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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2-28-20	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2019/2				
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system on the last day of the counting perion	em the accounting period should s		3746
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC				
	WAVE DIVIDION HOLDINGS LES			3746 3746	620191 2019/2
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
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	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 WA 98021 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	1b
Area Served	with all communities. CITY OR TOWN	STATE			
First	PORT TOWNSEND	WA			
Community	Below is a sample for reporting communities if you report multiple cha			1	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#
Sample	Alia	MD	A B		2
	Alliance Gering	MD MD	В	_	3
	Gennig	UID	В	,	,

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			3746					
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 first 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-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
PORT TOWNSEND	WA	Α		First				
JEFFERSON COUNTY	WA	A		Community				
PORT LUDLOW	WA	Α						
				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#

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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	3,482	\$ 25.95				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel	202	\$ 25.95				
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BL	OCK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 17.0	• Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
Burglar protection		 Pay cable-add'l channel 		
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** 3746 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 Ν **KOMODT2 - Com** 4.2 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 SEATTLE, WA KCTS - PBS Ε No KCTSDT2 - PBS I Ε No 9.2 SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA Ν KSTWDT2 - Decad 11.2 No TACOMA, WA Ν **KVOS - Heroes &** 12.1 No BELLINGHAM, WA **KCPQ - FOX** 13 Ν No TACOMA, WA **KONG** - Independ 16 **EVERETT, WA** ı No

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 3746 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 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 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

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.

		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
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	Yes	0	TACOMA, WA
KWPX - ION	33	N	No		BELLEVUE, WA
KFFV - MeTV	44	N	No		SEATTLE, 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 3746 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF							SYSTEM ID#	Name
WAVE DIVISION HOLE	DINGS LLO	<u> </u>					3746	- Italiie
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i				
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ccounting pening that must	eriod, under spe st be included in	ecific present and former FC n this log, see page (v) of th	C rules, regula	ations, or a	uthorizations	s. For a further	Substitute Carriage:
During the accounting per				s, any nonnet	twork telev	/ision progra	am	Special
broadcast by a distant sta	tion?		•	-		Yes	XNo	Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ıst comple	te the progr	am	
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."	titute progra ace, please a of every nor distant stati- gulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast statio addian statio and and day ve "5/7." es when the Example: a er "R" if the and regulatio orgramming	m on a separa attach addition nnetwork televion and that your authorization to use general of the station broadca on's location (the station broadca on's location (the symmetry) as substitute program carrillisted program carrillisted program on sin effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories 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 progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. I5 p.m. to 6:20 mming that yo; enter the lett	during the ramming on slocated List special sp	e accounting of another side in the pape ific program he FCC or, in he was accurate he should be he was require he listed pro	eation er onth dely	
S	SUBSTITUT	E PROGRAM	I		N SUBST		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION	
		5				_		
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	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC		3746	Name				
all a (as pag	POSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's section dentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary trans	mission service	K 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.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by ${\bf k}$ 3 below.	e entered or	line 1 of					
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on li	ne 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be enter	ed on line					
	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 pe	ercent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	567,863.00					
	This is your minimum fee.	\$	6,042.06					
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	mn 4, you m	ust 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	\$	6,700.83					
	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	\$	6,700.83					
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	\$	6,700.83	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 zero.							
	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	\$	7,425.83	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i)	of the	auditional lees.				

NI	LEGAL NAME OF OWNER OF CA	CABLE S'	STEM:	SYSTEM ID#							
Name	WAVE DIVISION HOL	LDING	SLLC	3746							
	CHANNELS										
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
1	to its subscribers and (2	(2) the o	able system's total number of activated channels, during the accounting period.								
Channels	`	, ,									
	1. Enter the total number of channels on which the cable										
	system carried televisi	sion bro	adcast stations								
	2. Enter the total numbe	er of a	ctivated channels								
			arried television broadcast stations	336							
1	and nonbroadcast serv	rvices .		330							
N			CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
Individual to	we can contact about this statement of account.)										
Be Contacted											
for Further	ther Name OXANA SOSKOVA Telephone 425-217-4000										
Information	Address 3700 MONTE VILLA PARKWAY										
	(Number, street,	et, rural ro	ute, apartment, or suite number)								
	BOTHELL		98021	***************************************							
	(City, town, state	ite, zip)									
	Email ta	ax.de	ot@wavebroadband.com Fax (optional) 425-217-	-4001							
	CERTIFICATION (This st	stateme	nt of account must be certifed and signed in accordance with Copyright Office re	egulations.							
0			o account mace 20 collise and organic m. accordance min. ocpy, ng. ii o mice no	guiationo							
Certifcation	• I, the undersigned, herel	eby cer	ify that (Check one, but only one, of the boxes.)								
	-	-									
	(Owner other than co	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or							
	_										
			corporation or partnership) I am the duly authorized agent of the owner of the cab that the owner is not a corporation or partnership; or	le system as identified							
	_										
	(Officer or partner) I in line 1 of space I		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as of	owner of the cable system							
	iii iiio 1 oi opaoo i	, D.									
			t of account and hereby declare under penalty of law that all statements of fact contai to the best of my knowledge, information, and belief, and are made in good faith.	ined herein							
	[18 U.S.C., Section 1001										
		X	/s/ John Feehan								
	 En	nter an	electronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.	e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso								
	"Fi	F2" butt	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lote	us compatibility settings.							
	Typed or printed name: JOHN FEEHAN										
,											
į											
,	Tit	Γitle:	CFO								
	111		(Title of official position held in corporation or partnership)								
,											
į	Da	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 OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION	I HOLDINGS LLC	3746	Name
The Satellite Hor lowing sentence: "In determ service of scribers a For more informa paper SA3 form. During the accoumade by satellite X NO	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add nining the total number of subscribers and the gross amounts paid to the cable system for providing secondary transmissions of primary broadcast transmitters, the system shall no nd amounts collected from subscribers receiving secondary transmissions pursuant to sec ation on when to exclude these amounts, see the note on page (vii) of the general instruction inting period did the cable system exclude any amounts of gross receipts for secondary transmissions to satellite dish owners?	the basic t include sub- ction 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
	ete this worksheet for those royalty payments submitted as a result of a late payment or un on 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 I	ine 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	ine 2 by the number of days late and enter the sum here	- 0.00274	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	est charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
•	filing this worksheet covering a statement of account already submitted to the Copyright C the owner, address, first community served, accounting period, and ID number as given in		
Owner Address			
First community Accounting perio 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 CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 3746										
ı											
	SUM OF DSEs OF CATEGOR										
	Add the DSEs of each station										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		1.25						
	Unatrustiana										
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	In the column headed "DSE	": for each indepe	endent station, give the DSE	∃ as "1.0"; for	each network or noncom-						
of DSEs for mercial educational station, give the DSE as ".25." Category "O" CATEGORY "O" STATIONS: DSEs											
	0.411.01011				II 0411 01011	505					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	1.000									
	KBTC - PBS	0.250									
Add rows as											
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC	;				S'	YSTEM ID# 3746
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should a Column 3 Column 4 be carried out Column 5 give the type- Column 6	at the call sign of all distance: For each station, give to correspond with the information: For each station, give to Divide the figure in columnt at least to the third decimated at least to the third decimated at least to the state of th	he number of he mation given in he total number umn 2 by the figural point. This is station, give the figuran 4 by the figuran 4 by the figuran 4 by the figuran 5 he mation in the figuran 4 by	ours your cable system space J. Calculate or of hours that the stature in column 3, and on sthe "basis of carriage "type-value" as "1.0." gure in column 5, and	n carried the sta ally one DSE for e ion broadcast ov give the result in e value" for the s For each netwo	tion during the accounting each station. Wer the air during the accord decimals in column 4. The	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY I	LAC STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3 JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		·Ε
			÷	=		x	=	
			÷			x x	=	
			÷			x	=	
			<u>.</u>		=	x	=	
			÷			x x	=	
			÷	=	<mark></mark>	x	=	
	Add the DSEs	OF CATEGORY LAC Sof each station. m here and in line 2 of p		edule,	⊁	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4:	ct on October 19, 1976 (ine or more live, nonnetw For each station give the This figure should correct Enter the number of days Divide the figure in colun This is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the in s in the calendar in 2 by the figur (For more inforr	gram that your system e letter "P" in column ring that optional carring that optional ca	was permitted to for space (); and age (as shown by searried in substance a leap year. We the result in content of the page (viii) of the formula of the page (viii) of the page (viii) of the formula of the page (viii) of the page (to delete under FCC rule of the word "Yes" in column stitution for programs that olumn 4. Round to no less the general instructions in	2 of t were deleted as than the third	m).
				BASIS STATION			T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			-	=
				=			÷	=
		4		=		4	-	=
				=				=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:		▶	0.00	1	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	s applicable to your syster f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		ooxes in parts 2, 3, and	4 of this schedul	e and add them to provide	1.25 0.00 0.00	1.25
		5. 2020					<u> </u>	

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

LEGAL NAME OF C							S'	YSTEM ID# 3746	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No " complete blo	ncks B and C	: helow				,		
n your answer ii	140, complete bit			ELEVISION M	ARKETS				Computation of
Is the cable systemeffect on June 24,	1981?		•					gulations in	3.75 Fee
	•		DO NOT COM	PLETE THE REM.	AINDER OF F	PART 6 AND 7	,		
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fi ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursus *F A station pre	les and regued pursuant on as defined al education of the station (76.) or DSE sched ant to individuously carried JHF station w	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). 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 goasis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	entified by the I e DSE.)	n parts 2, 3, and 4 etter "F" in columr	n 2, you must	complete the v	. °	T	
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		1.00							
KBTC - PB	C	0.25							
								1.25	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				_	
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			n		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				X		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	ce L (page 7))		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 3746 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) Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters 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 No—Proceed to part 8 Yes—Complete blocks B and C. 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 X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN CALL SIGN 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 3746	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	567,863.00	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 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	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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	Æ OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	١ ١	WAVE DIVISION HOLDINGS LLC	3746							
Computation of the Syndicated Exclusivity Surcharge	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)	3746							
		Syndicated Exclusivity Surcharge								
8 Computation of Base Rate Fee	6 was a In blo In blo If you blank What i 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 pachecked "Yes," use the total number of DSEs from part 5. lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. lir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. lir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock B.	wo							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
	Yes—Complete part 9 of this schedule.									
	L	Tes—complete part 9 of this scriedule.								
		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," use the total number of DSEs from part 5.)	<u>25</u>							
	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). \$ 6,042.0 B. Enter 0.00701 of gross receipts (the amount in section 1). \$ 3,980.72 C. Subtract 1.000 from total DSEs	<u> 16 </u>							
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	18_							
		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.	7,037.24							
		μψ								

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

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	SYSTEM ID# 3746	Name
***		0140	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
-	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
instead	TANT: 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 channed.	•	9
Space In Gen	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	e, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	o the same	and
station DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	the number of	Syndicated Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	nart 7 vou must	for Partially
also co	many portion of your capic system is located within the top 100 television market and the station is not exempt in a mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		Distant 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 stat to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that stated the station is distant to that stated the station is distant to the station.		
	ne 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	
subscr	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		tem's subscriber	
	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 all bers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n 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 b 6 of this schedule.	lock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.		
page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

LEGAL NAME OF OWNE						S	YSTEM ID# 3746
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH			
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP
COMMUNITY/ AREA	PORT T	OWNSEND, JEFI	FERSON	COMMUNITY/ AREA	PORT L	UDLOW	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KBTC - PBS	0.25	-		CBUT - CBC	1.00		
CBUT - CBC	1.00						
		-					
		-					
otal DSEs			1.25	Total DSEs		-	1.00
Gross Receipts First G	iroup	\$ 375	,903.00	Gross Receipts Secon	nd Group	\$ 19	91,960.00
3ase Rate Fee First G	roup	\$ 4	,658.38	Base Rate Fee Secon	d Group	\$	2,042.45
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	<u>"</u>						
			.				
otal DSEs	<u> </u>		0.00	Total DSEs			0.00
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00
	r	Į*	3.00	June 1 do 1 danu	-:- -=	Ţ	0.30
Base Rate Fee: Add th	ne base rat	e fees for each subsc	riber group	as shown in the boxes a	ibove.		
nter here and in block			5 F			\$	6,700.83

							_	
В				TE FEES FOR EACH			LID	
		SUBSCRIBER GROU		00144411477//4754		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	PURI	TOWNSEND, JEFFERSON		COMMUNITY/ AREA	PURIL	PORT LUDLOW		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
O/ LE OIOIV	DOL	ONEE CICIV	DOL	O/ILL GIGIT	DOL	O/ LE CIOIV	BOL	Base Rate
		T				 		and
								Syndicate
								Exclusivi
						<u> </u>		Surcharg
		_						for
								Partially
								Distant
								Stations
otal DSEs	•	-	0.00	Total DSEs	•		0.00	
		. 075						
ross Receipts First G	roup	<u>\$ 375,</u>	,903.00	Gross Receipts Secon	d Group	<u>\$ 1</u>	91,960.00	
sase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
						0.1000000000000000000000000000000000000		
	THIRD	SUBSCRIBER GROU		FOURTH SUBSCRIBER GROUP COMMUNITY/ ARFA 0				
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>u</u>	<u> </u>		
		_						
			1				T T	
						ll		
otal DSEs			0.00	Total DSFs			0.00	
			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fourth	ı Group	\$	0.00	
	Group	\$	_		ı Group	\$		
Gross Receipts Third (_	Gross Receipts Fourth			0.00	
ross Receipts Third (\$	0.00			\$		
ross Receipts Third (0.00	Gross Receipts Fourth			0.00	
otal DSEs Gross Receipts Third (Base Rate Fee Third (Group	\$	0.00	Gross Receipts Fourth	ı Group		0.00	

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 3746 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown