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 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 perioa  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  14052  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  WAVE DIVISION HOLDINGS LLC							
				1405220192				
				14052 2019/2				
	3700 MONTE VILLA PARKWAY BOTHELL W 98021							
С	INSTRUCTIONS: In line 1, give any business or trade names used to in 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 W 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	ROCKLIN	CA						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	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.

FORM SA3E. PAGE 1b.			Accoont	ING FERIOD: 2013/					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			14052						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-comm	d a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
ROCKLIN	CA			First					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary					

	•

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

14052

## Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	I	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	12,842	\$	25.95				
Service to additional set(s)				ľ			
FM radio (if separate rate)				ľ			
Motel, hotel	410	\$	25.95	ľ			
Commercial				ľ			
Converter				ľ			
Residential				ľ			
Non-residential							
				l ľ			T

# 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	RATE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 17.0	• Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
First set	\$ 29.9	Burglar protection		
Additional set(s)	\$ 14.99	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** 14052 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) KCRA - NBC 3 Ν No SACRAMENTO, CA **KCRADT2 - MeTV** 3.2 Ν No SACRAMENTO, CA See instructions for additional information **KVIE - PBS** 6 Ε No SACRAMENTO, CA on alphabetization. 6.2 Ε No KVIE2 SACRAMENTO, CA **KVIEDT4 - PBS K** 6.4 Ε No SACRAMENTO, CA SACRAMENTO, CA KXTV - ABC 10 Ν No **KXTV - Justice Ne** 10.2 Ν No SACRAMENTO, CA **KOVR - CBS** 13 Ν No SACRAMENTO, CA Ν **KOVRDT2 - Deca** 13.2 No SACRAMENTO, CA **KSPX - ION** 29 Ν No SACRAMENTO, CA Ν SACRAMENTO, CA KMAX - CW 31 No KCSO - Telemund 33 Ν No SACRAMENTO, CA KTXL - FOX 40 Ν No SACRAMENTO, CA KTXLDT2 - Anten 40.2 Ν No SACRAMENTO, CA KTXLDT3 - This T 40.3 Ν No SACRAMENTO, CA Ν **KQCA - MyNetwo** 58 No STOCKTON, CA **KQCADT2 - Movie** 58.2 Ν No STOCKTON, CA **KQCADT3 - Estre** 58.3 Ν STOCKTON, CA No

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 14052 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	i PERIOD: 2019/2		
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name		
WAVE DIVISION HOLD	INGS LLO	<u> </u>					14052	Name		
SUBSTITUTE CARRIAGE								ı		
<b>In General:</b> 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 located in the paper SA3 form.										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
1	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mι	ıst comple	te the prog	ram			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast statio atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additional network televition and that your authorization at use general of the separation of the	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing 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 ramming ones located List special nsed by the htified). numerals List the time 8:30 p.m. our system ter "P" if the	e accounting of another s in the pap fic program  e FCC or, i , with the m mes accura should be n was require listed pro	g station er n in nonth ately			
	· IDOTITUT	TE DDOODAN			EN SUBST		7. REASON			
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	IAGE OC	TIMES	FOR DELETION			
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_ T(	)			
						_				
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	1	Į	1		<del> </del>			1		

	SASE. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama						
WA	VE DIVISION HOLDINGS LLC		14052	Name						
all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Secondary transmission service(s) (Amount of gross receipts)									
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.										
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1 o	f							
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in b	llock							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on lin	е							
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.  Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of								
	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.	φ 2,	042,703.00							
	This is your minimum fee.	\$	21,734.36							
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 checl	k							
Block 3	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	\$	21,734.36	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter  0.00									
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)									
	Line 4. <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	\$	22,459.36	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)									

Nama	LEGAL NAME OF OWNER OF CA	CABLE SY	STEM:	SYSTEM ID#							
Name	WAVE DIVISION HOL	LDING	SLLC	14052							
	CHANNELS										
M	Instructions: You must	t give (	1) the number of channels on which the cable system carried television broadcas	st stations							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels											
1	1. Enter the total number	er of ch	annels on which the cable	18							
1	system carried television	sion bro	adcast stations								
1	2. Enter the total number	er of ac	tivated channels								
			arried television broadcast stations								
				360							
N	INDIVIDUAL TO BE CO	ONTAG	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this statement of account.)										
Individual to											
Be Contacted for Further	Name OXANA S	SUSK	OVA Talanhana	425-217-4000							
Information	Name OAANA O	JOON	Telephone								
	4.1. 2700 MON	NTE V	/ILLA DADIZMAV								
	Address 3700 MON (Number, street,		ute, apartment, or suite number)								
	BOTHELL	LW9	8021								
	(City, town, state										
	4		-t-O	4004							
	Email ta	ax.de	ot@wavebroadband.com Fax (optional) 425-217	-4001							
	CERTIFICATION (This sta	stateme	nt of account must be certifed and signed in accordance with Copyright Office re	gulations.							
0											
Certifcation	• I, the undersigned, hereb	eby cert	ify that (Check one, but only one, of the boxes.)								
	(Owner other than co	ornora	tion or partnership) I am the owner of the cable system as identifed in line 1 of spac	oo P: or							
	(Owner other than co	огрога	tion of partnership) I all the owner of the cable system as identified in line 1 of space	,е в, оі							
	(Agent of owner other	or than	corporation or partnership) I am the duly authorized agent of the owner of the cab	ale system as identified							
			hat the owner is not a corporation or partnership; or	ile system as identified							
	(Officer or partner)	l am ar	officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of	owner of the cable system							
	in line 1 of space E		officer (if a corporation) of a parties (if a partitionship) of the legal criticy definited as t	Swiler of the cable system							
	I have examined the state	atemen	of account and hereby declare under penalty of law that all statements of fact contai	ined herein							
			to the best of my knowledge, information, and belief, and are made in good faith.	neu nerem							
	[18 U.S.C., Section 1001(	1(1986)									
		<b>v</b>	Int John Feehen								
		X	/s/ John Feehan								
			electronic signature on the line above using an "/s/" signature to certify this statement.								
			lohn Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot								
	1 2	_ 50111									
	Ту	yped o	r printed name: JOHN FEEHAN								
,											
,											
,	Tit	ïtle:	CFO								
,	110		(Title of official position held in corporation or partnership)								
,											
,	Da	ate:	February 25, 2020								
				***************************************							

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 ID#	Name
WAVE DIVISION HOLDINGS LLC	14052	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 ad lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursuants of gross receipts for secondary transmissions.	the basic ot include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below\$		
Name Mailing Address 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 u For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	0.00274	
(inter	rest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please	
** 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 please list below the owner, address, first community served, accounting period, and ID number as given 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** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#					
1	WAVE DIVISION HOLDI	WAVE DIVISION HOLDINGS LLC 14052									
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00						
	Instructions:			-		l					
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
	of space G (page 3).										
Computation 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" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CATEGORY O STATION		CALL SIGN	DSE					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
10W3.											
	111111111111111111111111111111111111111										

Name	WAVE DIVISION						S	14052	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should corre Column 3: For Column 4: Div be carried out at le Column 5: For give the type-value Column 6: Mu	call sign of all distate each station, give to spond with the information each station, give to ide the figure in collast to the third decite each independent each ".25."	the number of hourmation given in sp the total number o umn 2 by the figur mal point. This is t station, give the "t blumn 4 by the figu	rs your cable system pace J. Calculate or f hours that the state e in column 3, and the "basis of carriag ype-value" as "1.0." are in column 5, and	m carried the stanly one DSE for or cion broadcast or give the result in the value" for the standard reach networks give the result in the standard reach networks give the result in the standard result in the standard result in the standard result in the result in the standard result in the standa	ation during the accounting each station. Wer the air during the according the according the according the according the according the according to the accountry to the according to the accountry to the according to the accordi	ounting period. his figure must ucational station,		
Capacity		C	CATEGORY LA	AC STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	ER 3. URS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE.	
			÷		=	x	=		
			÷		=	x	=		
			÷		=	x x	<u>-</u>		
			÷		=	x	=		
			÷		=	x	=		
			÷		= 	X X	=		
	SUM OF DSEs OF Add the DSEs of ea Enter the sum he	ch station.		lule,		0.00			
Computation of DSEs for Substitute-Basis Stations	space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted								
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	ATION OF DSEs			
	SIGN C	NUMBER )F PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
			<b>+</b>	=		-	=	=	
			<u> </u>	=					
			i. •	=		• • • • • • • • • • • • • • • • • • •	·····································	=	
			÷	=			<del>-</del>	=	
	SUM OF DSEs OF Add the DSEs of ea Enter the sum he	ch station.		lule,	▶	0.00			
5	TOTAL NUMBER OF number of DSEs app			kes in parts 2, 3, and	4 of this schedul	le and add them to provide			
Total Number	1. Number of DSE	•				<u></u>	0.00		
of DSEs	Number of DSE     Number of DSE	•				<u> </u>	0.00		
	TOTAL NUMBER OF	DSEs				·	<u> </u>	0.00	

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

LEGAL NAME OF C							S	YSTEM ID# 14052	Name
Instructions: Bloc In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the the	6
If your answer if	"No," complete blo			ELEVISION M	VDKET6				Computation of
l <u>=</u>	1981?	outside of all i	major and sma		efined under s			gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
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 rd 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 b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin 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 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	
	1	<u>l</u>						0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FFF				
Line A. Fotenthe									
Line 1: Enter the Line 2: Enter the									
Line 3: Subtract	line 2 from line 1	1. This is the	total numbe			rate.		0.00	
Line 4: Enter gro									Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter su	um here				x 0.03	375	partially permited/ partially
Line 6: Enter tota	·						х		nonpermitted 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, space	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: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programing: (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's It e the DSE figure 1, column 3 differentiation by the station of the column 3 differentiation by the station of the column 3 differentiation by the column 3 differentiation by the column 3 differentiation by the DSE figure 1, column 3 differentiation by the	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 attended by the light accounting properties attended 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 light accounting perions.	erni lette peric riage arrie hose asis, (1)). s 76. auth iod a	ntifed by the letter "F" ing part-time and sub- er "F" in column 2 of p od, occurring betweer e and DSE occurred of the period of specialty program in the period of the p	stitute carri- part 6 of the n January 1 (e.g., 1981/ e following l, 1981. Iming under , or 76.63 (in r explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedu	ections  (i) of the should be	e enterer
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED C	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	5. PF	RESENT	6. Pl	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE		OSE		DSE
<b>7</b> Computation of the	,	"Yes," comple	ete blocks B and C,		part	t 8 of the DSE schedu	ule.			
Syndicated			BLOC	( A: MAJOR	TEL	LEVISION MARKI	ET			
Exclusivity Surcharge	• Is any portion of the o	rahle system v	vithin a ton 100 maio	or television mark	ket s	as defined by section 7	6.5 of ECC	rules in effect .l	une 24 <i>°</i>	19812
Guronargo	X Yes—Complete	,	, ,	n television man	NOT C	No—Proceed to		raics in chect o	uno z-,	1301:
	7 res—complete	DIOCKS D and				No—i Toccca to	parto			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			n	Vas any station listed lity served by the cab o former FCC rule 76.	le system p			
	X Yes—List each s No—Enter zero a			mitted DSE		X Yes—List each sta			ate permi	ted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,042,703.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	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	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.		
74	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		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	'	WAVE DIVISION HOLDINGS LLC	14052
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		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	
8	You m	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of packed "Yes," use the total number of DSEs from part 5.  book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	oart
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	-la
of Base Rate Fee	• If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be :.	NOI€
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	cal
		sales, ese page (1) of the general metablishes	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.   X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 2,042,703	.00_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(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</b> or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 14,319.35	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  -	
		D. Multiply line B by line C and enter here	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	-

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAV	E DIVISION HOLDINGS LLC	14052	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	A Fatas 0.04004 of mass massints		8
	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **Section 1.1**		-
	B. Enter 0.00701 of gross receipts	_	0
	(the amount in section 1) \$		Computation of
			Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)  **Section 1.1**  **Enter 0.00330 of gross receipts**  **The proof of the		
	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 <b>\$</b>		
	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	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	0
Space			9
	<b>eral:</b> 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	•	Computation of
exclusi	on, you must:	-	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to		and Syndicated
	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		Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
	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 be		Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	now. However,	Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.	tion you	Stations
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo	cated	
	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.)	ation (and, by	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
•	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
groups			
	section: fy the communities/areas represented by each subscriber group.		
• Give	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al	l of the	
	bers in the group.		
• 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	
and 4	f this schedule; or,	·	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock 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 i	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	preceding	
page. DSEs t	In 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 necesticulations on the form.	at is, the total	

LEGAL NAME OF OWNE						S	14052	Name
			DACE DA	TE EEE0 E00 E11	DH CHDOOL	IDED COOLID	17002	
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC			UP	
COMMUNITY/ AREA				SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicate
		-						Exclusivit
								Surcharge
								for Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 2,042	,703.00	Gross Receipts Sec	ond Group	\$	0.00	
•								
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU		<u> </u>		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			0.00				0.00	
Total 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	
sase Rate Fee: Add th	ne <b>base rat</b>	e fees for each subsc	riber group	as shown in the boxe	s above.			
inter here and in block	< 3, line 1, s	space L (page 7)				\$	0.00	

В				TE FEES FOR EAC				
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	RUCKL	-IN		COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
	···	+						
otal DSEs			0.00	Total DSEs 0.00				
Gross Receipts First Group \$ 2,042,703.00			Gross Receipts Seco	ond Group	\$	0.00		
ise Rate Fee First G		\$	0.00	Base Rate Fee Second Group \$ 0.00				
	THIRD	SUBSCRIBER GROU		FOURTH SUBSCRIBER GROUP				
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		•						
otal DSEs	ı		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
se Rate Fee: Add th	ie <b>base r</b> at	te fees for each subso	riber aroun	as shown in the boxes	s above.			
			J P		•	•	0.00	

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown