This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 2-28-20 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	37161
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WAVE DIVISION HOLDINGS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)	
		KIRKLAND WA 98033 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)	
		KIRKLAND WA 98033 (City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 37161
D Area Served	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 identified city.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	LAKEBAY	WA
Community	KEY PENNINSULA ANDERSON ISLAND	WA WA
Add Rows as Necessary	ANDERSON ISLAND	
,		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	3716
	WAVE DIVISION HOLDI	NGS LLC							0110
Е	SECONDARY TRANSMISSION		-	-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	\		,	,	,	le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	ince payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Serv	rice to additiona	l set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-n	and block. A tw	o- or thre	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		RATE	CAT			NO. OF	RATI
	CATEGORY OF SERVICE Residential:	SUBSCRIB 373	EKS	25.95	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	KAI
	Service to first set	373		23.33					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		1	25.95					
	Commercial		•	20.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
_	In General: Space F calls for rat					ll your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abaany	billed. If dify fu				gram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	ices in the	form of a	
		BLO			105	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SERV Ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	• Pay cable	17.00		tel, hotel	uentiai				
		17.00		nmercial					
	Pay cable—add'l channel Eire protection		-	nmerciai / cable					
	Fire protection Burglar protection				annol				
	•Burglar protection Installation: Residential			/ cable-add'l ch	annei				
		20.05		•					
	First set	29.95		glar protection					
	 Additional set(s) 	14.95		services: connect		20.05			
	- TM redic /if		• Red	TODDOCT		29.95			
	• FM radio (if separate rate)								
	 FM radio (if separate rate) Converter 			connect					
	· · · /		• Out						

ounting Period:	-			FORM SA1-2E. PAGE (
Name				SYSTEM ID 3716
	WAVE DIVISION HOLE			0110
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> or a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	lso in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	of (1) stations carried only on a part the carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). h is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КОМО - АВС	4	N	SEATTLE, WA
Rows as Necessary	KOMODT2 - CometTV	4.2	N	SEATTLE, WA
JWS US NECESSURY	KOMODT3 - Charge!	4.3	N	SEATTLE, WA
	KING - NBC	5	N	SEATTLE, WA
	KINGDT2 - JusticeNet	5.2	N	SEATTLE, WA
	KINGDT3 - Quest	5.3	Ν	SEATTLE, WA
	KIRO - CBS	7	Ν	SEATTLE, WA
	KIRODT2 - getTV	7.2	N	SEATTLE, WA
	KIRODT3 - Laff	7.3	Ν	SEATTLE, WA
	KCTS - PBS	9	E	SEATTLE, WA
	KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA
	KCTSDT3 - Create	9.3	E	SEATTLE, WA
	KSTW - CW	11	Ν	TACOMA, WA
	KSTWDT2 - Decades	11.2	Ν	TACOMA, WA
	KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
	KCPQ - FOX	13	Ν	TACOMA, WA
	KONG - Independent	16	l	EVERETT, WA
	KTBW - TBN	20	Ν	SEATTLE, WA
	KZJO - JOEtv	22	Ν	SEATTLE, WA
	KZJODT3 - Antenna T	22.3	Ν	SEATTLE, WA
	KBTC - PBS	27	E	TACOMA, WA
	KWPX - ION	33	Ν	BELLEVUE, WA
	KWDK - Daystar	56	Ν	TACOMA, WA

Accounting Period	2019/2			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	WAVE DIVISION HOLD	INGS LLC		37161
	PRIMARY TRANSMITTERS: 1	FELEVISION		
G Primary	carried by your cable system FCC rules and regulations in	during the accounting period, <i>except</i> effect on June 24, 1981, permitting t	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program S1(e)(2) and (4))]; and (2) certain static	ne basis under ns [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a subs	
			he Special Statement and Program Lo	g)—if the
	basis. For further information Column 1: List each station's multicast stream associated	concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	d both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WR	number the FCC assigned to the tele C is channel 4 in Washington, D.C.	evision station for broadcasting over th station, an independent station, or a n	-
	educational station, by enteri (for independent multicast), "	ng the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen or "E-M" (for noncommercial education	dent), "I-M"
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the station is he community with which the station is	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI								SYSTEM ID
								5710
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters: Radio
lexican or Car	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	C					37161
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-		-	ion that you	r cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork televis	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pac	e blank. If your answer is '	"Yes," you mu	ist complete	e the program	n
	log in block 2.		1 0				1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the		
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er information	
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
				ne community to which the			FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mor	th
	first. Example: for May 7 giv		when you byb		program. 000	numeraio,		
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sl	hould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S		TE PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	BELEIION
							_	
							<u> </u>	
							_	
		1					_	
						·		
							_	
							_	
						·		
		 			· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 37161
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 7,649.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		

Namo	Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
M Channels Instructions: You must give (1) the number of diameted cannots can which the cable system carried television troadcast stations 1 Instructions: You must give (1) the number of diameted cannots of activated channels during the accounting paried. 2 Instructions: You must give (1) the cable system cannot delevision troadcast stations: 2 Instructions: You must give (1) the number of diameted cannots in much due stations: 3 3 N Montholds: You must give (1) the number of diameted cannots in much due stations: 3 3 N Montholds: You must give (1) the number of diameted cannots in much due stations: 3 3 N Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Montholds: You must give (1) the number of diameted stations: 1 Monthold : You must give (1) the numb	Name			SYSTEM ID# 37161
o which the cable system carried blevision boadcast stations 330 N Monochroadcast services. 330 N Monochroadcast services. Monochroadcast services. De Contaction for Further information Monochroadcast services. Telephone 425:217.4000 N Monochroadcast services. Telephone 425:217.4000 N Monochroadcast services. Telephone 425:217.4000 Address 3300 MONOCHROADCAST Services. DOT Further Monochroadcast services. Telephone 425:217.4000 Contaction BOTHELL WA 98021 Telephone 425:217.4000 Units, them, amo, rep Entities for the interview them of interview the interview them of		Instructions: to its subscrib 1. Enter the to	ers, and (2) the cable system's total number of activated channels during the accounting period.	22
Individual to Be contacted for Further for Further me Name OXANA SOSKOVA Telephone 425-217-4000 Address 3700 MONTE VILLA PARKWAY Without details and spanned to study and the study (U), but, site, 20) Enditional (U), (U), (U), (U), (U), (U), (U), (U),		on which the	e cable system carried television broadcast stations	330
Information Address Ad	Individual to			
Image: Non-there, steeler, truit tooks, appartment, or suble number) DETIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification		Name	OXANA SOSKOVA Telephone 42	5-217-4000
DOTHELL WA 98021 C(2y, town, tables, zp) Email Inc. tables, zp) Inc. tabl		Address		
Email Exc.dept@wavebroadband.com Fax (optional) 425-217-4001 Continue CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the logal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the logal entity identified as owner of the cable system in line 1 of space B. • Thave examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein artue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faits. (18 U.S.C., Section 1001(1989)) Mark or printer) Mark or printer) Mark or printer) Mark or p			BOTHELL WA 98021	
Certification Certification Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		Email		
 • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [8 U.S.C., Section 1001(1988)] • X /s/John Feehan • Typed or printed name: • DINN FEEHAN • Typed or printed name: • CFO (The of official position hed in corporation or partnership) 				
Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I he undersigned, hereby certify that (Check one, but only one, of the boxes.) • Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or • Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)) K /s/ John Feehan Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Title: CEO (Title of originet heid in corporation or partnership)	0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
 (Agent of owner other than corporation or partnership) I am the duly 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 partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I u.S.C., Section 1001(1986) I u.S.C., Sec	-	• I, the undersig	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
 in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Marcine A. S. Section 1001(1986) 		(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] $ \begin{array}{c} \hline \hline$				m as identified
 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 				f the cable system
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: JOHN FEEHAN Title: CFO (Title of official position held in corporation or partnership)		 I have examinare true, comp 	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
Typed or printed name: JOHN FEEHAN Title: CFO (Title of official position held in corporation or partnership)			/s/ John Feehan	
Title: CFO (Title of official position held in corporation or partnership)				
(Title of official position held in corporation or partnership)			Typed or printed name: JOHN FEEHAN	
Date: 2/25/2020				
			Date: 2/25/2020	

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

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
/E DIVISION HOLDINGS LLC	371
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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