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 rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts of the the were different owners during the accounting period, only a single statement of account and royalty fee payment covering the expectation of the conduction of the condu	the business of the cable systement of the cable systement on the last day of the entire accounting period system's ID number assigned between the cable system.	em the accounting period should s			
				6149820192		
				61498 2019/2		
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021					
С	INSTRUCTIONS: In line 1, give any business or trade names					
	names already appear in space B. In line 2, give the mailing at IDENTIFICATION OF CABLE SYSTEM:	daress of the system, if diffe	erent from the address give	n in space в.		
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	o. Identify only the frst comm	nunity served below and rel	ist on page 1b		
Area	with all communities.					
Served	CITY OR TOWN	STATE				
First	SOUTH SAN FRANCISCO	CA				
Community	Below is a sample for reporting communities if you report mu	· · · · · · · · · · · · · · · · · · ·		T		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#		
Sample	Alliance	MD MD	A B	1 2		
	Gering	MD	В	3		
	Ouring	MID		, , , , , , , , , , , , , , , , , , ,		

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

FORM SA3E. PAGE 1b.					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		
WAVE DIVISION HOLDINGS LLC			61498		
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 hombelow the identified city or town.	e parks should be	e reported in pare	nineses		
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community	e column blank. If levant community nity basis, associa	you report any st with a subscriber ate each commun	ations group, ity with a		
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 be		up designated by a	a number		
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#		
SOUTH SAN FRANCISCO	CA	Α		First	
SAN FRANCISCO	CA	A		Community	
BURLINGAME	CA	A			
DALY CITY	CA	A			
REDWOOD CITY	CA	A			
SAN MATEO	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#
61498

## 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.

BLOCK 1					BLOC	K 2	
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	6,708	\$	25.95				
Service to additional set(s)							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	421	\$	25.95	ľ			
Commercial				ľ			
Converter				ľ			
Residential				ľ			
Non-residential				l l'			
	I''''	T		1 ľ		I''''	T

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	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		

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN	ER OF CABLE S	YSTEM:			SYSTEM ID#	
WAVE DIVISION	N HOLDING	S LLC			61498	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulation	ystem during to ons in effect or	, he accountino n June 24, 19	g period, except 81, permitting th	: (1) stations carrid ne carriage of cert	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
ubstitute program bas Substitute Basis S				s carried by your	cable system on a substitute program	Transmitters: Television
oasis under specifc FC	C rules, regula	ations, or auth	norizations:			relevision
station was carried of List the station here, a	only on a subs and also in spa	titute basis. ace I, if the sta	ation was carried	d both on a substi	ent and Program Log)—if the tute basis and also on some other of the general instructions located	
in the paper SA3 for	rm.	-			es such as HBO, ESPN, etc. Identify	
ach multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-	
ast stream as "WETA <sup>.</sup> VETA-simulcast).	-2". Simulcast	streams must	t be reported in	column 1 (list eac	h stream separately; for example	
Column 2: Give the					ion for broadcasting over-the-air in	
s community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	whether the st			ependent station, or a noncommercial	
					east), "I" (for independent), "I-M" ommercial educational multicast).	
or the meaning of the					he paper SA3 form. es". If not, enter "No". For an ex-	
lanation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
•			•	•	stating the basis on which your tering "LAC" if your cable system	
•		•	٠.	•	, ,	
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						
For the retransmissi	ion of a distant	multicast stre	eam that is not s	subject to a royalt	payment because it is the subject	
For the retransmissi of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	• •	
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**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 61498 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 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 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			
KICUDT3 - CCTV	36.3	ı	No		SAN JOSE, CA			
KCNS - SBN	38	N	No		SAN FRANCISCO, CA			
KTNC - SF	42	N	No		CONCORD, CA			
KBCW - CW	44	N	No		SAN FRANCISCO, CA			
KSTS - Telemund	48	N	No		SAN JOSE, CA			
KSTSDT2 - TeleX	48.2	N	No		SAN JOSE, CA			
KEMO - Azteca	50.1	N	No		FREMONT, CA			
KQEHDT3 - World	54.3	E	No		SAN JOSE, CA			
KQEHDT4 - Kids	54.4	E	No		SAN JOSE, CA			
KCSM - Independ	60	N	No		SAN MATEO, CA			
KKPX - ION	65	N	No		SAN JOSE, CA			
KTLN - TLN	68	N	No		PALO ALTO, CA			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61498 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 HOLD						S	YSTEM ID# 61498	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizátions. F	or a further	Substitute
1. SPECIAL STATEMEN				gonoral mou		рар		Carriage:
During the accounting per broadcast by a distant sta		ır cable system	carry, on a substitute basi	s, any nonnet			⊠No	Special Statement and Program Log
Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE			ge blank. If your answer is '	Yes," you mu	ist complete th	ne program	1	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every no distant state gulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationatia	attach additional nnetwork televion and that your authorization at use general of the same at the same	al pages. ision program (substitute pur cable system substitute pur cable system substitute pur cable system substitute pur cable system substitute pur categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute pur carried the substitute pur carried by a system from 6:01:10 was substituted for program the accounting period.	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2	during the accramming of ar ns located in the List specific pure tiffied).  The specific pure tiffied in the times are specific pure the times are specific pure the times are specific pure system was ter "P" if the list	counting nother statiche paper program  CC or, in the monte accurately uld be as required sted pro	th y	
5	SUBSTITUT	E PROGRAM			N SUBSTITU IAGE OCCUF		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. TIM	IES TO	DELETION	
					<u> </u>			
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	SAJE. PAGE 7.  L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
WA	VE DIVISION HOLDINGS LLC		61498	Name
all a (as pag	POSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secudentifed 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 transmissio compute this amour	n service nt, see 1,098,885.00	<b>K</b> Gross Receipts
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If your fee</li><li>If you accommoder</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. It is usystem did not carry any distant television stations, leave block 3 blank. Enter the air from block 1 on line 1 of block 4, and calculate the total royalty fee. It is usystem did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of the DSE Scl	nedule	<b>L</b> Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1	of	
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in	block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on I	ine	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent o		
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.			
	This is your minimum fee.	\$	11,692.14	
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 colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and column Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	nn 4, you must che	eck	
Block 3	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	\$	11,692.14	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, ente zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	<u></u> \$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	12,417.14	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		

