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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY  DATE RECEIVED AMOUNT								
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY							
	DATE RECEIVED	AMOUNT						
\$ 8/22/2019 ALLOCATION NUMBER	8/22/2019	Y						

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

ACCO	DUNTING 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)							
	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	36835						
	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)							
1	IDENTIFICATION OF CABLE SYSTEM:							
ı	WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM:							
2	3700 MONTE VILLA PARKWAY							
_	BOTHELL WA 98021							
	INSTF	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filling. 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, fural route, apartment, or autie number)  BOTHELL WA 98021  [ICITy town, state, 2ip)  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system or names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in DENTIFICATION OF CABLE SYSTEM:  WAVE BROADBAND  MAILING ADDRESS OF CABLE SYSTEM:						

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 sufficiency of the fling, a determination that would be made by a court of law.

ccounting Period:	2019/1								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID							
Name	WAVE DIVISION HOLDINGS LLC	3683							
	Instructions: List each separate community served by the cable system. A "c								
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future first community.	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowl ilings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First Community	WHIDBEY ISLAND	WA							
Community									
dd Rows as Necessary									

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

WAVE DIVISION HOLDINGS LLC

36835

# 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:	1083	25.95				
Service to first set						
<ul> <li>Service to additional set(s)</li> </ul>						
FM radio (if separate rate)						
Motel, hotel	2	25.95				
Commercial						
Converter						
Residential						
Non-residential						
1		I		l	I	

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 36835

#### WAVE DIVISION HOLDINGS LLC

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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.

**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 multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
CBUT - CBC	2		VANCOUVER, BC
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - CometTV	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - Justice Ne	5.2	N	SEATTLE, WA
KINGDT3 - Quest	5.3	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - getTV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	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	N	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
KCPQ - FOX	13	N	TACOMA, WA
KONG - Independent	16	l	EVERETT, WA
KTBW - TBN	20	N	SEATTLE, WA
KZJO - JOEtv	22	N	SEATTLE, WA
KZJODT3 - Antenna T	22.3	N	SEATTLE, WA
KWPX - ION	33	N	BELLEVUE, WA
KFFVDT2 - Azteca	44.2	N	SEATTLE, WA
KWDK - Daystar	56	N	TACOMA, WA

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 36835 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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. 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 multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC 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. 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 (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **WAVE DIVISION HOLDINGS LLC**

36835

#### PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#	
Name	WAVE DIVISION HOLD	INGS LLO	C					36835	
] Subatituta	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:	1. SPECIAL STATEMENT				ne general mad	dollons in the	c paper OAT	-2 101111.	
Special	During the accounting periods				sis any nonne	twork televis	sion program	n	
Statement and	broadcast by a distant stat	-	r cable system	carry, orr a substitute ba	313, arry mornic	.twork tolovic		X NO	
Program Log	,						YES		
	Note: If your answer is "No"	', leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	the prograr	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.				1 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM	1		URRED	7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то		
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ccounting Period:	_	AL NAME OF OWN	IER OF CABLE	SYSTEM:									SYSTEN	
Name		AVE DIVISIO			;								36	
<b>K</b> Gross Receipts	page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)													
	IMP	ORTANT: You											167,245.0 f gross receipts	
Copyright Royalty Fee	• Con • Use • Use • Use	YRIGHT ROY uctions: To complete block 1, e block 1 if the e block 2 if the e block 3 if the age (vi) of the g	mpute the re block 2, or amount of g amount of g amount of g	oyalty fee block 3. gross rece gross rece gross rece	ipts in spa ipts in spa ipts in spa	ace K is r ace K is r	more than	\$137,10 \$263,80	0 but les	s than \$52		\$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 this six-month accounting period is \$52.00												
	Line	e 1. Royalty fee	for accounti	ng period										
	Line	e 2. Interest cha	ırge. Enter t	he amount	from line	4, space	Q, page 8	8					0.0	0
	Line	e 3. <b>TOTAL RO</b>	YALTY FEE	PAYABL	E FOR AC	COUNTI	ING PERI	OD Add I	ines 1 and	d 2		<u></u>		
			BLOCK	2: GROS	S RECE	IPTS OF	\$263,80	0 OR LE	SS (but	more tha	n \$137	,100)		_
	1. B	Base amount un	der statutory	formula .					\$	263,8	00.00	≡		
	2. E	Enter amount of	gross receip	ots from sp	ace K				\$	167,2	45.00	_		
	3. S	Subtract line 2 fr	om line 1						\$	96,5	55.00	_		
		Enter the amoun	-							-		167,245.00	<u>)                                    </u>	
		Enter the amoun										96,555.00	<u>)                                    </u>	
		Subtract line 5 fr										70,690.00	<u>)                                    </u>	
	7. N	Multiply line 6 by	.005 (enter	figure here	e)							\$	353.4	5
	8. Ir	nterest charge.	Enter the ar	mount from	n line 4, sp	ace Q, pa	age 8						0.0	0
	9. <b>T</b>	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									353.4	5		
			BLOCK 3	: GROSS	RECEIF	TS OF I	MORE TI	HAN \$26	3,800 (b	ut less th	an \$52	7,600)		
	1. E	Enter the amoun	it of gross re	ceipts fron	n space K									
	2. B	Base amount un	der statutory	formula .					\$	263,8	00.00	_		
		Subtract line 2 fr										_		
	4. N	Multiply line 3 by	.01									_	_	
	5. R	Royalty due on t	he first \$263	,800 of gro	oss receipt	ts (under	statutory t	ormula) .		\$		1,319.00	<u> </u>	
	6. Ir	nterest charge.	Enter the ar	mount from	n line 4, sp	ace Q, pa	age 8					0.00	<u>)                                    </u>	
	7. <b>T</b>	TOTAL ROYAL	TY FEE PAY	ABLE FO	R ACCOL	JNTING F	PERIOD.	Add lines	4, 5, and	6				
				FILING F	EE AND	TOTAL	REMITT	ANCE D	JE					
Filia - Fra														
Filing Fee and Fotal Remittance	1. R	Royalty Fee Pay	able for Acc	ounting Pe	eriod (from	Block 1,	2, or 3, at	oove)		<u>\$</u>		353.45	<u>i</u>	
Due	2. F	Filing Fee (See t	the instruction	ns for mor	e informat	ion on fili	ng fee cal	culations)		<u>\$</u>		20.00	<u>)                                    </u>	
	3. T	TOTAL AMOUN	IT DUE FOR	ACCOUN	ITING PEI	RIOD. A	dd lines 2	and 3				\$	373.4	5
		Important:								-	_	ster of Copy	rights!	
			See pag	e i of the o	general in	struction	ns in the p	paper SA	1-2 form	for more i	nforma	tion.		

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O WAVE DIVISION HOLD					SYSTEM ID# 36835
M Channels	to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number on which the cable system	the cable system's to of channels on which broadcast stations. of activated channels m carried television b	the cable		ng period.	332
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual	I to whom	
for Further Information	Name OXAN	A SOSKOVA			Telephone 4	425-217-4000
		MONTE VILLA P street, rural route, apartm				
		ELL WA 98021 n, state, zip)				
	Email	tax.dept@waveb	oroadbar	nd.com Fax (	(optional) 425-217-4001	
	CERTIFICATION (This stat	ement of account mu	st be cert	ified and signed in accordance with Copyrigh	ht Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check one	e, <i>but onl</i> y	one, of the boxes.)		
	(Owner other th	an corporation or pa	rtnership	) I am the owner of the cable system as identified	ied in line 1 of space B;	or
				rtnership) I am the duly authorized agent of the tacorporation or partnership; or	e owner of the cable sys	stem as identified
		ner) I am an officer (if		tion) or a partner (if a partnership) of the legal e	entity identified as owner	r of the cable system
	I have examined the states	ment of account and he		clare under penalty of law that all statements of f e, information, and belief, and are made in good		
			X	/s/ John Feehan		
				electronic signature on the line above to certify the lature using an "/s/ signature" (e.g., /s/ John Smi		
		Typed or printed	name:	JOHN FEEHAN		
			CFO ficial position	on held in corporation or partnership)		
		Date:		8	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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AVE DIVISION HOLDINGS LLC	36835
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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