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										
Bowner	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 submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.									
	WAVE DIVISION HOLDINGS LLC									
				1405220191						
				14052 2019/1						
	3700 MONTE VILLA PARKWAY BOTHELL W 98021									
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address									
System	. IDENTIFICATION OF CABLE SYSTEM:	or the system, if an	erent from the dadress give	П п орасс В.						
System	WAVE BROADBAND									
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identi	fy only the frst comr	munity served below and rel	ist on page 1b						
Area	with all communities.		•							
Served	CITY OR TOWN	STATE								
First	ROCKLIN CA									
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	Α	1						
	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORM SA3E. PAGE 1b.				1							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
WAVE DIVISION HOLDINGS LLC			14052								
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-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
ROCKLIN	CA			First							
				Community							
			•••••								
				See instructions for							
				additional information							
				on alphabetization.							
				Add rows as necessary.							

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

14052

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.

BLC	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		NAIL	+	CATEGORY OF SERVICE	SUBSCRIBERS	NAIL	
Service to first set	14,154	\$	25.95					
Service to additional set(s)								
FM radio (if separate rate)								
Motel, hotel	400	\$	25.95					
Commercial								
Converter								
Residential								
Non-residential		ļ						

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							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			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** 14052 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) KCRA - NBC 3 Ν No SACRAMENTO, CA KCRADT2 - MeTV 3.2 Ν No SACRAMENTO, CA See instructions for additional information **KVIE - PBS** Ε 6 No SACRAMENTO, CA on alphabetization. 6.2 Ε No KVIE2 SACRAMENTO, CA **KVIEDT4 - PBS K** 6.4 Ε No SACRAMENTO, CA Ν KXTV - ABC 10 No SACRAMENTO, CA **KXTV - Justice Ne** No 10.2 Ν SACRAMENTO, CA Ν **KOVR - CBS** 13 No SACRAMENTO, CA **KOVRDT2 - Deca** 13.2 Ν No SACRAMENTO, CA **KSPX-ION** 29 Ν No SACRAMENTO, CA Ν KMAX - CW 31 No SACRAMENTO, CA KCSO - Telemund 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 Ν **KQCA - MyNetwo** 58 No STOCKTON, CA N **KQCADT2 - Movie** 58.2 No STOCKTON, CA **KQCADT3 - Estre** 58.3 Ν STOCKTON, CA No

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 14052 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: 2019/1
LEGAL NAME OF OWNER OF						S	SYSTEM ID#	Name
WAVE DIVISION HOLD	DINGS LLC	<u> </u>					14052	Nume
SUBSTITUTE CARRIAGE								ı
In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or autl	norizations.	For a further	Substitute
1. SPECIAL STATEMENT	_							Carriage: Special
During the accounting per broadcast by a distant stat	tion?			-		Yes	XNo	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ıst complete	the progran	n	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian static atth and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additional network televition and that your authorizational truse general of the separation of the	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purposed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is idenorogram. Use cable system. 15 p.m. to 6:2 mming that yet; enter the letters	during the arramming of a ns located in List specific nsed by the hitified). numerals, which was a part of the second properties of the second pro	ccounting another state the paper program FCC or, in with the mones accurately ould be was required listed pro	th y	
S	SUBSTITUT	E PROGRAM			EN SUBSTIT		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		MES	DELETION	
					_	_		
					_	_		
					_	_		
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	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	AVE DIVISION HOLDINGS LLC	14052	Name					
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secidentified 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. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts					
• Coi • Coi • If ye fee • If ye	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account.		Copyright Royalty Fee					
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	pe entered on line 1 of						
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 2,243,397.00						
	This is your minimum fee.	\$ 23,869.74						
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	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 23,869.74	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 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	\$ 24,594.74	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the						

1	FURNI SASE. FAGE 0.										
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 14052										
М	CHANNELS										
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
	Enter the total number of channels on which the cable										
	system carried television broadcast stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations										
	and nonbroadcast services										
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual										
	we can contact about this statement of account.)										
Individual to Be Contacted											
for Further	Name OXANA SOSKOVA Telephone 425-217-4000										
Information	Name OXANA GOSTOTA										
	Address 3700 MONTE VILLA PARKWAY										
	(Number, street, rural route, apartment, or suite number)										
	BOTHELL W 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 regulations.										
0											
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 identified in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.										
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 										
	[18 U.S.C., Section 1001(1986)]										
	V Int Labor Frances										
	X /s/ John Feehan										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.										
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.										
	Typed or printed name: JOHN FEEHAN										
	Title: CFO										
	(Title of official position held in corporation or partnership)										
	D. I										
	Date: August 16, 2019										

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U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name						
WAVE DIVISION HOLDINGS LLC 14052							
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 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							

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ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#							
1	WAVE DIVISION HOLDI	NGS LLC				14052							
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:										
	 Add the DSEs of each station 												
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00								
	Instructions:												
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	the letter "O" in column 5								
	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
Computation of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs												
Category "O"	mercial educational station, give	ve the DSE as		IC: DCEo									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
Stations	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL							
Add rows as													
necessary.						••••••							
Remember to copy													
all formula into new													
rows.													

						••••••							
		[

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				S	3YSTEM ID# 14052			
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 I	_AC STATIONS:	COMPUTAT	ION OF DSFs					
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		3E			
			÷		= <u> </u>	<u>x</u>	=				
				:		X X					
			÷	:	=	<u>x</u>	=				
			÷ -			X					
							= =				
			÷		=	x	=				
	Add the DSEs	OF CATEGORY LAC S of each station. Im here and in line 2 of p		edule,		0.00					
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are 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). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the ii s in the calendal in 2 by the figur (For more inforr	gram that your systen eletter "P" in column ring that optional carr nonnetwork program nformation in space I. r year: 365, except in e in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs tha column 4. Round to no let the general instructions	2 of t were deleted	orm).			
						ATION OF DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	8	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=			÷ -	=			
		÷		=			. ÷	=			
		÷		=			÷	=			
		÷		=			÷ -	=			
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p		edule,		0.00)				
5		ER OF DSEs: Give the am sapplicable to your system		oxes in parts 2, 3, and	4 of this schedul	le and add them to provide	e the tota				
Total Number	1. Number of	f DSEs from part 2●				>	0.00				
of DSEs		f DSEs from part 3 ●				>	0.00				
	3. Number o	f DSEs from part 4 ●				>	0.00				
	TOTAL NUMBE	R OF DSEs					•	0.00			

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

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					S	YSTEM ID#	
WAVE DIVISION	ON HOLDINGS	LLC						14052	Name
Instructions: Block A:									C
 If your answer if schedule. 	"Yes," leave the re	emainder of p	oart 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ADVETS				Computation of
Is the cable syster effect on June 24,						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
	plete part 8 of the	schedule—[DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo ne 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 rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursu. *F A station pre G Commercial L	ules and reguled pursuant to as defined to all educations of the state	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding sure (76.7) ne or substitute bacontour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.50 (e)	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		each distant e stations ide	station listed ir	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	
	1								
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter so	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	: 3				. X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	25

Name	WAVE DIVISION								S	4951EM ID# 14052	
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	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
1	1. CALL SIGN	2. PRIO		COUNTING		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
1	SIGIV	DOL		-				JOL		DOL	
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blar	k and complete	•	art 8 of the DSE sched					
Syndicated Exclusivity			BLOC	K A: MAJOR	H	ELEVISION MARK	<u>EI</u>				
Surcharge	Is any portion of the control o	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?	
	• 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								TTED		
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exempt DSEs								}	TED U- E	
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places					ted in block B of part 7 carried in any commu- cable system prior to March 31, 1972? (refe 76.159)				
	X Yes—List each si				X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.						
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
			-								
		ļ		<u>-</u>			 				
							<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# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,243,397.00	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 defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	iE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	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 4a	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 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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:	SYSTEM ID#							
		WAVE DIVISION HOLDINGS LLC	14052							
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		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge. \$	<u></u> .							
		otions.								
8		ictions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	part							
0		checked "Yes," use the total number of DSEs from part 5.								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of		ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow							
Base Rate Fee	blank	«								
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	cal							
	JCI VICE	e died, dee page (v) of the general mondedone.								
	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)	.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)	<u>- </u>							
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 15,726.21								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here ▶ \$	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	_							
		Base Rate Fee	<u></u>							

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVI	E DIVISION HOLDINGS LLC	14052	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the figure in section 2 is more than 4.000, compute your base rate fee fiere and leave section 5 blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) > \$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	Dase Nate 1 cc
	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)	0.00	
	Base Rate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	st signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	I line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of
		a tha aama	Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	each group.	Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in propute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	,	Stations, and
	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 states that community.	ion you	Stations
	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo	ocated	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
Compu groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
	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 to all bers in the group.	of the	
• If:	bers in the group.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3,	
2) any	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b	lock B,	
	6 of this schedule.		
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	netructions	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	เอแนบเปกร	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the		
DSEs f	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.		

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
WAVE DIVISION F	IOLDING	33 LLG					14052	
В		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU	JP	 		SUBSCRIBER GRO		9
COMMUNITY/ AREA	ROCKL	.IN		COMMUNITY/ ARE	A		0	_
			T 505			П оли отол		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
				-				and
								Syndicated
			<u> </u>					Exclusivity
				-		 	·····	Surcharge
			•					for
		_						Partially
								Distant
		_						Stations
								
	-							
		Ц				11	0.00	
Total DSEs		-	0.00	Total DSEs		=	0.00	
Gross Receipts First G	roup	\$ 2,243	,397.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************		-						
		_	<u>.</u>					
				-				
		-			•••••			
		_						
	<u> </u>							
			 					
			†					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	•		1		•			
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rat	te fees for each subsc	riber aroun	as shown in the boxe	s above			
Enter here and in block			5.0up			\$	0.00	

WAVE DIVISION H							14052	Name
В				TE FEES FOR EAC			LID.	
		SUBSCRIBER GRO	אטר	COMMUNITY ASS		SUBSCRIBER GRO		9
COMMUNITY/ AREA ROCKLIN			COMMUNITY/ ARE	Α		0	Computat	
CALL SIGN	DSE CALL SIGN DSE			CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
	<mark>.</mark>	<u> </u>	<u></u>		<mark>.</mark>			for
	<mark>.</mark>							Partially
	<u> </u>	-			·····		····	Distant Stations
		-					<u> </u>	Stations
						-		
	<u> </u>	·	<u></u>					
otal DSEs	•	•	0.00	Total DSEs	•	•	0.00	
		. 0.04			1.0			
ross Receipts First G	roup	\$ 2,243	3,397.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
	<mark>.</mark>		<u></u>				·····	
			<u></u>					
		 		 				
						+		
otal DSEs			0.00	Total DSEs			0.00	
	_	_					_	
Fross Receipts Third (Froup	\$	0.00	Gross Receipts Fou	irtn Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		-				-	•	
			scriber group	as shown in the boxe	es above.		_	
Enter here and in block	3, line 1,	space L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2019/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown