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				
8/22/2019	\$ 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	2019/1								
Period									
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 corpo rate 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 subminating estatement 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. 10744 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC								
	WAVE DIVIDION HOLDINGS LES								
				1074420191					
				10744 2019/1					
	3700 MONTE VILLA PARKWAY								
	BOTHELL WA 98021								
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busines	ss and operation of the syst	em unless these					
С	names already appear in space B. In line 2, give the mailing address								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3700 MONTE VILLA PARKWAY 2 (Number, street, rural route, apartment, or suite number)								
	BOTHELL WA 98021								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Ident	fy only the frst comr	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	SILVERTON	WA							
Community	Below is a sample for reporting communities if you report multiple of	hannel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
Campio	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

-ORM SA3E. PAGE 1b.			0\/0T=1::::::::::::::::::::::::::::::::::::							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
WAVE DIVISION HOLDINGS LLC			10744							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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-con channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	and a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
SILVERTON	WA	Α		First						
WOODBURN	WA	Α		Community						
PORTLAND	WA	A								
SUBLIMITY	WA	A								
SALEM	WA	В								
MOLALLA	WA	A		See instructions for						
SHERIDAN	WA	C		additional information						
CANBY	WA	A		on alphabetization.						
VAID										
				Add rows as necessary.						
		L		1						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

10744

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			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	9,613	\$	25.95				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	402	\$	25.95				
Commercial							
Converter							
Residential							
Non-residential							
				ı I"		1	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1							BLOCK 2	
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE		
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel					
 Pay cable—add'l channel 			Commercial			Ī		
Fire protection			Pay cable			Ī		
Burglar protection			Pay cable-add'l channel	Pay cable-add'l channel		Ī		
Installation: Residential			Fire protection			Ī		
First set	\$	29.99	Burglar protection			Ī		
 Additional set(s) 	\$		Other services:			Ī		
 FM radio (if separate rate) 			Reconnect	\$	29.95	Ī		
Converter			Disconnect			Ī		
			Outlet relocation			Ī		
			 Move to new address 			Ī		
						Ī		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 10744 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) KATU - ABC 2 Ν No PORTLAND, OR KATUDT2 - MeTV 2.2 Ν No PORTLAND, OR See instructions for additional information Ν **KATUDT3 - Come** 2.3 No PORTLAND, OR on alphabetization. 6 Ν No KOIN - CBS PORTLAND, OR 6.2 Ν No **KOINDT2 - getTV** PORTLAND, OR Ν **KOINDT3 - Decad** 6.3 No PORTLAND, OR **KGW - NBC** 8 Ν No PORTLAND, OR Ν **KGWDT2 - Justic** 8.2 No PORTLAND, OR KGWDT3 - Estrell 8.3 Ν No PORTLAND, OR **KGWDT4 - Quest** 8.4 Ν No PORTLAND, OR **KOPB - PBS** 10 Ε No PORTLAND, OR **KPTV - FOX** 12 Ν No PORTLAND, OR **KPTVDT2 - Cozi** 12.2 Ν No PORTLAND, OR **KPTVDT3 - Laff** 12.3 Ν No PORTLAND, OR Ν SALEM, OR **KWVT - Youtoo A** 17.1 No 22 Ν **KPXG - ION** No SALEM, OR KNMT - TBN N 24 No PORTLAND, OR **KRCW - CW** 32 Ν SALEM, OR No

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 10744 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is 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	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KRCWDT2 - Ante	32.2	N	No		SALEM, OR
KRCWDT3 - This	32.3	N	No		SALEM, OR
KPWC - Azteca	37.1	N	No		SALEM, OR
KPDX - MyNetwo	49	N	No		VANCOUVER, WA
KPDXDT2 - Escap	49.2	N	No		VANCOUVER, WA
KPDXDT3 - Boun	49.3	N	No		VANCOUVER, WA
KPDXDT4 - Grit	49.4	N	No		VANCOUVER, WA
	†			†	<u> </u>