Nama	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HOL	DINGS LLC	61498						
	CHANNELS								
M	Instructions: You must	give (1) the number of channels on which the cable system carried television broadcasts	stations						
ı	to its subscribers and (2)	the cable system's total number of activated channels, during the accounting period.							
Channels	to the subscribers data (E) the subscribers total number of additional straining are descenting ported.								
ı		of channels on which the cable	30						
ı	system carried television	on broadcast stations							
	2. Enter the total number	of activated channels							
		tem carried television broadcast stations	391						
1	and nonbroadcast serv	ices	331						
N	INDIVIDUAL TO BE CO	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
	we can contact about this	s statement of account.)							
Individual to Be Contacted									
for Further	Name OXANA SO	OSKOVA Telephone 4	25-217-4000						
Information									
	Address 3700 MON	TE VILLA PARKWAY							
		rural route, apartment, or suite number)							
	BOTHELL	WA 98021							
	(City, town, state,	zip)							
	E ii tox	vident@vvevahreedhand.com	004						
	Email tax	x.dept@wavebroadband.com Fax (optional) 425-217-4	001						
	CERTIFICATION (This sta	atement of account must be certifed and signed in accordance with Copyright Office regu	ılations.						
0									
Certifcation	• I, the undersigned, hereb	y certify that (Check one, but only one, of the boxes.)							
	(Owner other than co	rporation or partnership) I am the owner of the cable system as identifed in line 1 of space	P: or						
	(Owner other than co	rporation or partnership) rain the owner or the cable system as identified in line 1 or space	b, oi						
	(A mant of assess other		avatama aa idamtifia d						
		r <b>than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or	system as identified						
	(Officer or partner)	om an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as aw	mor of the cable system						
	in line 1 of space B	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow s.	ner of the cable system						
	Lhara aranina daha aka		d b and a						
		ement of account and hereby declare under penalty of law that all statements of fact containe orrect to the best of my knowledge, information, and belief, and are made in good faith.	a nerein						
	[18 U.S.C., Section 1001(								
	_								
1									
		X /s/ John Feehan							
	Ent	er an electronic signature on the line above using an "/s/" signature to certify this statement.							
	(e.ç	g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in							
	"F2	" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	compatibility settings.						
	Ту	ped or printed name: JOHN FEEHAN							
,	,								
ı									
		050							
ı	Titl	e: CFO (Title of official position held in corporation or partnership)							
,		(							
ı	Da	te: February 25, 2020							
,	Da	C. I GAIGGE & C.							

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#	Nome
WAVE DIVISION HOLDINGS LLC	61498	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by ad lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions attended to satellite carriers to satellite dish owners?	the basic ot include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u> </u>	
(inter	rest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served Accounting period ID number		

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)					Ţ
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#
<b>I</b>	WAVE DIVISION HOLDI	NGS LLC				61498
	SUM OF DSEs OF CATEGOR		NS:			
	Add the DSEs of each station				0.00	
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00	
2	Instructions:					
	In the column headed "Call sof space G (page 3).	Sign": list the ca	ill signs of all distant stations	identified by t	the letter "O" in column 5	
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; for	each network or noncom-	
	mercial educational station, giv					
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
A d d						
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						
TOWS.						
				<u> </u>		

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	<b>;</b>				\$	61498
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY  st the call sign of all dista correspond with the infor for each station, give t correspond with the infor for each station, give t correspond with the infor for each station, give t for each station in the station is for each independent s value as ".25." for Multiply the figure in co- point. This is the station's	he number of hours mation given in spa he total number of umn 2 by the figure mal point. This is the station, give the "tylolumn 4 by the figur	s your cable syste ace J. Calculate of hours that the star in column 3, and e "basis of carriag pe-value" as "1.0." e in column 5, and	m carried the stanly one DSE for oftion broadcast or give the result in ge value" for the some cach networks give the result it give the result give	ation during the accounting the station.  ver the air during the accounting the a	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		3E
			÷			x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		=  =	x x	=	
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		le,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are also column 2: at your option.      Column 3: Column 4: I	e the call sign of each stand of the call sign of each stand on October 19, 1976 (some or more live, nonnetwork). This figure should correst call the number of days divide the figure in column of the stand of the	itution for a prograi as shown by the le ork programs during number of live, no spond with the infor s in the calendar ye in 2 by the figure in (For more informat	m that your systen tter "P" in column that optional carr nnetwork program mation in space I ar: 365, except in column 3, and gi ion on rounding, s	n was permitted 7 of space I); an iage (as shown by as carried in substance a leap year. we the result in case page (viii) of	to delete under FCC ruled to the word "Yes" in column stitution for programs that olumn 4. Round to no let the general instructions in the second to the sec	2 of t were deleted es than the third	orm).
		SU	BSTITUTE-BAS		1	ATION OF DSEs	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			<del>:</del>	=
		÷ ÷		=			÷	
		-		=			÷	=
		÷		=			÷ ÷	=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:			0.00		
5		ER OF DSEs: Give the am sapplicable to your system		es in parts 2, 3, and	1 4 of this schedul	le and add them to provid	e the tota	
Total Number	1. Number of	f DSEs from part 2●				<b>•</b>	0.00	
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number of	f DSEs from part 4 ●				<b>&gt;</b>	0.00	
	TOTAL NUMBE	R OF DSEs					•	0.00

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

	OWNER OF CABLE						S	YSTEM ID# 61498	Name
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the r	· emainder of p ocks B and C	below.			nd complete pa	art 8, (page 16) of	the	6 Computation of
effect on June 24 Yes—Con	m located wholly on the plete part 8 of the plete blocks B and	outside of all in schedule—[	major and sma		efined under s	PART 6 AND 7		gulations in	3.75 Fee
Column 1: CALL SIGN Column 2:	under FCC rules instructions for the Satellite Televisi	and regulation ne DSE Sche on Extension	ons prior to Ju dule. (Note: TI and Localism	part 2, 3, and 4 o ne 25, 1981. For fi ne letter M below r Act of 2010.)	urther explana efers to an ex	ation of permitt cempt multicas	ed stations, see tl	he	
BASIS OF PERMITTED CARRIAGE	(Note the FCC n A Stations carri 76.61(b)(c)] B Specialty stat C Noncomeric D Grandfathere instructions fe E Carried pursu *F A station pre	ules and reguled pursuant to as defined call educations or DSE sched ant to individuation when the call education with the call of the call education with the call education ed	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	elow pertain to the rket quota rules [7 6.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b re)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198  n), 76.61(b)(c),  n) referring to 7 g to 76.61(d)  randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the							,	-	
Line 2: Enter the	·						,	-	
Line 3: Subtract (If zero,	leave lines 4–7 k			•		rate.		0.00	5 (1)
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially permited/
Line 5: Multiply	line 4 by 0.0375	and enter sા	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tot	al number of DS	Es from line	3				,	<u>-</u>	If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	WAVE DIVISION								S	**************************************
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal Column 4: Indicate A—Part-time spr 76.50; B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Consider the station's I e the DSE figure B, column 3 differential information years.	1981, under forme ach distant station i his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, co ()(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gov dentifed by the ligle accounting properties and station was called when the carring to 76.61(e). Cirules, sections regulations, or a form.  accounting perions 2 and 5 and tion.  2, 3, and 4 musting the rich properties and 5	rern lette peri- riag arri- hos asis (1)) s 76 auth iod list	ntifed by the letter "F" ing part-time and sub- er "F" in column 2 of p od, occurring betweer ge and DSE occurred of the ed by listing one of the se in effect on June 24 s, of specialty program b. 6.59(d)(3), 76.61(e)(3) norizations. For further as computed in parts the smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. aming unde n, 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 schedu	ections  vi) of the should be	e entere
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE		DSE		DSE
<b>7</b> Computation of the	•	"Yes," comple	ete blocks B and C		par	rt 8 of the DSE schedu	ule.			
Syndicated			BLOC	( A: MAJOR	ΤE	LEVISION MARKI	ET			
Exclusivity Surcharge	• Is any portion of the	cable evetem v	vithin a ton 100 maio	or tolovicion mark	kat :	as defned by section 7	6 5 of ECC	rules in effect l	uno 24 -	10812
Suicharge	X Yes—Complete	,	, ,	n television mair	NGI (	No—Proceed to		rules iii ellect J	une 24,	1901!
	res—Complete	DIOCKS B and	10.			No—Proceed to	ран о			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	<b>;</b>
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			r	Was any station listed nity served by the cab to former FCC rule 76.	le system p			
	X Yes—List each si			mitted DSE		X Yes—List each sta			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	<sub>iN</sub> T	DSE
	3.22.3.0.1							2: 22 310		
			-							
		ļ								
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,098,885.00	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 defined 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		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	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 Dis 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			YSTEM ID#
	'	WAVE DIVISION HOLDINGS LLC	61498
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. \$	<u></u> .
0		i <b>ctions:</b> hust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of part	t
8		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	-	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov	N
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 "local	
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 1,098,885.00	<u>)                                    </u>
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.) ▶  0.0	00
	Section		<u> </u>
	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)	_
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		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	_
		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	<u></u> l.

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

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	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)  **State Comparison of the image o		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Buse rate rec
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadce be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann G.		9
In General	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine 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
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in npute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be able system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	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 states.	ition you	for Partially Permitted
	to that community.	illon you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let 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 over 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.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
Identif     Give t	y the communities/areas represented by each subscriber group.  ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group.	ll of the	
• lf: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	in parts 2_3	
and 4 o 2) any p	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l	·	
•	6 of this schedule. le DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
• Comp page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the 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.

WAVE DIVISION F	IOI DINIO	LE SYSTEM:				S	SYSTEM ID#	Name
	IOLDING	9 FFC					61498	
В		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA	South S	San Francisco, Sa	n Franc	COMMUNITY/ ARE	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate F
								and
								Syndicated
		-						Exclusivity
		-						Surcharge
						<u> </u>		for
								Partially
								Distant Stations
						. <del> </del>		Stations
	<u></u>	-						
		-						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,098,	,885.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<mark></mark>	-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
	) Froup	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	
	Group	\$			rth Group	\$		
Total DSEs Gross Receipts Third (			0.00	Gross Receipts Four			0.00	
		\$				\$		
Gross Receipts Third (			0.00	Gross Receipts Four			0.00	
Gross Receipts Third (	Group		0.00	Gross Receipts Four	th Group		0.00	

WAVE DIVISION I		3 LLC					61498	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	South S	San Francisco, S	an Franc	COMMUNITY/ ARE	4		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		-						and
								Syndicat
								Exclusiv
								Surchar, for
						H		Partiall
								Distant
								Station
Total DSEs	•	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First G	Group	\$ 1,098	3,885.00	Gross Receipts Sec	ond Group	\$	0.00	
				·				
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$ SUBSCRIBER GRO		Base Rate Fee Seco		\$ I SUBSCRIBER GRO	•	
				Base Rate Fee Second COMMUNITY/ AREA	FOURTH		•	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
			UP		FOURTH		UP	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN  CALL SIGN  Fotal DSEs	THIRD	SUBSCRIBER GRO	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	I SUBSCRIBER GRO	UP 0 DSE	
CALL SIGN  CALL SIGN  Fotal DSEs	THIRD	SUBSCRIBER GRO	DSE DSE DO	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third (	THIRD	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Foul	FOURTH A DSE	SUBSCRIBER GRO  CALL SIGN  \$	DSE	
CALL SIGN  CALL SIGN  Fotal DSEs	THIRD	SUBSCRIBER GRO	DSE DSE DO	CALL SIGN  CALL SIGN  Total DSEs	FOURTH A DSE	CALL SIGN	DSE	

ACCOUNTING PERIOD: 2019/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 61498 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