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			
2-28-20	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2019/2				
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC	ess of the cable system or on the last day of the counting perioa	em the accounting period should s	ubmi _	10744
					420192
				10744	2019/2
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM:  WAVE BROADBAND	and dyeleni, ii aiii.	growth with the duditions give		
	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	with all communities.				
Served	CITY OR TOWN	STATE			
First Community	SILVERTON	WA			
Community	Below is a sample for reporting communities if you report multiple cha			OLID	
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	CH LINE UP  A	SUB	3 GRP#
Sample	Alliance	MD	В		2
	Gering	MD	В		3
			_		

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

FORM SA3E. PAGE 1b.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WAVE DIVISION HOLDINGS LLC			10744				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses							
below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e all communities with the channel line-up "A" in the appropriate column below or leav on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	e the column blank. I h relevant communit	f you report any st y with a subscriber	ations group,				
When reporting the carriage of television broadcast stations on a community-by-con channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	and a subscriber gro						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
SILVERTON	WA	Α		First			
WOODBURN	WA	Α		Community			
PORTLAND	WA	A					
SUBLIMITY SALEM	WA	A					
MOLALLA	WA WA	B A					
SHERIDAN	WA	C		See instructions for additional information			
CANBY	WA	A		on alphabetization.			
				Add rows as necessary.			
				,			
				1			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

10744

## Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		IXAIL	H	CATEGORY OF SERVICE	SUBSCRIBERS	IXAIL	
Service to first set	9,716	\$	25.95					
Service to additional set(s)								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	966	\$	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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:			Installation: Non-residential		
Pay cable	\$	17.00	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		
Fire protection			• Pay cable		
Burglar protection			Pay cable-add'l channel		
Installation: Residential			Fire protection		***************************************
First set	\$	29.99	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>	\$	14.99	Other services:		
• FM radio (if separate rate)			Reconnect	\$ 29.95	
Converter			Disconnect		
			Outlet relocation		
	Move to new address		Move to new address		

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
WAVE DIVISIO					10744	Namo
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati	system during the ions in effect or 5.61(e)(2) and (	he accounting n June 24, 19 4), or 76.63 (i	period, except 81, permitting the referring to 76.6	: (1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your o	cable system on a substitute program	Television
station was carried • List the station here, basis. For further in in the paper SA3 fo	here in space only on a substand also in spa formation conc rm.	G—but do lis titute basis. ace I, if the sta erning substit	t it in space I (thation was carried tute basis station	d both on a substi ns, see page (v) c	ent and Program Log)—if the tute basis and also on some other of the general instructions located	
each multicast stream	associated with	n a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ttion. For example, report multi- h stream separately; for example	
Column 2: Give the ts community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	nington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see pation is outside	tter "N" (for noncommercia page (v) of the the local serv	etwork), "N-M" ( I educational), c e general instru vice area, (i.e. "c	for network multion for "E-M" (for noncontributions located in the distant"), enter "Ye	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
cable system carried the carried the distant stat		•	٠.	•	tering "LAC" if your cable system capacity.	
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**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 10744 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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.

,	5 1	' '	'	•	ı			
CHANNEL LINE-UP AB								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KRCWDT2 - Ante	32.2	N	No		SALEM, OR			
KRCWDT3 - This	32.3	N	No		SALEM, OR			
KPWC - Azteca	37.1	N	No		SALEM, OR			
KPDX - MyNetwo	49	N	No		VANCOUVER, WA			
KPDXDT2 - Escap		N	No		VANCOUVER, WA			
KPDXDT3 - Boun	49.3	N	No		VANCOUVER, WA			
KPDXDT4 - Grit	49.4	N	No		VANCOUVER, WA			