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10744 WAVE DIVISION HOLDINGS LLC 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE					•	SYSTEM ID# 10744	Name
						10744	
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG				ı
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN				general insu	uctions located in the pa	per SAS IOIIII.	Carriage:
During the accounting per broadcast by a distant sta		ır cable system	carry, on a substitute basis	s, any nonne	twork television progran ☐Yes		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is "	Yes," you mu	ust complete the program	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, 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 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the sadcast stationation and day we "5/7." es when the Example: a ler "R" if the land regulation or summing	attach additional nnetwork televition and that your authorization at use general of the same at the sa	al pages. ision program (substitute piur cable system substitute piur cable system substitute piur cable system substitute piur cable system substitute piur categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute programe community to which the community with which the stem carried the substitute piur piur value piur val	rogram) that, d for the progeral instruction "basketball". o." m. station is lice station is ider program. Use table system. 5 p.m. to 6:2 mming that yearner the let	during the accounting ramming of another states and located in the paper List specific program need by the FCC or, in ntified). List the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	nth ly	
		E PROGRAM	,		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
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	FOR DELETION	
	1000.110	57 IZZ 51511		7.11.12 27.11	_		
					<u> </u>		
					_		
					_		
					_		
					_		

	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM	Nome						
WA	VE DIVISION HOLDINGS LLC	10	744 Name						
Ins all a (as pag	ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sec identified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K 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.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt b}$ k 3 below.	e entered on line 1 of							
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be blow.	entered on line 2 in block							
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		n						
	Line 1. Enter the amount of gross receipts from space it Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	Ψ 1,545,742.50	<u>-</u>						
	This is your minimum fee.	\$ 16,425.4	1						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check							
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	_						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	0						
	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	\$ 16,425.4	1Cable 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 0.00								
	zero. 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	\$ 17,150.4	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAYE DIVISION HOLDINGS LLC	SYSTEM ID# 10744									
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadca	st stations									
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	Enter the total number of channels on which the cable	25									
	system carried television broadcast stations										
	Enter the total number of activated channels										
	on which the cable system carried television broadcast stations	368									
	and nonbroadcast services										
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 Telephone 425-217-4000										
	Address 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)										
	BOTHELL WA 98021 (City, town, state, zip)										
	Email tax.dept@wavebroadband.com Fax (optional) 425-217	-4001									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re	gulations.									
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	ce B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cat in line 1 of space B and that the owner is not a corporation or partnership; or	lle system as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.	owner of the cable system									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ined herein									
	X /s/ John Feehan										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	•									
	Typed or printed name: JOHN FEEHAN										
	Title: CFO (Title of official position held in corporation or partnership) Date: August 16, 2019										
	Date: August 16, 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor 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 sufficiency of the fling, a determination that would be made by a court of law

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
WAVE DIVISION HOLDINGS LLC 10744	rumo					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions						
made by satellite carriers to satellite dish owners?						
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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG											
1	LEGAL NAME OF OWNER OF CABL				S	STEM ID#					
•	WAVE DIVISION HOLDI	NGS LLC				10744					
	SUM OF DSEs OF CATEGOR		NS:								
	Add the DSEs of each station				0.00						
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00						
2	Instructions:										
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSI	= as "1.0": for	each network or noncom-						
of DSEs for	s for mercial educational station, give the DSE as ".25."										
Category "O"											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
A dd											
Add rows as											
necessary.											
Remember to copy all formula into new											
rows.											
		ļ									
]									

