DSEs	÷ s OF SUBSTITUTE-BASI of each station. um here and in line 3 of p	IS STATIONS:				0.00		=	
5		ER OF DSEs: Give the am sapplicable to your system		boxes in parts 2, 3, and	I 4 of this schedul	e and add the	em to provide t	he total		
Total Number	1. Number o	f DSEs from part 2 ●				•		0.00		
of DSEs		f DSEs from part 3 ●				-		0.00		
		f DSEs from part 4 ●				>	Г	0.00		
	TOTAL NUMBE	R OF DSEs					<u> </u>		0.00	

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

	OWNER OF CABLES						S'	YSTEM ID# 5661	Name
nstructions: Blo	ck A must be comp	leted.							
If your answer if chedule.	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE sched	lule blank and	d complete part	8, (page 16) of the	е	6
If your answer if "No," complete blocks B and C below.						Commitation			
BLOCK A: TELEVISION MARKETS the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in							Computation o 3.75 Fee		
fect on June 24, Yes—Com	•	schedule—D	•				oc rules and regul	ations in	
N No Comp	Siece Blooke B und		CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulatio e DSE Scheo	ntions listed in ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re	this schedule ther explanat	that your syste	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 Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to as defined al educational station (76.6 r DSE schedunt to individually carried HF station wi	ations cited be to the FCC man in 76.5(kk) (7/1 station [76.58]) (see paragule). all waiver of F0d on a part-tim thin grade-B of the post of the paragular in t	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 gradies 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:	*(Note: For those this schedule to d	e stations ider letermine the	ntified by the le	parts 2, 3, and 4 o	2, you must c	omplete the wo	. J		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				•					
								0.00	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from լ	part 5 of this	schedule			u-		
ne 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl			,		rate.		0.00	
ine 4: Enter gross receipts from space K (page 7)x 0.0375						Do any of the			
ne 5: Multiply l	ine 4 by 0.0375 a	and enter su	m here						partially permited/ partially nonpermitted
ne 6: Enter total number of DSEs from line 3						carriage? If yes, see part 9 instructions.			
ne 7: Multiply line 6 by line 5 and enter here 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** 5661 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) 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 DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 5661	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,288,327.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 D.	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	OL .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the 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		er	
	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 D 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		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	M ID# 5661
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the Syndicated		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$ E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$ \$	<u></u>
	Instru	ctions:	
8	6 was	nust 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.	
Computation	• If you	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	blank		
	were lo	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 e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 1,288,327.00	
	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.). • 0.00	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 9,031.17	
		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>

-	EDULE. PAGE 17.	ACCOUNTING	3 PERIOD: 2018/2
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE	E DIVISION HOLDINGS LLC	5661	
	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
	(the amount in section 1)		
		_	
	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	
	Dase Nate i ee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broa	dcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	•	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To tak	e advantage of	of
uns exc	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	5 1	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt		Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	and B below.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant	station you	Stations
	to that community.		
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were the station's local service area. A subscriber located outside the local service area of a station is distant to that to the 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 dista	ant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.	e that a cable	
_	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sper groups.	system's	
In each	section:		
• Identi	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant t bers in the group.	all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	it in parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions	
• Comp page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	(that is, the total	

LEGAL NAME OF OWNE						S	YSTEM ID# 5661	Name
COMMUNITY/ AREA	FIRST	COMPUTATION OF SUBSCRIBER GROU Ind, Dixon, West \$	P	TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P 0	9
OOMMONT 1771127	ina, bixon, wood	OGWINGTUT 17 7 TKE X				Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially
						_		Distant
						_		Stations
		-				H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,288	327.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					1			
					.	-		
						_		
								
		-			 			
					 			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th	e base rate	e fees for each subscri	ber aroun a	s shown in the boxes ab	ove.			
Enter here and in block 3, line 1, space L (page 7)					• .	\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H						SY	STEM ID# 5661	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP	,	0
COMMUNITY/ AREA Woodland, Dixon, West Sacrame				COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
						-		and
								Syndicat
								Exclusiv
								Surcharg
								for
								Partially
								Distant Stations
								Stations
					.			
						H		
								
		••••••••••					<u> </u>	
otal DSEs			0.00	Total DSEs	l		0.00	
Gross Receipts First G	oup	s 1,288	,327.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
							•	
							<u>.</u>	
		-						
otal DSEs			0.00	Total DSEs	<u> </u>	Ш	0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fourth	Group	<u> </u>	0.00		
arosa Necelpia IIIIId G	, oup	•	0.00	Toos Necelpis Foulti	Oroup	Ψ	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00		
		e fees for each subscipace L (page 7)	riber group a	as shown in the boxes ab	oove.	\$	0.00	

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I						
Name	WAVE DIVISION HOLDINGS LLC 566						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9 Computation of Base Rate Fee and	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: First 50 major television market Second 50 major television market 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 Exclusivity Surcharge for Partially Distant Stations	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. 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 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						