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10744 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE						(	SYSTEM ID# 10744	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LO	<del></del>				
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ccounting pening that must	eriod, under spe st be included i	ecific present and former F0 n this log, see page (v) of th	CC rules, regula	ations, or auth	orizations.	For a further	Substitute Carriage:
<ul> <li>During the accounting per broadcast by a distant sta</li> </ul>	iod, did you			is, any nonnet	twork televisi	on program	ո <b>X</b> No	Special Statement and
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust complete			Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every nor distant statingulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast stationation and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	attach addition nnetwork televion and that your authorization to use general of the additional by the station broadca on's location (the station broadca on's location (the symbol) and the symbol of the program carrillisted program carrillisted program ons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the generategories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program) that, and for the programing traction is licer station is licer station is licer station is iden program. Use cable system. 15 p.m. to 6:2 amming that yell; enter the letter of the program is the system.	during the acramming of a sins located in List specific nsed by the Fatified). numerals, which is the time 8:30 p.m. shour system water "P" if the I	ccounting inother state the paper program  FCC or, in ith the more accurated by the paper program is accurat	tion hth ly	
5	SUBSTITUT	E PROGRAM	I		N SUBSTIT		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —		DELETION	
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	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	AVE DIVISION HOLDINGS LLC	10744	Name					
Ins all a (as pag	COSS RECEIPTS  tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	<b>K</b> Gross Receipts					
• Coi • Coi • If ye fee • If ye	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt k}$ ck 3 below.	pe entered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be elow.	entered on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 1,646,556.00						
	This is your minimum fee.	\$ 17,519.36						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check						
Block	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$ 17,519.36	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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.		submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. <b>FILING FEE</b>							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 18,244.36	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i) of the	Jacob Harrison					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744						
	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	25						
	system carried television broadcast stations	25						
	Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	368						
	and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name OXANA SOSKOVA Te	elephone 425-217-4000						
	Address 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)							
	BOTHELL WA 98021 (City, town, state, zip)							
	Email tax.dept@wavebroadband.com Fax (optional) 42	25-217-4001						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright	Office regulations.						
0								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as 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 in line 1 of space B and that the owner is not a corporation or partnership; or	of the cable system as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ider in line 1 of space B.	ntifed as owner of the cable system						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good [18 U.S.C., Section 1001(1986)]							
	X /s/ John Feehan							
	Enter an electronic signature on the line above using an "/s/" signature to certify this stat (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place y "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling E	our cursor in the box and press the						
	Typed or printed name: <b>JOHN FEEHAN</b>	, , ,						
	Title: CFO  (Title of official position held in corporation or partnership)  Date: February 25, 2020							
	namental succession and succession a							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM		Name
WAVE DIVISION HOLDINGS LLC 10	744	
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
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross 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?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>	
xday:	s	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_	
(interest charge)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner Address		
First community served Accounting period ID number		

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

**ACCOUNTING PERIOD: 2019/2** 

### CALL SIGN   DSE   CALL SIG	DSE SCHEDULE. PAG									
SUM OF DSEs OF CATEGORY "O" STATIONS: -Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.  2 Computation of DSEs for Category "O" Stations  Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.	1									
-Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.  2 Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.		WAVE DIVISION HOLDI	NGS LLC				10744			
-Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.  2 Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.		SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:						
Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of DSEs for Category "O" Stations   CALL SIGN   DSE   CAL		Add the DSEs of each station.								
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.  Add rows. A computation of DSE in the column headed "DSE" to reach independent station, give the DSE as "2.5". CATEGORY "O" STATIONS: DSEs  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE In the column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station. The column headed "DSE" to CALL SIGN DSE CALL S										
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.  Add rows. A computation of DSE in the column headed "DSE" to reach independent station, give the DSE as "2.5". CATEGORY "O" STATIONS: DSEs  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE In the column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "2.5". The column headed "DSE" to reach independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station. The column headed "DSE" to CALL SIGN DSE CALL S		Instructions:								
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.  Add rows.	2		<b>Sign":</b> list the ca	II signs of all distant stations	identified by t	he letter "O" in column 5				
Of DSEs for Category "O" Stations  Total educational station, give the DSE as ".25."  **CATEGORY "O" STATIONS: DSE***  **CALL SIGN DSE CALL SI		of space G (page 3).								
Category "O" STATIONS: DSEs  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Add rows as necessary. Remember to copy all formula into new rows.					as "1.0"; for	each network or noncom-				
Stations  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Add rows as necessary. Remember to copy all formula into new rows.		mercial educational station, giv	e the DSE as "		10. DOE					
Add rows as necessary. Remember to copy all formula into new rows.		CALL CICAL	DOE			CALL CION	DOE			
necessary. Remember to copy all formula into new rows.	Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
necessary. Remember to copy all formula into new rows.										
necessary. Remember to copy all formula into new rows.										
necessary. Remember to copy all formula into new rows.										
necessary. Remember to copy all formula into new rows.										
necessary. Remember to copy all formula into new rows.	Add rows as									
Remember to copy all formula into new rows.										
all formula into new rows.    Comparison of the										
rows.										
	rows.									

Name		OWNER OF CABLE SYSTEM:  ION HOLDINGS LLC	<b>:</b>				S	YSTEM ID# 10744
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	at the call sign of all distates: For each station, give to correspond with the information: For each station, give to its Divide the figure in colutal least to the third decires: For each independent station as ".25."  Multiply the figure in colutions in the column is the column in the column i	he number of hours y mation given in space he total number of hours 2 by the figure in mal point. This is the station, give the "type olumn 4 by the figure	your cable systence J. Calculate on ours that the station column 3, and general enders of carriage enders as "1.0." in column 5, and	n carried the sta y one DSE for e on broadcast ov ive the result in e value" for the s For each netwo give the result i	tion during the accountine each station. er the air during the acco decimals in column 4. Ti	ounting period.  nis figure must  acational station,	orm).
Capacity		C	ATEGORY LAC	STATIONS: 0	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. NU JRS OF ED BY ST	JMBER HOURS ATION NAIR	4. BASIS OF CARRIAG VALUE	5. TYPE		E
			÷	=		x	=	
			÷ ÷			x	=	
			<del>-</del>			x x		
			÷	=		x	=	
			÷	=		x	=	
			÷ ÷			x x		
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p		·,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effer Broadcast or space I). Column 2: Fat your option. Tolumn 3: E	ct on October 19, 1976 ( ne or more live, nonnetwood For each station give the This figure should correse Enter the number of days Divide the figure in colum This is the station's DSE	itution for a program as shown by the lette ork programs during to number of live, nonrespond with the informs in the calendar year in 2 by the figure in conformation.	that your system for "P" in column 7 hat optional carria network programs nation in space I. 7: 365, except in a column 3, and given on rounding, se	was permitted to of space I); and age (as shown by a carried in substance the result in case page (viii) of the page (viii) of the space page (viiii) of the space page (viiii) of the space page (viii) of the space page (viiii) of the space page (viiiii) of the space page (viiiii) of the space page (viiiii) of the space page (viiiiii) of the space page (viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	to delete under FCC rule d the word "Yes" in column stitution for programs that olumn 4. Round to no les the general instructions in	2 of were deleted	m).
		SU	BSTITUTE-BASI	S STATIONS	: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	······································			-		<mark></mark>
		÷	• • • • • • • • • • • • • • • • • • •				-	=
		÷				-	-	=
		<u></u>		:		-		<mark></mark>
	Add the DSEs of	÷ OF SUBSTITUTE-BAS of each station. m here and in line 3 of p	IS STATIONS:			0.00	1	=
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of  2. Number of	R OF DSEs: Give the ams applicable to your system  DSEs from part 2 ●  DSEs from part 3 ●  DSEs from part 4 ●		in parts 2, 3, and	4 of this schedul	e and add them to provide	0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF C							S	YSTEM ID# 10744	Name
Instructions: Bloc In block A: • If your answer if			part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the •	6
schedule. • If your answer if	"No." complete blo	ocks B and C	below.						
ii your anower ii	rto, complete sit			ELEVISION M	ARKETS				Computation of
	1981?	schedule—[	,	iller markets as de				gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	s of distant st and regulatione DSE Sche	ations listed in ons prior to Ju dule. (Note: TI	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r	f this schedule urther explana	e that your sys	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 Grandfatherec instructions fc E Carried pursu: *F A station pre	ules and regued pursuant to as defined all educations of the state of	lations cited boothe FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-ting grade-Boothe fitting	ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198 ), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	ı		l					0.00	
			I UCK C: CO	MPUTATION O	F 3 75 FFF				
					1 3.731 LL				
Line 1: Enter the									
Line 2: Enter the	·								
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter รเ	ım here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage?  If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	WAVE DIVISION								S	**************************************	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Comparin block	or to June 25, call sign for eather DSE for the DSE for the basis of occ rules and ecialty progra (d)(1),76.61(erogramming: (e)(3)). arriage under all instructions the station's 1e the DSE fig. B, column 3 information yet.	1981, under former ach distant station in his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, or 0)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state gu give in columns is stated.	r FCC rules gov dentifed by the ligle accounting properties attituded by the light accounting properties attituded by the light accounting to 76.61(e). Trules, sections regulations, or a form.  accounting perions 2 and 5 and tion.  2, 3, and 4 musting the recognitions accounting perions.	vern lette peri- riag arri- hos asis (1)) s 76 auth iod list	entifed by the letter "F" hing part-time and sub er "F" in column 2 of piod, occurring betweer ge and DSE occurred ed by listing one of the se in effect on June 24 s, of specialty program ().  3.59(d)(3), 76.61(e)(3) horizations. For furthe as computed in parts the smaller of the two e accurate and is subjected.	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. Iming unde n, or 76.63 ( r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedu	ections  vi) of the should be	981 e enterei	
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRI	OR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD		CARRIAGE	[	DSE		DSE	
<b>7</b> Computation of the		"Yes," comple	ete blocks B and C,		par	rt 8 of the DSE schedo	ule.				
Syndicated			BLOCK	( A: MAJOR	ΤE	LEVISION MARK	ET				
Exclusivity											
Surcharge	l <u>—</u> * · ·	•		or television mark	ket	as defined by section 7		rules in effect J	une 24, 1	1981?	
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8				
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	BLOCK C: Computation of Exempt DSEs				
	BLOCK B: Carriage of VHF/Grade B Contour Stations  Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Was any station listed in block B of part 7 carried in any commity served by the cable system prior to March 31, 1972? (reference or in part, over the cable system?						rried in any commu-				
	Yes—List each s  X No—Enter zero a		th its appropriate peri part 8.	mitted DSE		Yes—List each sta			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	<sub>iN</sub> T	DSE	
	3, 122 31311	202	5.122.57011	332		57 (22 5.014	302	S, ILL SIC	-		
			-								
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	-	
Section	Enter the amount of gross receipts from space K (page 7)	1,646,556.00	7
Section			0
	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b>	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	OF OTHER MEDICAL PROPERTY OF THE PARTY OF TH		
	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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$									
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge.									
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.									
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5.  cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  car answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  car answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B is  car.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscriber ocated within that station's local service area and others were located outside that area. For the definition of a station's "learea," see page (v) of the general instructions.	pelow s								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.										
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 1,646,55	6.00								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.00								
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts  (the amount in section 1)									
		B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ <u>\$ 11,542.36</u>									
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	<u></u>								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/2

	AME OF OWNER OF CABLE SYSTEM:  E DIVISION HOLDINGS LLC	SYSTEM ID# 10744	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	ast signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	0	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	the number of	and Syndicated Exclusivity Surcharge
NOTE:	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute 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.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	e.	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loughthe 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.)		
subscr	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	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
Identi     Give     subscr	fy the communities/areas represented by each subscriber group. the 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.	I of the	
• lf: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i	n parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	block B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	at is, the total	

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

actual calculations on the form.

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
WAVE DIVISION H	IOLDING	IS LLC					10744	
В		COMPUTATION OF		TE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GRO	LID	
		SUBSCRIBER GROU		COMMUNITY/ ADD	0 0	9		
COMMUNITY/ AREA	Silverio	on, Woodburn, Po	ruano, c	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
		•						
				 		Щ	0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	iroup	\$ 1,646	,556.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
						-		
Base Rate Fee: Add th			riber group	as shown in the boxes	s above.			
Enter here and in block			,			\$	0.00	

					:			
В		COMPUTATION OF SUBSCRIBER GROUND		TE FEES FOR EACH		SUBSCRIBER GRO	ID	
COMMUNITY/ AREA		on, Woodburn, Po		COMMUNITY/ AREA	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa
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ross Receipts First G	roup	\$ 1,646	,556.00	Gross Receipts Secor	nd Group	\$	0.00	
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ross Receipts Third (	oroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
B.4. F. TU 14	<b></b>		0.00	B B-4 5 5 "	. 0			
Base Rate Fee Third (	oroup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
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ase Rate Fee: Add th	ie <b>base ra</b> t	te fees for each subso	criber group	as shown in the boxes	above.			

ACCOUNTING PERIOD: 2019/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 10744 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown