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			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the conduction of the conduction of the owner. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	WAVE DIVISION HOLDINGS LLC			
				6264520192
				62645 2019/2
	3700 MONTE VILLA PARKWAY			
	BOTHELL WA 98021			
	INCTRUCTIONS In line 4 min and business and a second at a second at a			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System	IDENTIFICATION OF CARLE SYSTEM:			<u> </u>
 	WAVE BROADBAND			
	MAILING ADDRESS OF CABLE SYSTEM:			
	3700 MONTE VILLA PARKWAY 2 (Number, street, rural route, apartment, or suite number)			
	BOTHELL WA 98021			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.	,	,	1 3
Served	CITY OR TOWN	STATE		
First	CONCORD	CA		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Campio	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.

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." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# CONCORD First	FORM SA3E. PAGE 1b.					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9) of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# First CONCORD CA A First CONTRA COSTA COUNTY CA A CONTRA COSTA COUNTY CA A MARTINEZ CA A See instructions for additional information on alphabetization.	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		
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If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# CONCORD CA A First COMMUNITY CA A PLEASANT HILL CA A MARTINEZ CA A See instructions for additional information on alphabetization.	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 fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses					
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See instructions for additional information on alphabetization.						
	MANTINLZ					
Add rows as necessary.					on alphabetization.	
Add rows as necessary.						
Add rows as necessary.						
					Add rows as necessary.	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#
62645

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:	00200.1122.10			5.1126111 6.162111			
Service to first set	10,596	\$	25.95				
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	779	\$	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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$ 17.00	Motel, hotel		
• Pay cable—add'l channel		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		***************************************
Installation: Residential		Fire protection		
First set	\$ 29.99	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	\$ 29.95	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

LEGAL NAME OF OWN	ED OF OARLE O	(OTEM			evetem ID#	
IMVALE DIVISION	ER OF CABLE SY N HOLDING				SYSTEM ID# 62645	Namo
					02043	
carried by your cable s FCC rules and regulation	6, identify ever ystem during to ons in effect or	y television st he accountino n June 24, 19	g period, except 81, permitting th	: (1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC				ne Special Statem	ent and Program Log)—if the	
station was carried • List the station here,	only on a subs and also in spa	titute basis. ace I, if the sta	ation was carried	d both on a substi	tute basis and also on some other of the general instructions located	
in the paper SA3 for Column 1: List each	m. n station's call	sign. Do not i	report origination	n program service	es such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in	column 1 (list eac	ntion. For example, report multi- h stream separately; for example	
			•		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	stem carried th	ne station.			•	
educational station, by (for independent multic	entering the least), "E" (for n	etter "N" (for n oncommercia	etwork), "N-M" (I educational), c	for network multion "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast).	
	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local service Column 5: If you ha					e paper SA3 form. stating the basis on which your	
•	e distant statio	on during the	accounting perio	od. Indicate by en	tering "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For s	entered into o primary trans	n or before Ju mitter or an a	ine 30, 2009, be ssociation repre	etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing rry transmitter, enter the designa-	
Column 6: Give the FCC. For Mexican or C	location of ea anadian statio	, see page (v ch station. Fo ns, if any, giv	of the general or U.S. stations, te the name of the	instructions locate list the communit ne community wit	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
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Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	2. B'CAST CHANNEL NUMBER 2. 2.2 3. 4 4.3 5. 5.2 7 7.3 9 9.2 11 11.2 20	, see page (veh station. Forms, if any, given nel line-ups, CHANN 3. TYPE OF STATION N N N N N E E N	of the general or U.S. stations, the the name of the use a separate of the use of the us	instructions locate list the communit ne community wit space G for each AA 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION OAKLAND, CA OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA	additional information
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Column 6: Give the FCC. For Mexican or Conte: If you are utilizing a content of the FCC. For Mexican or Conte: If you are utilizing a content of the FCC. For Mexican or Content of the FCC. FCC. FCC. FCC. FCC. FCC. FCC. FCC	2. B'CAST CHANNEL NUMBER 2. 2.2 3. 4 4.3 5. 5.2 7 7.3 9 9.2 11 11.2 20 26	, see page (veh station. Forms, if any, given nel line-ups, CHANN 3. TYPE OF STATION N N N N N E E N	of the general or U.S. stations, the name of the use a separate of the use a separate of the use of	instructions locate list the communit ne community wit space G for each AA 5. BASIS OF CARRIAGE	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 6. LOCATION OF STATION OAKLAND, CA OAKLAND, CA SACRAMENTO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN FRANCISCO, CA	additional information

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 62645 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KICUDT3 - CCTV	36.3	I	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	I	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 62645 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

