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	2019/2				
Period					
B Owner	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 accounting the conduction of the conduction of the owner. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system on the last day of the counting perion	em the accounting period should s	ubmi	1268
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	WAVE DIVISION HOLDINGS LLC				
				31268201	192
				31268 2019	9/2
	3700 MONTE VILLA PARKWAY				
	BOTHELL WA 98021				
	NOTE VIOLENCE IN THE SECOND SE	1 05 0 1 1			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of				
System	IDENTIFICATION OF CABLE SYSTEM:	, ,	<u> </u>		
	WAVE BROADBAND				
	MAILING ADDRESS OF CABLE SYSTEM:				
	3700 MONTE VILLA PARKWAY [Number, street, rural route, apartment, or suite number]				
	2 (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 fret comp	nunity served below and rel	ist on page 1h	
_		offiny tric frat confin	numity served below and ref	of on page 15	
Area Served	with all communities. CITY OR TOWN	STATE			
First	SEATTLE	WA			
Community					
-	Below is a sample for reporting communities if you report multiple cha	STATE	CH LINE UP	SUB GRP#	
	Alda	MD	A	30B GRF#	
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.

-ORM SA3E. PAGE 1b.			OVOTEN: ::::								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
WAVE DIVISION HOLDINGS LLC			31268								
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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	l a subscriber gro										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
SEATTLE	WA			First							
	117			Community							
				Community							
				Soo instructions for							
				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#

31268

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	CODOCNIBLING		IVAIL	Ħ	CATEGORY OF GERVICE	COBCONIBLIC	TVATE	
Service to first set	4,139	\$	25.95					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	1,008	\$	25.95					
Commercial								
Converter								
Residential								
 Non-residential 								
				1 ľ			1	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 31268 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 (Yes or No) CARRIAGE NUMBER STATION (If Distant) **CBUT - CBC** 2 I Yes VANCOUVER, BC 0 SEATTLE, WA KOMO - ABC 4 Ν No See instructions for additional information 4.2 Ν **KOMODT2 - Com** No SEATTLE, WA on alphabetization. 4.3 Ν No **KOMODT3 - Char** SEATTLE, WA 5 Ν No **KING - NBC** SEATTLE, WA KINGDT2 - Justice 5.2 Ν No SEATTLE, WA 5.3 KINGDT3 - Quest Ν No SEATTLE, WA KIRO - CBS 7 Ν No SEATTLE, WA Ν KIRODT2 - getTV 7.2 No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA 9 KCTS - PBS Ε No SEATTLE, WA **KCTS Plus** Ε No 9.1 SEATTLE, WA KCTSDT2 - PBS H 9.2 Ε No SEATTLE, WA KCTSDT3 - Creat 9.3 Ε No SEATTLE, WA TACOMA, WA KSTW-CW 11 Ν No Ν KSTWDT2 - Decad 11.2 No TACOMA, WA **KVOS - Heroes &** 12.1 Ν No BELLINGHAM, WA **KCPQ - FOX** 13 Ν TACOMA, WA No

FORM SA3E. PAGE 3.					ACCOUN'	TING PERIOD: 2019/2		
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
WAVE DIVISIO	N HOLDING	S LLC			31268	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 0r 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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) exparately; 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), "If (for independent), "I-M" (fo								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
	1	CHANN	EL LINE-UP	AB				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KONG - Independ	16	I	No		EVERETT, WA			
KTBW - TBN	20	N	No		SEATTLE, WA			
KZJO - JOEtv	22	N	No		SEATTLE, WA			
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA			
KBTC - PBS	27	E	No		TACOMA, WA			
KWPX - ION	33	N	No		BELLEVUE, WA			
KWDK - Daystar	56	N	No		TACOMA, WA			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31268 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.									6 PERIOD: 2019/			
LEGAL NAME OF OWNER OF							S	SYSTEM ID#	Name			
WAVE DIVISION HOLDINGS LLC 31268												
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions 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? Yes												
Note: If your answer is "No		rest of this pag	ne blank. If your answer is	"Yes." vou mu	ıst comple		· · ·		Program Log			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L 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 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr	titute progratice, please and of every no distant state gulations, oution. Do not a ucy" or "NE m was broad addeast station and and state of the search of t	am on a separa attach addition nnetwork telev ion and that your or authorization of use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system e substitute pro a program carri- listed program ons in effect du	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 instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2	during the ramming ons located List special sp	e according the according to the accordi	ounting other station paper rogram C or, in the montaccurately lid be as required ged pro	th y				
effect on October 19, 1976.				l I	EN SUBS			7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	IAGE OC 6. FROM	TIME		FOR DELETION				
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	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	N						
WA	VE DIVISION HOLDINGS LLC		31268	Name						
all a (as pag	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. Service (as identified in space E) during the accounting service (s) functions: 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) and the amount you pay. Enter the total of all amounts of all amounts (gross receipts).									
InstruConIf your feeIf you accompany	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 b k 3 below.	e entered on I	ine 1 of							
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line	e 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered	d 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.	e is 1.064 per	cent of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	793,374.00							
	Enter the result here. This is your minimum fee.	\$	8,441.50							
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 X Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued to the property of the propert	nn 4, you mus od?	st check							
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	8,441.50							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	8,441.50							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	8,441.50	Cable systems						
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter									
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)									
	Line 4. FILING FEE									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,166.50	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) c	of the	auditional 1965.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	WAVE DIVISION HOLDINGS LLC	312
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the	cable system carried television broadcast stations
	to its subscribers and (2) the cable system's total number of activated	channels, during the accounting period.
Channels		
	Enter the total number of channels on which the cable system carried television broadcast stations	25
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	343
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)	NEEDED: (Identify an individual
for Further	Name OXANA SOSKOVA	Telephone 425-217-4000
Information		
	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) 425-217-4001
	CERTIFICATION (This statement of account must be certifed and sign	ed in accordance with Copyright Office regulations.
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the b	oxes.)
		,
	(Owner other than corporation or partnership) I am the owner of the	e cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the du	lly authorized agent of the owner of the cable system as identified
	in line 1 of space B and that the owner is not a corporation or part	nership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a in line 1 of space B.	partnership) of the legal entity identifed as owner of the cable system
	 I have examined the statement of account and hereby declare under per are true, complete, and correct to the best of my knowledge, information, 	
	[18 U.S.C., Section 1001(1986)]	,
	X /s/ John Feehan	
	Enter an electronic signature on the line above using	
		rd slash of the /s/ signature, place your cursor in the box and press the the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: JOHN FEEHAN	
	Title: CFO	the centrical
	(Title of official position held in corporation or pa	unionally)
	Date: 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#	
WAVE DIVISION HOLDINGS LLC	31268	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 act 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 not 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 instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary the made by satellite carriers to satellite dish owners? X NO	r the basic ot include sub- ection 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Malling Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or upon 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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	rest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further ass 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 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	GE 11. (CONTINUED)										
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 312										
	SUM OF DSEs OF CATEGO		NS:								
	Add the DSEs of each stati				4.00						
	Enter the sum here and in lir	ne 1 of part 5 of this	s schedule.		1.00	1					
	Instructions:										
2	In the column headed "Cal	II Sign": list the ca	II signs of all distant stations	s identified by th	e letter "O" in column 5						
Computation	of space G (page 3).										
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"		<u> </u>	CATEGORY "O" STATIO	NS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	1.000									
Add rows as											
necessary.											
Remember to copy all formula into new											
rows.											
			011111111111111111111111111111111111111								
			011111111111111111111111111111111111111								
				<u>"</u>							
	010111111111111111111111111111111111111										
				<mark></mark>							
	I			<u> </u>		L					

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	:				S	31268				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.											
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs						
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R 3. N JRS C ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		SE				
			÷		=	x	=					
			÷		=	x x	=					
			÷		=	x	=					
			<u></u>		=	x	<u>=</u>					
			÷ ÷		= = =	x x	=					
			÷		=	x	=					
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		ıle,	▶	0.00						
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are also space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each stand of the call sign of each stand on October 19, 1976 (some or more live, nonnetwork). This figure should correst the number of days Divide the figure in column of the stand	itution for a progra as shown by the le ork programs during number of live, no spond with the info s in the calendar ye no 2 by the figure in (For more informat)	m that your syster itter "P" in column g that optional carr innetwork program rmation in space I ear: 365, except in a column 3, and gi tion on rounding, s	n was permitted 7 of space I); an iriage (as shown by as carried in substance a leap year. ve the result in coee page (viii) of	to delete under FCC ruled d y the word "Yes" in column stitution for programs that column 4. Round to no lead the general instructions in	2 of t were deleted es than the third	orm).				
			BSTITUTE-BA			ATION OF DSEs	T	1				
	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				
				=			.	=				
		÷ ÷										
		÷		=			-	=				
		 :-					: 	=				
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:			0.00						
5		ER OF DSEs: Give the am sapplicable to your system		es in parts 2, 3, and	d 4 of this schedul	le and add them to provide	e the tota					
Total Number	1. Number of	f DSEs from part 2●				•	1.00					
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00					
	3. Number of	f DSEs from part 4 ●				>	0.00					
	TOTAL NUMBE	R OF DSEs				,	•	1.00				

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

LEGAL NAME OF C							S'	YSTEM ID# 31268	Name
Instructions: Bloo In block A: • If your answer if			nart 6 and nart	7 of the DSE scho	edule blank a	nd complete by	art 8 (page 16) of	the .	6
schedule.		•	•	7 OF THE DOE SCH	edule blatik al	id complete pa	arto, (page 10) or	uie	
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
	1981?	outside of all i	major and sma		efined under s			gulations in	3.75 Fee
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1: CALL SIGN	under FCC rules	s of distant stand and regulatione DSE Sche	ations listed in ons prior to Ju dule. (Note: T	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 ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu: *F A station pre	ules and regued pursuant to as defined all educations do station (76.0 or DSE sched ant to individuationally carries). The station we would be station we are to make the station we are to make the station we are to pursue the station we are the station which we are the station where the station we are the station which we are the station where the station where the station we are the station where the station where the station we are the station where the station where the station we are the station where the station where the station we are the station where the station where the station we are the station where the station where the station we are the station where the	lations cited b to the FCC mand in 76.5(kk) (7 al station [76.5 65) (see paragule). Lual waiver of F and on a part-tir within grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b re)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 n), 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	
CBUT - CB	(D	1.00							
								1.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			<u>, </u>	1.00	
Line 2: Enter the	sum of permitte	ed DSEs from	n block B ab	ove			,	1.00	
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 li	ine 4 by 0.0375	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 aı	nd enter her	ı	0.00					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters Permitted Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 3. ACCOUNTING 4. BASIS OF 5. PRESENT 2. PRIOR **PERIOD** CARRIAGE DSE SIGN DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated** BLOCK A: MAJOR TELEVISION MARKET **Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN **CBUT - CBC** 1.00 **CBUT - CBC** 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	793,374.00	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 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 DS 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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	▼ 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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
,	WAVE DIVISION HOLDINGS LLC	31268							
Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\$\$								
You m 6 was In blo If you If you blank What were lo	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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B beck. but a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "local"	elow							
	BLOCK A: CARRIAGE OF DARTIALLY DISTANT STATIONS								
• Did v									
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
Section 1	Enter the amount of gross receipts from space K (page 7)	00							
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"	1.00							
Section 3	If the figure in section 2 is 4.000 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).	.50							
	Instru You m 6 was In blo If you blank What were lo service Did y Section 1 Section 2	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)							

	EDULE. PAGE 17. AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	PERIOD: 2019,
	E DIVISION HOLDINGS LLC	31268	Name
***	. DIVIDION NOEDINGO EEG	01200	
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		8
	(the amount in section 1) ▶\$		
			0
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\{ \bigseleft\} \Bigseleft\} \Bigseleft\{ \bigse		Computation of
			Base Rate Fe
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \rightarrow \$		
	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	act cianals chall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels	•	•
Space	3.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation
	on, you must:	advantage of this	of Base Rate Fe
Eirot: I	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t	to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo	r each group.	Surcharge
•	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		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.	,	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
•	For each community served, determine the local service area of each wholly distant and each partially distant states that community.	ation you	Stations
	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo	ocated	
outside	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.)		
	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 the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	nat a cable	
Comp	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
	section:		
• Ident	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	II of the	
• If:			
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i f this schedule; or,	in parts 2, 3,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l	block B,	

Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding.

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

part 6 of this schedule.

• Compute 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. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

LEGAL NAME OF OWNE						5	31268	Name	
							31200		
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	II ID		
COMMUNITY/ AREA			<i>)</i>	COMMUNITY/ ARE		J JOBSCHIBER GRO	0	9	
OOMMONT IT AILA	OLAII			OCIVINICIANT IT ARE				Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate	
								and	
								Syndicate	
								Exclusivi	
								Surcharg	
								for	
								Partially	
								Distant	
								Stations	
		-							
Total DSEs			0.00	Total DSEs		•	0.00		
		702			and Craus	•	0.00		
Gross Receipts First G	roup	\$ 793	,374.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 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	ırth Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00		
_	•			<u> </u>	· 				
Base Rate Fee: Add th	ne base rat	te fees for each subsc	riber group	as shown in the boxe	s above.		0.00		
Enter here and in block	ง 3, iine 1, s	space L (page /)				\$	0.00		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SALL SIGN DSE Bas System Total DSEs	EGAL NAME OF OWNE						S	31268	Nam
COMMUNITY/ AREA SEATTLE	BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SALL SIGN DSE Bas System Total DSEs				UP		SECOND	SUBSCRIBER GRO	UP	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ ARE	Α		0	9 Computa
Total DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	of
Total DSEs THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TOTAL SIGN T									Base Rate
Total DSEs Total DSEs Total DSEs Third Subscriber Group Third Subscriber Group Sommunitry Area O CALL SIGN DSE CALL S									and
Total DSEs									Syndicat Exclusiv
Total DSEs O.00 Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			_						Surchar
Social DSEs Octal DSEs									for
otal DSEs									Partial
otal DSEs fross Receipts First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									Distan
Gross Receipts First Group S 793,374.00 Gross Receipts Second Group S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CA									Station
Gross Receipts First Group STANDARD Gross Receipts Second Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group STANDARD Gross Receipts Second Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group STANDARD Gross Receipts Second Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group STANDARD Gross Receipts Second Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group STANDARD Gross Receipts Second Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL							•		
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tase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Inter here and in block 3, line 1, space L (page 7) \$ 0.00				anber group	as snown in the boxe	es above.	\$	0.00	

ACCOUNTING PERIOD: 2019/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 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