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 | | | | |
| 3,22,2010 | | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | |
|----------------------|--|--------------------|-----------------------------|----------------------------|--|--|--|
| Accounting Period | 2019/1 | | | | | | |
| B | 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 submi a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 25544 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC | | | | | | |
| | | | | 2554420191 25544 2019/1 | | | |
| | 3700 MONTE VILLA PARKWAY BOTHELL WA 98021 | | | 20044 2010/1 | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (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. Identify | only the frst comm | nunity served below and rel | ist on page 1b | | | |
| Area Served | with all communities. CITY OR TOWN | STATE | | | | | |
| First | CAMANO ISLAND CENTRAL | WA | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | |
| Sample | Alda | MD | A | 1 | | | |
| | Alliance | MD | В | 2 | | | |
| | Gering | MD | В | 3 | | | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
|--|---------------------|------------|------------|---|--|--|--|--|--|
| WAVE DIVISION HOLDINGS LLC | | | 25544 | | | | | | |
| 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 first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. | | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile h below the identified city or town. | | = | ntheses | | | | | | |
| 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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column | nd a subscriber gro | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | - | | | | | |
| CAMANO ISLAND CENTRAL | WA | Α | | First | | | | | |
| SEVEN LAKES | WA | Α | | Community | | | | | |
| BIG LAKE | WA | A | | | | | | | |
| LA CONNER | WA | Α | | | | | | | |
| BAYVIEW | WA | Α | | _ | | | | | |
| | | | | See instructions for additional information | | | | | |
| | | | | on alphabetization. | | | | | |
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| | | | | | | | | | |
| | | | | Add source as a second | | | | | |
| | | | | Add rows as necessary. | | | | | |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

25544

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL | OCK 1 | | BLOCK 2 | | | | |
|--|-----------------------|----|---------|---------------------|-----------------------|------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | |
| Residential: | | | | | | | |
| Service to first set | 10,874 | \$ | 25.95 | | | | |
| Service to additional set(s) | | | | | | | |
| FM radio (if separate rate) | | | | | | | |
| Motel, hotel | 366 | \$ | 25.95 | | | | |
| Commercial | | | | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | | | | | | |

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.

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 25544 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 CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) **CBUT - CBC** 2 VANCOUVER, BC ı Yes KOMO - ABC 4 Ν No SEATTLE, WA See instructions for additional information 4.2 Ν **KOMODT2 - Com** No SEATTLE, WA on alphabetization. 4.3 Ν No KOMODT3 - Charg SEATTLE, WA 5 Ν No KING - NBC **SEATTLE, WA** Ν KINGDT2 - Justice 5.2 No SEATTLE, WA No KINGDT3 - Quest 5.3 Ν SEATTLE, WA Ν KIRO - CBS 7 No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA SEATTLE, WA KCTS - PBS 9 Ε No KCTSDT2 - PBS I 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA Ν KSTWDT2 - Decad 11.2 No TACOMA, WA Ν **KVOS - Heroes &** 12.1 No **BELLINGHAM, WA KCPQ - FOX** 13 Ν No TACOMA, WA **KONG** - Independ 16 **EVERETT, WA** 1 No

| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2019/ |
|--|--|------------------------------------|---|---|--|------------------|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# 25544 | Name |
| WAVE DIVISION | | | | | 25544 | |
| carried by your cable s | G, identify ever | y television st he accounting | period, except | (1) stations carrie | and low power television stations) and only on a part-time basis under ain network programs [sections | G |
| 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S | Primary Transmitters: Television | | | | | |
| basis under specifc FC • Do not list the station station was carried | here in space | G-but do lis | | e Special Statem | ent and Program Log)—if the | |
| List the station here, | and also in spa formation cond | ace I, if the sta | | | tute basis and also on some other f the general instructions located | |
| Column 1: List eac each multicast stream cast stream as "WETA | h station's call associated with | h a station ac | cording to its ov | er-the-air designa | s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example | |
| | se. For example | e, WRC is Ch | - | | ion for broadcasting over-the-air in may be different from the channel | |
| Column 3: Indicate educational station, by | in each case vertering the le | whether the st etter "N" (for n | etwork), "N-M" (| for network multic | ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). | |
| planation of local servi | ation is outside ce area, see pa | the local sen age (v) of the | vice area, (i.e. "o general instruct | distant"), enter "Ye ions located in the | es". If not, enter "No". For an ex- e paper SA3 form. | |
| cable system carried the carried the distant stati | ne distant statio ion on a part-tir | on during the me basis beca | accounting perions ause of lack of a | od. Indicate by en activated channel | stating the basis on which your tering "LAC" if your cable system capacity. payment because it is the subject | |
| the cable system and a tion "E" (exempt). For s | a primary trans simulcasts, als | mitter or an a o enter "E". If | ssociation repre you carried the | senting the prima channel on any of | stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form. | |
| | Canadian statio | ns, if any, giv | e the name of th | ne community with | which the station is licensed by the name which the station is identifed. 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 | |
| KTBW - TBN | 20 | N | No | (II Distant) | SEATTLE, WA | |
| KZJO - JOEtv | 22 | N | No | | SEATTLE, WA | |
| KZJODT3 - Anten | 22.3 | N | No | | SEATTLE, WA | |
| KWPX - ION | 33 | N | No | | BELLEVUE, WA | |
| KFFVDT2 - Azteca | 44.2 | N | No | | SEATTLE, WA | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25544 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 CABLE SYSTEM: | | | | SYSTEM ID# | Name |
| WAVE DIVISION HOLDINGS LLC | | | | 25544 | |
| SUBSTITUTE CARRIAGE: SPECIAL STATEME | NT AND PROGRAM LOG | i | | | |
| In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under spexplanation of the programming that must be included | ecific present and former FC | C rules, regul | ations, or authorizations. | For a further | Substitute |
| 1. SPECIAL STATEMENT CONCERNING SUBS | | | | | Carriage: Special |
| During the accounting period, did your cable syster broadcast by a distant station? Natural forms are seen in "Na", leaves the react of this period. | | - | Yes | XNo | Statement and Program Log |
| Note: If your answer is "No", leave the rest of this palog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS | ge blank. If your answer is | Yes," you mu | ust complete the progra | m | |
| In General: List each substitute program on a separ clear. If you need more space, please attach addition Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization SA3 form for futher information. Do not use general titles, for example, "I Love Lucy" or "NBA Basketball: Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program can stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of gram was substituted for programming that your systeffect on October 19, 1976. | nal pages. vision program (substitute pour cable system substitutens. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "Nasting the substitute prograthe community to which the community with which the stem carried the substitute pogram was carried by your oried by a system from 6:01: n was substituted for prograuring the accounting period | rogram) that, d for the progeral instruction "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let | during the accounting tramming of another states and located in the paper List specific program and th | tion nth ly | |
| SUBSTITUTE PROGRAI | | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON | |
| 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S | | 5. MONTH | 6. TIMES | FOR DELETION | |
| Yes or No CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | |
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| | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
|--|---|-----------------------|-------------------------|---------------|---|--|--|--|
| | VE DIVISION HOLDINGS LLC | | | 25544 | Name | | | |
| all a (as pag | COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. | ndary | / transmi te this ar | ssion service | K Gross Receipts | | | |
| ConConIf youIf youIf you | 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 back 3 below. | e ente | ered on li | ne 1 of | | | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ slow. | entere | ed 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. | uld be | entered | on line | | | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. | | 064 perc | ent of the | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | | \$ | 1,732,567.00 | | | | |
| | Enter the result here. This is your minimum fee. | \$ | | 18,434.51 | | | | |
| 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 colurn "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of the property of the | nn 4, <u>y</u> od? | you mus | t 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 | | \$ | 18,434.51 | | | | |
| | 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 | \$ | | 18,434.51 | | | | |
| 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 | | \$ | 18,434.51 | 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 zero. | | | | | | | |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | |
| | 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 | \$ | | 19,159.51 | appropriate form for submitting the additional fees. | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form for more information.) | See p | age (i) o | f the | | | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|------------------------------------|---|------------|
| Name | WAVE DIVISION HOLDINGS LLC | 25544 |
| | CHANNELS | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | |
| 01 | 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 | |
| | 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 | |
| | and nonlineadada controls | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| for Further | 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) | |
| | Empile tay dont@wayobroadband.com Fay (antique) 425-217-4001 | |
| | Email tax.dept@wavebroadband.com Fax (optional) 425-217-4001 | |
| | CERTIFICATION (This statement of account must be cartifed and signed in accordance with Convigate Office regulations | |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of 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 identifie | d |
| | 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 sys in line 1 of space B. | stem |
| | | |
| | 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)] | |
| | | |
| | | |
| | /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 | |
| | "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting | ა. |
| | Typed or printed name: JOHN FEEHAN | |
| | | |
| | | |
| | Title: CFO | |
| | (Title of official position held in corporation or partnership) | |
| | 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 lav

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|--|---|
| WAVE DIVISION HOLDINGS LLC | 25544 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instrupance SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO | for the basic not include sub- section 119." | Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for | | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | x 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | - terest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give filing. | | |
| Owner Address | | |
| First community served Accounting period ID number | | |
| | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 | E 11. (CONTINUED) | | | | | | | | | | |
|----------------------|--|-----------------------|----------------------------------|--|------------------------|----------|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABI | LE SYSTEM: | | | SY | STEM ID# | | | | | |
| • | WAVE DIVISION HOLDINGS LLC 25 | | | | | | | | | | |
| | SUM OF DSEs OF CATEGO | | | | | | | | | | |
| | Add the DSEs of each statio | | | | 4.00 | | | | | | |
| | Enter the sum here and in line | e 1 of part 5 of this | s schedule. | | 1.00 | | | | | | |
| 2 | Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 | | | | | | | | | | |
| | In the column headed "Call of space G (page 3). | Sign": list the ca | ll signs of all distant stations | s identified by the | letter "O" in column 5 | | | | | | |
| Computation | In the column headed "DSE | ": for each indep | endent station, give the DSE | E as "1.0"; for ea | ch network or noncom- | | | | | | |
| of DSEs for | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | T TT | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | |
| | CBUT - CBC | 1.000 | | · | | | | | | | |
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| Add rows as | | | | · ···································· | | | | | | | |
| necessary. | | | | <u> </u> | | | | | | | |
| Remember to copy | | | | - - | | | | | | | |
| all formula into new | | | | | | | | | | | |
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| Name | | DWNER OF CABLE SYSTEM: SION HOLDINGS LLC | ; | | | | S | 25544 | |
|---|---|--|-------------------------------|--|--------------------------------|-----------------------------|---------------------------------|--------|--|
| 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. TYPE | | SE | |
| | | | ÷ | | = | x | = | | |
| | | | | | | | <u>-</u> | | |
| | | | ÷ | | | x x | <u> </u> | | |
| | | | ÷ | | = | x | | | |
| | | | | : | | | <u>=</u> | | |
| | | | ÷ | : | | x | <u>-</u> | | |
| | Add the DSEs | of CATEGORY LAC Sof each station. Im here and in line 2 of page | | nedule, | | 0.0 | ס | | |
| 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). | | | | | | | | |
| | 4 0411 | | | BASIS STATION | | | 0.11111055 | 4 505 | |
| | 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 | | | |
| 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 provid | 1.00 0.00 0.00 | 4.00 | |
| | TOTAL NUMBE | K UF DSES | | | | | <u> </u> | 1.00 | |

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

| LEGAL NAME OF C | WNER OF CABLE | SYSTEM: | | | | | S | YSTEM ID# | |
|--|---|--|--|--|--|---|-----------------------|--------------|--|
| WAVE DIVISION | N HOLDINGS | LLC | | | | | | 25544 | Name |
| Instructions: Bloc In block A: | ck A must be com | pleted. | | | | | | | _ |
| If your answer if schedule. | | | · | 7 of the DSE sche | edule blank a | nd complete pa | art 8, (page 16) of | f the | 6 |
| If your answer if | "No," complete blo | | | TELEVISION M | ARKETS | | | | Computation of |
| Is the cable syster effect on June 24, | | | | | | section 76.5 of | FCC rules and re | gulations in | 3.75 Fee |
| | plete part 8 of the lete blocks B and | | OO NOT COM | PLETE THE REMA | AINDER OF I | PART 6 AND 7 | • | | |
| | | 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: T | part 2, 3, and 4 on ne 25, 1981. For fund he 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 | ules and reguled pursuant to as defined to all educations of the state | lations cited b to the FCC ma d in 76.5(kk) (7 all station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B | ne or substitute ba contour, [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 | | |
| Column 3: | | e stations ide | entified 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 | |
| CBUT - CB | D | 1.00 | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 1.00 | |
| | | В | LOCK C: CC | MPUTATION O | F 3.75 FEE | | | | |
| Line 1: Enter the | total number of | DSEs from | part 5 of this | schedule | | | v- | 1.00 | |
| Line 2: Enter the | sum of permitte | ed DSEs from | m block B ab | ove | | | | 1.00 | |
| Line 3: Subtract (If zero, l | | | | r of DSEs subject 7 of this schedu | | rate. | | 0.00 | |
| Line 4: Enter gro | ess receipts from | ı space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply li | ine 4 by 0.0375 | and enter s | um here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | · | <u>-</u> | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply li | ine 6 by line 5 aı | nd enter her | e and on line | 2, block 3, spac | e L (page 7) |) | | 0.00 | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 25544 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 Worksheet for 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 Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 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. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 3. ACCOUNTING 6. PERMITTED 1. CALL 2. PRIOR 4. BASIS OF 5. PRESENT **PERIOD CARRIAGE** DSE DSE SIGN DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE CALL SIGN DSE CBUT - CBC 1.00 **CBUT - CBC** 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC | SYSTEM ID# 25544 | Name |
|---------------|--|---------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 1,732,567.00 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 1.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 1.00 | of the Syndicated |
| | 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 D is 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 | | |
| 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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | SE | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| , | WAVE DIVISION HOLDINGS LLC | 25544 | | | | | | | | |
| Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\\$\$ | | | | | | | | | |
| Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. | | | | | | | | | | |
| | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | | |
| • Did v | | | | | | | | | | |
| 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.) | 1.00 | | | | | | | | |
| Section 3 | B. Enter 0.00701 of gross receipts (the amount in section 1) | | | | | | | | | |
| | Instrue You m 6 was In blo If you blank What i were lo service Did y Section 1 Section 2 | Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00188 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.0089 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 1 (page 7) Syndicated Exclusivity Surcharge. Enter here and on line 2, block 4, space 1 (page 7) Syndicated Exclusivity Surcharge. Instructions: Instructions: In block A, indicate, by checking "Yes" or No, "whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. What is a partially distant station? A station is "partially distant stations, you must complete part 9. Leave block B be blank. What is a partially distant station? A station is "partially distant television stations during the accounting period? Wes—Complete part 9 of this schedule. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Section Tenter the amount of gross receipts from space K (page 7). BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section Tenter the amount of gross receipts from space K (page 7). Enter the total number of permitted DSEs from block B, part 6 of this schedule. If the Section 1 and the section 1 and | | | | | | | | |

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

| LEGAL N | AME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
|------------------|--|------------------|---------------------------------------|
| WAVE | E DIVISION HOLDINGS LLC | 25544 | Name |
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | in the figure in section 2 is more than 4.000, compute your base rate fee field 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 > | _ | |
| | 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 |
| | | | Base Rate Fee and |
| | olivide 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 |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| How to | Identify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| | For each community served, determine the local service area of each wholly distant and each partially distant states that community. | ion you | Stations |
| Step 2: | to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo | | |
| | 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.) | tion (and, by | |
| subscri | 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. | | |
| Groups. | tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst | em's subscriber | |
| | section: | | |
| | 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: | osto in the group. | | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or, | n parts 2, 3, | |
| 2) any | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule. | lock B, | |
| | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| • Calcu | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in | nstructions | |
| | paper SA3 form. ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the 9 of this schedule on th | orecedina | |
| page. DSEs f | n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the 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. | at is, the total | |

| LEGAL NAME OF OWNE WAVE DIVISION H | | | | | | S | YSTEM ID# 25544 | Name |
|--|-------------|----------------|--------------|----------------------|------------|------------------|--------------------|-------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | FIRST | SUBSCRIBER GRO | JP | | SECOND | SUBSCRIBER GROU | JP | ^ |
| COMMUNITY/ AREA | | NO ISLAND CENT | RAL, BI | | 0 | 9 Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | H | | Base Rate F |
| | <u></u> | | | | | - | | and Syndicated |
| | | | | | | | | Exclusivity |
| | | <u> </u> | • | | ••••• | | | Surcharge |
| | | | | | | - | | for |
| | | | | | | | | Partially |
| | | | | | | - | | Distant |
| | | | | | | - | | Stations |
| | | | | | | | | |
| | | | | | | - | | |
| | <u> </u> | | | | | | <u> </u> | |
| | <u> </u> | | | | | • | | |
| | | | | | | | | |
| otal DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First G | iroup | \$ 1,732 | 2,567.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| 3ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | JP | | FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | 0.00 | |

| LEGAL NAME OF OWNE WAVE DIVISION H | | | | | | S | YSTEM ID# 25544 | Name |
|--|-------|-----------------|----------------------|-------------------------|---------------|------------------|--------------------|--------------|
| Bl | | | | TE FEES FOR EACH | | | | |
| | FIRST | SUBSCRIBER GROU | JP | | SECONE | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | NO ISLAND CENT | RAL, BI | COMMUNITY/ AREA | 0 | 9 Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | | | | | | | and |
| | | - | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | <u></u> | | | Partially |
| | | | | | | | ···· | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | ···· | |
| | · | | | | ··· | | ···· | |
| | - | | | | | - | | |
| | | | | | | | | |
| Total DSEs | - | | 0.00 | Total DSEs | | II. | 0.00 | |
| Gross Receipts First G | roup | \$ 1,732 | 567.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | JP | FOURTH SUBSCRIBER GROUP | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| 0,122 0.0.1 | 202 | 07.122 0.011 | | 07.22 0.011 | 202 | 07122 01011 | 302 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group \$ 0.00 | | | Gross Receipts Fourt | h Group | \$ | 0.00 | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | 0.00 | |

ACCOUNTING PERIOD: 2019/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 25544 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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