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				\$	3YSTEM ID# 10744		
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	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYP		3E		
			÷		=	x	=			
							<u>=</u>			
			÷		=	x x	=			
			÷		=	x	=			
							<u>=</u>			
			÷	:	=	x	=			
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		nedule,		0.0	00			
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 									
				BASIS STATION						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=			÷	=		
		÷		=			÷	=		
		÷		=			÷	=		
		÷		=			÷	=		
	Add the DSEs	of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa			▶	0.0	00			
5 Total Number of DSEs	number of DSE: 1. Number o 2. Number o 3. Number o	ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedu	le and add them to provi	0.00 0.00 0.00	0.00		
	TOTAL NUMBE	IN OF DOES						0.00		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C							S	YSTEM ID# 10744	Name
Instructions: Bloc									
In block A:			part 6 and part	7 of the DSE sche	edule hlank ar	nd complete pa	art 8 (nage 16) of	the	6
schedule. • If your answer if				7 Of the BOL Son	oddio blarik di	ia compicto pe	art o, (page 10) or	uic	· ·
• II your answer II	No, complete bio			ELEVISION M	ARKETS				Computation of
Is the cable syster effect on June 24,	1981?		•	aller markets as de				gulations in	3.75 Fee
	olete blocks B and		30 NOT 00W		MINDEROIT	7411 074107			
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 on ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and reguled pursuant	lations cited be to the FCC ma	elow pertain to the rket quota rules [7	ose in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric	cal educational d station (76. or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	*F A station pre	viously carrie JHF station w	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								<u> </u>	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	nart 5 of this	schedule				_	
Line 2: Enter the								-	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro									Do any of the DSEs represent
							x 0.03	375	partially permited/
Line 5: Multiply I	ine 4 by 0.0375	and enter si	ım here				X		partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3					-	If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	WAVE DIVISION								S	48TEM ID# 10744
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—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)). 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.									
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRI	OR 3. AC	orksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those noter former FCC rules governing part-time and substitute carriage. Int station identified by the letter "F" in column 2 of part 6 of the DSE schedule in for a single accounting period, occurring between January 1, 1978 and June 30, 1981 and year in which the station was carried by listing one of the following letters ons cited below pertain to those in effect on June 24, 1981. Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring tx FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the aper SA3 form. The current accounting period as computed in parts 2, 3, and 4 of this schedule di nodumns 2 and 5 and list the smaller of the two figures here. This figure should be enterer for this station. In columns 2, 3, and 4 must be accurate and is subject to verification from the designater and provision. FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE BLOCK A: MAJOR TELEVISION MARKET pp 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? No—Proceed to part 8 B Contour Stations primary stream of a be Contour, in whole to firm the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Was any station listed in block 8 of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) CALL SIGN DSE CALL SIGN DSE						
	0.014			_				-		DOL
7 Computation of the	In block A: If your answer is	"Yes," comple	ete blocks B and C	,	pa	art 8 of the DSE sched	ule.			
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the of	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: C	arriage of VH	F/Grade B Contoui	Stations		BLOCK	C: Compu	tation of Exem	pt DSE	s
	commercial VHF station that places a grade B contour, in whole Inity served by the cable system prior to March 31, 1972? (refe									
	 									
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN_	DSE
		carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. 1. List the call sign for each distant station identified by the letter "Fin countm2 of part 6 of the DSE schedule 2. Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 3. Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) 4. Indicate the basis of carriage on which the station was carried by listing one of the following letter that the FCC unless and regulations cittled below periant to those in effect on June 24, 1981 and the specialty programming. Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.58(pt), 176.58(pt),								
				<u>-</u>			 			
				-						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,543,742.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC								
	'	WAVE DIVISION HOLDINGS LLC	0/44						
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u> .						
8 Computation of Base Rate Fee	You me 6 was 6 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. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. In answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. In 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 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) ▶\$ 1,543,742.00							
	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.)							
	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)							
		(the amount in section 1). ▶ \$ 10,821.63 C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	· <u></u> .						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	10744	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount 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) \$		
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	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chapter G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To ta exclusion, you must:	ke advantage of this	of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist	ant to the same	Base Rate Fee and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the same group of stations.	mine the number of	Syndicated Exclusivity
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.	B below. However,	Distant Stations, and
How to Identify 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 carried to that community.	t station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the the same 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 dis		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you groups.	r system's subscriber	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give 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	
subscribers in the group.		
If:1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave	re it in parts 2-3	
and 4 of this schedule; or,		
any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it part 6 of this schedule.	t in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene in the paper SA3 form. 	eral instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do not be subscribered in the subscribers in that group. Output Description:	p (that is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP S	LEGAL NAME OF OWN						S	YSTEM ID#	Nama
SIECOND SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP SCOND SUBSCRIBER GROUP SECOND SUBSCRIBE	WAVE DIVISION H	OLDING	S LLC					10744	Name
SIECOND SUBSCRIBER GROUP	В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group S D.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Third Group S D.00 CALL SIGN DSE CALL								UP	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group S 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY AREA D.	COMMUNITY/ AREA	Silverto	on, Woodburn, Po	rtland, ٤	COMMUNITY/ ARE	A		0	9
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ACCOUNTING PERIOD: 2019/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 10744 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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 9 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: Computation First 50 major television market Second 50 major television market Base Rate Fee **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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown