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			
	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 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 conducts the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s		5661
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC				
	WAVE DIVISION HOLDINGS LLC				
				566	120192
				5661	2019/2
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM:  WAVE BROADBAND	and dyeleni, ii aiii.	growth with the dadress give		<u> </u>
	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY  (Number, street, rural route, apartment, or suite number)  BOTHELL WA 98021 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	• 1b
Area	with all communities.	T			
Served First	CITY OR TOWN WOODLAND	STATE CA			
Community	Below is a sample for reporting communities if you report multiple cha		nace G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	Α		1
Sample	Alliance	MD	В		2
	Gering	MD	В		3

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

FORM SASE, PAGE 10.			OVOTEN ID#					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			5661					
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.								
<b>Note:</b> 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-commu channel 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 to	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
WOODLAND	CA	Α		First				
DIXON	CA	Α		Community				
WEST SCARAMENTO	CA	Α						
WINTERS	CA	A						
				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:	0020011122110			57.125.17.15.15.27.15.2		
Service to first set	6,046	\$	25.95			
Service to additional set(s)						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	285	\$	25.95			
Commercial						
Converter						
Residential						
Non-residential						
		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.

	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		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
First set	\$ 29.9	Burglar protection		
Additional set(s)	\$ 14.99	Other services:		
• FM radio (if separate rate)		Reconnect	\$ 29.95	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

	IER OF CABLE SY	STEM:			SYSTEM ID#	Namo
WAVE DIVISION	N HOLDING	S LLC			5661	Naille
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati	system during the	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie le carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
(6.59(d)(2) and (4), 76 substitute program bas	` ' ' ' '	,. ,	•	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	stations: With r	espect to any	distant stations	carried by your	cable system on a substitute program	Television
pasis under specifc FC Do not list the station	, ,	,		e Special Statem	ent and Program Log)—if the	
station was carried List the station here,	only on a substand also in spa	titute basis. ace I, if the sta	ation was carried	I both on a substi	tute basis and also on some other	
basis. For further in in the paper SA3 fo		erning substit	tute basis statioi	ns, see page (v) o	of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
			•	•	h stream separately; for example	
Column 2: Give the			-		tion for broadcasting over-the-air in	
ts community of licens on which your cable sy	•	,	annel 4 in Wash	ington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	vhether the st			ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see p	page (v) of the	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the staplanation of local servi			•	,	es". If not, enter "No". For an ex-	
					e paper SA3 form. stating the basis on which your	
•		•	٠.	•	tering "LAC" if your cable system	
carried the distant stati For the retransmiss	•				capacity. y payment because it is the subject	
					, , ,	
of a written agreement	entered into oi	n or betore Ju	ıne 30, 2009, be	tween a cable sy	stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
the cable system and a tion "E" (exempt). For s	a primary transi simulcasts, also	mitter or an a o enter "E". If	ssociation repre	senting the prima	•	
the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the	a primary transi simulcasts, also iree categories e location of ea	mitter or an a c enter "E". If , see page (v ch station. Fo	ssociation repre you carried the ) of the general in the U.S. stations,	senting the prima channel on any o nstructions locate list the communit	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
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the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  KCRA - NBC  KCRADT2 - MeTV  KVIE - PBS  KVIEDT3 - World  KVIEDT4 - PBS K  KQED - PBS  KXTV - ABC  KXTVDT2 - Justice  KOVR - CBS	a primary transisimulcasts, also iree categories, e location of eacanadian statio g multiple char  2. B'CAST CHANNEL NUMBER  3.3.2.6 6.2.6.3 6.4.9 10.10.2.13	mitter or an a penter "E". If see page (v) ch station. For see, if any, givened line-ups,  CHANN 3. TYPE OF STATION N E E E N N	ssociation repreyou carried the of the general in U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle which the station is identified.  Channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA	additional informatio
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the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the FCC. For Mexican or Column 1. CALL SIGN  KCRA - NBC  KCRA - NBC  KCRADT2 - MeTV  KVIE - PBS  KVIEDT3 - World  KVIEDT4 - PBS K  KQED - PBS  KXTV - ABC  KXTVDT2 - Justice  KOVR - CBS  KOVRDT2 - Decade  KSPX - ION	a primary transisimulcasts, also iree categories, a location of eacanadian station growth multiple char 2. B'CAST CHANNEL NUMBER 3 3.2 6 6.2 6.3 6.4 9 10 10.2 13 13.2	mitter or an a penter "E". If see page (vich station. Fons, if any, givenel line-ups,  CHANN 3. TYPE OF STATION N E E E N N N N N N N N N N N N N N N	ssociation repreyou carried the of the general in U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the had which the station is identifed. channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA STOCKTON, CA	additional information
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KCRA - NBC  KCRADT2 - MeTV  KVIE - PBS  KVIEDT3 - World  KVIEDT4 - PBS K  KQED - PBS  KXTV - ABC  KXTVDT2 - Justice  KOVR - CBS  KOVRDT2 - Decade  KSPX - ION  KMAX - CW	a primary transisimulcasts, also incee categories, elocation of each canadian station growth multiple char 2. B'CAST CHANNEL NUMBER 3. 3.2 6. 6.2 6.3 6.4 9 10 10.2 13 13.2 29 31	mitter or an a penter "E". If see page (v) ch station. For ns, if any, givened line-ups,  CHANN 3. TYPE OF STATION N E E E N N N N N N N N N N N N N N N	ssociation repreyou carried the of the general in U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  by to which the station is licensed by the had which the station is identifed.  channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA  STOCKTON, CA  STOCKTON, CA  SACRAMENTO, CA	additional information
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of the	a primary transisimulcasts, also incee categories, elocation of each canadian station growth multiple char 2. B'CAST CHANNEL NUMBER 3. 3.2 6. 6.2 6.3 6.4 9 10 10.2 13 13.2 29 31	mitter or an a conter "E". If see page (v) ch station. Fons, if any, givened line-ups,  CHANN 3. TYPE OF STATION N E E E N N N N N N N N N N N N N N N	ssociation repreyou carried the of the general in U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the had which the station is identifed. It is channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional informatio
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of the	a primary transisimulcasts, also ince categories, a location of eacanadian statio g multiple char 2. B'CAST CHANNEL NUMBER 3 3.2 6 6.2 6.3 6.4 9 10 10.2 13 13.2 29 31 33 40 40.2	mitter or an a penter "E". If see page (v) ch station. For ns, if any, givened line-ups,  CHANN 3. TYPE OF STATION N E E E N N N N N N N N N N N N N N N	ssociation repreyou carried the of the general in U.S. stations, ee the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the had which the station is identifed. channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA	additional informatio
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin  1. CALL SIGN  KCRA - NBC  KCRADT2 - MeTV  KVIE - PBS  KVIEDT3 - World  KVIEDT4 - PBS K  KQED - PBS  KXTV - ABC	a primary transisimulcasts, also ince categories, a location of eacanadian statio g multiple char 2. B'CAST CHANNEL NUMBER 3 3.2 6 6.2 6.3 6.4 9 10 10.2 13 13.2 29 31 33 40 40.2	mitter or an a conter "E". If see page (v) ch station. For see page (v) ch	ssociation repreyou carried the of the general in U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	senting the prima channel on any of instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the had which the station is identifed. It is channel line-up.  6. LOCATION OF STATION  SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional informatio

FURM SAJE. PAGE 3.					OVOTEM	10.4
WAVE DIVISIO					SYSTEM 50	Name
PRIMARY TRANSMITTE						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect of 5.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of cert 1(e)(2) and (4))];	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the	CC rules, regular here in space only on a substand also in spatformation concurr.  the station's call associated with associated with associated with a channel numbers. For example, with a cast of the cast, "E" (for near the cast, "E" (for near the cast), "e" (for near t	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not a station ac streams must ber the FCC has, WRC is Change (v) of the the local seriage (v) of the the local seriage (v) of the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v)	tit in space I (the ation was carried tute basis station report origination cording to its own to be reported in the annel 4 in Wash tation is a network), "N-M" (I educational), or general instruct 4, you must coraccounting period ause of lack of a geam that is not some 30, 2009, be ssociation repreyou carried the loft tute to the general instruct or accounting period ause of lack of a geam that is not some 30, 2009, be ssociation repreyou carried the loft the general instruct the loft the general instruct and the same that is not some 30, 2009, be ssociation repreyou carried the loft the general instruct the loft the general instruct the loft the general instruction.	de Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multiple of "E-M" (for noncetions located in the plete column 5, and Indicate by entitivated channel of subject to a royalty steween a cable system of the prima channel on any of instructions located in the prima channel on any of instructio	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Television
	Canadian statio	ons, if any, giv nnel line-ups,	e the name of th	ne community with space G for each	which the station is identifed.	
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	
KQCADT2 - Movie	58.2	N	No		STOCKTON, CA	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 5661 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE							SYSTEM ID# 5661	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	<b>i</b>				
								I
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or aut	horizations	For a further	
explanation of the programm  1. SPECIAL STATEMENT				e general instr	uctions locat	ed in the pa	per SA3 form.	Substitute Carriage:
During the accounting per broadcast by a distant star	iod, did you			s, any nonne	twork televis			Special Statement and
Note: If your answer is "No		rest of this paເ	ge blank. If your answer is	"Yes," you mu	ıst complete	<b>Yes</b> the progra	<b>⊠No</b> m	Program Log
log in block 2.  2. LOG OF SUBSTITUTE								
In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is	3	
	of every no	nnetwork telev	ision program (substitute p				ution	
under certain FCC rules, re	gulations, o	r authorization	s. See page (vi) of the gen	eral instructio	ns located i	n the paper		
SA3 form for futher informatitles, for example, "I Love I	_ucy" or "NE	BA Basketball:	76ers vs. Bulls."		List specific	c program		
Column 2: If the program Column 3: Give the call	n was broac sign of the s	lcast live, ente station broadca	r "Yes." Otherwise enter "N asting the substitute progra	lo." m.				
Column 4: Give the broathe case of Mexican or Car			ne community to which the community with which the			FCC or, in		
Column 5: Give the mor	nth and day	when your sys	tem carried the substitute	orogram. Use	numerals, v	vith the mo	nth	
	es when the		gram was carried by your				ely	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	ı program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	nould be		
Column 7: Enter the lett to delete under FCC rules a	er "R" if the	listed program	was substituted for progra	mming that ye	our system v	was require	ed	
gram was substituted for pr	ogramming							
effect on October 19, 1976.	•			T T				
S	SUBSTITUT	E PROGRAM	1		EN SUBSTI <sup>*</sup> IAGE OCCI		7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ TO		
						<del></del>		
					-			
					-	_		
					_			
						<u> </u>		
					_			
					_	_		

	SA3E. PAGE 7.  LI NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Namo			
WA	VE DIVISION HOLDINGS LLC		5661	Name			
Ins 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 secidentified 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 transmission compute this amount	service t, see <b>975,879.00</b>	<b>K</b> Gross Receipts			
• Cor • Cor • If you fee • If you accord	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.						
	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 o	of				
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be blow.	entered on line 2 in l	block				
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on lir	ne				
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 percent of	f the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	975,879.00				
	Enter the result here. This is your minimum fee.	\$	10,383.35				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must chec	ck				
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	-				
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE</b> : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	10,383.35	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional deposits under			
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)						
	Line 4. <b>FILING FEE</b>						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	11,108.35	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					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC 5661
8.4	CHANNELS
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
- Cildiniolo	Enter the total number of channels on which the cable
	system carried television broadcast stations
	2. Enter the total number of activated channels
	on which the cable system carried television broadcast stations  359
	and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual
Individual to	we can contact about this statement of account.)
Be Contacted	
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 signed in accordance with Copyright Office regulations.
0	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Control State Main Solphanes)   Control State State System as advance in line ( Stapes 2)   State Sta
	(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 identifed 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)]
	X /s/ John Feehan
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: JOHN FEEHAN
ı	
ı	
ı	Title: CFO
ı	(Title of official position held in corporation or partnership)
ı	
	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#	Nama
WAVE DIVISION HOLDINGS LLC	5661	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to  For more information on when to exclude these amounts, see the note on page (vii) of the general instrupator SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	for the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		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	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- terest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give filing.		
Owner Address		
First community served Accounting period ID number		

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)								
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#			
•	WAVE DIVISION HOLDINGS LLC 5661								
	SUM OF DSEs OF CATEGOR		NS:						
	• Add the DSEs of each station.								
	Enter the sum here and in line 1 of part 5 of this schedule.								
•	Instructions:								
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by th	e letter "O" in column 5				
Computation	of space G (page 3). In the column headed "DSE"	': for each indep	endent station, give the DSF	as "1.0": for e	ach network or noncom-				
of DSEs for	mercial educational station, giv	e the DSE as "	25."	,					
Category "O"			CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									

Name	WAVE DIVISION	ER OF CABLE SYSTEM:  I HOLDINGS LLC	;				S	548TEM ID# 5661
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: Fo figure should corre Column 3: Fo Column 4: Div be carried out at le Column 5: Fo give the type-value Column 6: Mu	e call sign of all distar each station, give to espond with the information of each station, give to each station, give the figure in collect to the third decimate each independent ereach ereach station.	the number of hourmation given in spithe total number out out of the total number out out of the figurmal point. This is the station, give the "tolumn 4 by the figurmal point and the figurmation."	rs your cable system pace J. Calculate or f hours that the state e in column 3, and the "basis of carriag type-value" as "1.0." are in column 5, and	m carried the stanly one DSE for eight on broadcast ow give the result in e value" for the standard result in the result in t	ation during the accounting each station. ver the air during the according the according the according the according the according the according to the accountry to the according to the accordi	ounting period. his figure must ucational station,	
Capacity		C	CATEGORY LA	AC STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE.
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷			x x	=	
			÷		=	x	=	
	Add the DSEs of ea	CATEGORY LAC S ach station. ere and in line 2 of p		lule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Give the  Was carried by y tions in effect or Broadcast one of space I). Column 2: For eat your option. This Column 3: Ente Column 4: Divid	ctions:  In 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  as carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular- ns in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  badcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of  ace I).  lumn 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted  r option. This figure should correspond with the information in space I.  lumn 3: Enter the number of days in the calendar year: 365, except in a leap year.  lumn 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third  al point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).						
		SU	BSTITUTE-BA	SIS STATION	S: COMPUTA	ATION OF DSEs		
	SIGN	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
		······································	-	=		-	=	=
							-	=
		=	=	=		-	=	=
		······································	<u>-</u>	=		<mark></mark>	<u> </u>	=
	Add the DSEs of ea	SUBSTITUTE-BAS	IS STATIONS:	lule,	▶	0.00		
5		F DSEs: Give the am plicable to your syster		xes in parts 2, 3, and	4 of this schedul	e and add them to provide	e the tota	
Total Number	1. Number of DSI	Es from part 2 ●				<b>-</b>	0.00	
of DSEs	2. Number of DSI	•				<u> </u>	0.00	
	3. Number of DSI	Es from part 4 ●				<b>-</b>	0.00	
	TOTAL NUMBER O	F DSEs						0.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 5661	Name
	3001	
Instructions: Block A must be completed.  In block A:	af 4b a	6
<ul> <li>If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) schedule.</li> </ul>	or the	0
If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS		Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and effect on June 24. 1981?	regulations in	3.75 Fee
Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7		
X No—Complete blocks B and C below.		
BLOCK B: CARRIAGE OF PERMITTED DSEs		
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permi under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, se instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set Satellite Television Extension and Localism Act of 2010.)	e the	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station  BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referr  CARRIAGE 76.61(b)(c)]	ing to	
<ul> <li>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)</li> <li>C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)</li> <li>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</li> <li>E Carried pursuant to individual waiver of FCC rules (76.7)</li> </ul>		
*F A station previously carried on a part-time or substitute basis prior to June 25, 198′ G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61 M Retransmission of a distant multicast stream.	(e)(5)	
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.  *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on parts schedule to determine the DSE.)	age 14 of	
1. CALL SIGN 2. PERMITTED 3. DSE 1. CALL SIGN BASIS 3. DSE 1. CALL SIGN BASIS 1. CALL SIGN BASIS	ED 3. DSE	
	0.00	
BLOCK C: COMPUTATION OF 3.75 FEE		
Line 1: Enter the total number of DSEs from part 5 of this schedule		
Line 2: Enter the sum of permitted DSEs from block B above		
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.		
(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)	0.00	
Line 4: Enter gross receipts from space K (page 7)	0.0375	Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and enter sum here		partially permited/ partially nonpermitted
x Line 6: Enter total number of DSEs from line 3	<u>-</u>	carriage? If yes, see part
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)	0.00	9 instructions.

Nome	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:						S	YSTEM ID#			
Name	WAVE DIVISIO	N HOLDING	GS LLC							5661			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F0 A—Part-time spy 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Carriage under all instructions the station's I e the DSE figure. B, column 3 differentiation by call information years.	1981, under forme ach distant station in his station for a sin g period and year arriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 for the current ures listed in column of part 6 for this state un give in columns	r FCC rules gover dentifed by the gle accounting in which the car he station was colored as a part-time between the station of the colored as a counting to 76.61(e). Corules, sections are counting per ins 2 and 5 and tition.	verriet per rriaç arri asis )(1) s 70 aut riod	ning part-time and sub ter "F" in column 2 of p riod, occurring betweer ge and DSE occurred ied by listing one of the se in effect on June 24 s, of specialty program b). 6.59(d)(3), 76.61(e)(3) thorizations. For furthe	stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde d, or 76.63 ( r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedule. This figure	and June 30, 1981  ules, sections g tc  page (vi) of the schedule figure should be entered				
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	_	RESENT	6. P	ERMITTED			
	SIGN	DSE	P	ERIOD		CARRIAGE	[	DSE		DSE			
<b>7</b> Computation of the Syndicated		"Yes," comple	ete blocks B and C locks B and C blan	k and complete		art 8 of the DSE schedo							
Exclusivity													
Surcharge	Is any portion of the contract	cable system v	vithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8						
	BLOCK B: Carriage of VHF/Grade B Contour Stations  BLOCK C: Computation of Exemp							nt DCE					
		<del>-</del>											
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p	•	•				
	X Yes—List each st	tation below wi	th its appropriate per	mitted DSE		X Yes—List each st	ation below	with its appropria	ate permi	tted DSE			
	No—Enter zero and proceed to part 8.					No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
		•	=										
		•	-										
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 5661	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	975,879.00	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
	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 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
0 11			
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		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	١	WAVE DIVISION HOLDINGS LLC	5661						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$							
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge							
		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of	nart						
8	6 was	checked "Yes," use the total number of DSEs from part 5.	part						
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of	-	ir answer is "No," compute your system's base rate lee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b	elow						
Base Rate Fee	blank.								
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo							
		e area," see page (v) of the general instructions.	. Ca.						
		DI COMA CARRIAGE OF PARTIALLY DIGITALE GTATIONS							
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  our cable system retransmit the signals of any partially distant television stations during the accounting period?							
	Dia y	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)	0.00_						
	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,"							
	_		0.00						
	Section								
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	<u>-</u>						
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 6,840.91							
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  -							
		D. Multiply line B by line C and enter here	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here	1						
		and in block 3, line 1, space L (page 7)	_						
		Base Rate Fee	<u></u> .						

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

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVI	E DIVISION HOLDINGS LLC	3001	
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)  * ***  ***  ***  ***  ***  ***  ***		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here <b>\$</b>	_	
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
IMPOR	TANT. It is a large of the state of the stat	-4 -:	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	•	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusi	on, you must:	-	Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo 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.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
-	section:		
• Give	fy 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 all bers in the group.	of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3,	
2) any	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b	lock B,	
•	6 of this schedule. ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
<ul> <li>Compage.</li> <li>DSEs f</li> </ul>	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 group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

LEGAL NAME OF OWNE						8	SYSTEM ID#	Name
							5661	
В		COMPUTATION OF		TE FEES FOR EAC			II ID	
COMMUNITY/ AREA		SUBSCRIBER GROU and, Dixon, West		COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
COMMONIT IT AIREA	Woodie	ilia, Dixoli, West	Jacianie	COMMONT IT AIRE	<u> </u>			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		-						Stations
		-						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 975	,879.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
		+						
		_						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	очр 	[*	3.00	2000 / 1000 / 100	Cloup	<u> </u> #	0.00	
Base Rate Fee: Add ti	ne <b>base rat</b>	te fees for each subsc	riber aroup	as shown in the hoves	s above			
Enter here and in block			group	as shown in the boxes	. 45000.	\$	0.00	
						•		

LEGAL NAME OF OWNE			•			S	YSTEM ID# 5661	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO			SECONE	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA Woodland, Dixon, West Sacram				COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		=						Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		_						Partially
		_						Distant
								Stations
		-						
		_						
Total DSEs		<u> </u>	0.00	Total DSEs		Ц	0.00	
Gross Receipts First G	iroun	\$ 975	,879.00	Gross Receipts Seco	and Group	\$	0.00	
orosa receipta i iist e	поир	<del>-</del> 370	,075.00	Gross Receipts occo	ла Огоар	4	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
			<b>.</b>					
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>II</u>				
			criber group	as shown in the boxes	s above.		<del></del>	
nter here and in bloc						\$	0.00	

ACCOUNTING PERIOD: 2019/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 5661 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