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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/22/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
Δ			

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		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	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WAVE DIVISION HOLDINGS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3700 MONTE VILLA PARKWAY	
		(Number, street, rural route, apartment, or suite number)	
		BOTHELL WA 98021 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1		
		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)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	24264
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
Area	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 h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PACKWOOD	WA
Community		
Add Rows as Necessary		
		-

								FORM SA1	-2E. PAGE
Name								515	2426
	WAVE DIVISION HOLDI	NGS LLC							2720
Е	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Secondary Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc				,				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-n	and block. A tv	vo- or thre	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	357	EKS	25.95	CAT	EGORT OF SER	(VICE	SUBSCRIBERS	RAI
	Service to first set	557		23.55					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		23	25.95					
	Commercial		20	23.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		3 • • • • • ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISU			ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00	• Mo	tel, hotel					
	Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pay	y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	29.95		glar protection					
	Additional set(s)	14.95		services:					
	• FM radio (if separate rate)			connect		29.95			
	Converter			connect					
			• Out	tlet relocation					
				tlet relocation ve to new addr	ess				

counting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 2426
	WAVE DIVISION HOL			2420
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>ct</i> (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a s the Special Statement and Program ed both on a substitute basis and al s, see page (v) of the general instruc- program services such as HBO, ES te-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the statio	 time basis under arrans [sections carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KOMO - ABC	4	N	SEATTLE, WA
dd Rows as Necessary	KOMODT2 - CometTV	4.2	Ν	SEATTLE, WA
	KOMODT3 - Charge!	4.3	Ν	SEATTLE, WA
	KING - NBC	5	Ν	SEATTLE, WA
	KINGDT2 - Justice Ne	5.2	Ν	SEATTLE, WA
	KINGDT3 - Quest	5.3	Ν	SEATTLE, WA
	KIRO - CBS	7	Ν	SEATTLE, WA
	KIRODT2 - getTV	7.2	N	SEATTLE, WA
	KIRODT3 - Laff	7.3	Ν	SEATTLE, WA
	KCTS - PBS	9	E	SEATTLE, WA
	KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA
	KCTSDT3 - Create	9.3	E	SEATTLE, WA
	KSTW - CW	11	Ν	ТАСОМА, WA
	KSTWDT2 - Decades	11.2	Ν	TACOMA, WA
	KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
	KCPQ - FOX	13	Ν	TACOMA, WA
	KONG - Independent	16	l	EVERETT, WA
	KTBW - TBN	20	Ν	SEATTLE, WA
	KZJO - JOEtv	22	Ν	SEATTLE, WA
		22.3	Ν	SEATTLE, WA
	KZJODT3 - Antenna T	22.5		•= <i>i</i> (: : == <i>i</i> (: : i)
	KZJOD13 - Antenna 1 KWPX - ION	33	N	BELLEVUE, WA
	KWPX - ION	33	N	BELLEVUE, WA
	KWPX - ION	33	N	BELLEVUE, WA

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LLC		24264
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations:)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	arried by your cable system on a subs	ons carried on a
		in space G-but do list it in space I (i	he Special Statement and Program Lo	pg)—if the
	basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form.	d both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. J, etc. Identify each : multistream
	of license. For example, WF Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter	RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr	evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast).
			the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM II 242
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio state this by placing Sive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKTION OF STATION	UALL SIGN		310		

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	INGS LL	C					24264
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	ı
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 en in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			ith the mor	ith
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. she	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the I	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		10	
							-	
							-	
							-	
							_	
							_	
						_	_	
							-	
							_	
							-	
						_	-	
							-	
							-	
						_	_	
							-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 24264
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 8,574.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1 Rovalty Fee Rayable for Accounting Pariod (from Plack 1.2 or 2 should)	52.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	15.00	
		10.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: DN HOLDINGS LLC		SYSTEM ID# 24264
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number of channels on which t rs, and (2) the cable system's total number of actival al number of channels on which the cable d television broadcast stations	ed channels during the accounting period.	21
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION I about this statement of account.)	S NEEDED (Identify an individual to whom	
for Further Information	Name	OXANA SOSKOVA	Τ	elephone 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) 4	25-217-4001
O	I, the undersig (Ow (Age X (Of I have examinare true, complete	Enter signature using	boxes.) wner of the cable system as identified in line 1 of am the duly authorized agent of the owner of th on or partnership; or intner (if a partnership) of the legal entity identific enalty of law that all statements of fact containen, and belief, and are made in good faith. Feehan gnature on the line above to certify this statemer an "/s/ signature" (e.g., /s/ John Smith) FEEHAN	of space B; or ne cable system as identified ed as owner of the cable system ed herein
		Date:	8/16/2019	

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

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
/E DIVISION HOLDINGS LLC	2426
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 fol- lowing 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 sub- scribers 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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusior
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 Name Mailing Address Mailing Address	
	m
INTEREST ASSESSMENT	
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 located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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