SUBSTITUTE PROGRAM CARRIAGE OCCURRED FOR	M SA3E. PAGE 5.	CCOUNTING PERIOD: 2
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No. Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". Főers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:		Name
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Luoy" or "NBA Basketball: "Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 6: Sidve the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a progra	WE DIVISION HOLD	62645
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Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October	iring the accounting peri	Carriag Specia Statemen
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permi	•	NO Program
SUBSTITUTE PROGRAM SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED FOR DELETION 5. MONTH 6. TIMES DELETION	cog of substitute seneral: List each substitute feneral: List each substitute food, was broadcast by a ser certain FCC rules, regarder for futher informates, for example, "I Love Lolumn 2: If the program column 3: Give the call stolumn 4: Give the broadcase of Mexican or Canadase of Canadase of Mexican or Canadase of	
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION		7. REASON
		FOR DELETION

	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	VE DIVISION HOLDINGS LLC		62645	Name
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's section in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. FORTANT: You must complete a statement in space P concerning gross receipts.	ondary tran compute thi	nsmission service	K Gross Receipts
• Cor • Cor • If your fee • If your	(RIGHT ROYALTY FEE actions: 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. Our system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e entered o	on line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on	line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be ente	ered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 ¡	percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	<u> </u>	1,753,377.00	
	This is your minimum fee.	\$	18,655.93	
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.	nn 4, you r od?	must check	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	_\$	18,655.93	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under
	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.	_\$_	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	\$	19,380.93	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	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	WAVE DIVISION HOLDINGS LLC	62645
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broad	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting pr	eriod.
Onamieis	Enter the total number of channels on which the cable	20
	system carried television broadcast stations	30
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	393
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		phone 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 Of	ffice regulations.
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Gertification	i, the undersigned, hereby certaly that (or concording, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of	of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of t in line 1 of space B and that the owner is not a corporation or partnership; or	he cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifi	and an aumar of the pable avetam
	in line 1 of space B.	ed as owner of the cable system
	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 fail	
	[18 U.S.C., Section 1001(1986)]	
	/s/ John Feehan	
	Enter an electronic signature on the line above using an "/o/" signature to portify this atotam	t
	Enter an electronic signature on the line above using an "/s/" signature to certify this staten (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place you	r cursor in the box and press the
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Exce	el's Lotus compatibility settings.
	Typed or printed name: JOHN FEEHAN	
	Title: CFO	
	(Title of official position held in corporation or partnership)	
	Date: February 25, 2020	
	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#	N
WAVE DIVISION HOLDINGS LLC	62645	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for a service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO	the basic include sub- tion 119."	Special Statement Concerning Gross Receipts Exclusion
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 un 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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright C please list below the owner, address, first community served, accounting period, and ID number as given in 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)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
ı	WAVE DIVISION HOLDI	NGS LLC				62645
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00	
	Instructions:					<u> </u>
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	the letter "O" in column 5	
	of space G (page 3).					
Computation	In the column headed "DSE"	': for each indep	endent station, give the DSE	as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, given	e the DSE as ".2		10. DOE		
Category "O"	CALLCION	DOE	CATEGORY "O" STATION		OALL CION	DOE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
10W3.						
				3		(11111111111111111111111111111111111111

Name	WAVE DIVISION HOLDINGS LLC SYSTEM ID: 62645							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,							
Capacity		C	CATEGORY LA	AC STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	ER 3. URS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	F 5. TYPE		SE.
			÷		=	x	=	
			÷ ÷		=	x x	=	
			+		=	x	=	
			÷		=	x	=	
			÷		= 	x x	=	
			÷		=	x	=	
	SUM OF DSEs OF O Add the DSEs of each Enter the sum he	ch station.		lule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by y tions in effect on Broadcast one or space I). Column 2: For e at your option. This i Column 3: Enter Column 4: Divide	our system in subsite October 19, 1976 or more live, nonnetweeth station give the figure should correct the number of dayse the figure in colun	titution for a progra (as shown by the l ork programs during e number of live, n spond with the info s in the calendar y nn 2 by the figure	am that your system etter "P" in column ng that optional carrionnetwork program ormation in space I. rear: 365, except in in column 3, and given.	n was permitted to the property of space (); and the property of the property	Programs) if that station: to delete under FCC rule d r the word "Yes" in column stitution for programs that olumn 4. Round to no les the general instructions i	2 of t were deleted es than the third	rm).
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	ATION OF DSEs		
	SIGN C	NUMBER)F PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			+	=		-	=	=
			- -	=				=
		-	÷	=		-	÷	=
			÷	=		<mark></mark>	<u> </u>	=
	SUM OF DSEs OF S Add the DSEs of eac Enter the sum he	SUBSTITUTE-BAS ch station.	IS STATIONS:	lule,		0.00		
5 Total Number	TOTAL NUMBER OF number of DSEs appl	licable to your syster		xes in parts 2, 3, and	4 of this schedul	le and add them to provide	e the tota	
of DSEs	2. Number of DSE	•				· •	0.00	
-	3. Number of DSE	•				>	0.00	
	TOTAL NUMBER OF	DSEs				•	·	0.00

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

LEGAL NAME OF C							S	YSTEM ID# 62645	Name
Instructions: Block A must be completed. In block A: In block A: 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) of the schedule. If your answer if "No," complete blocks B and C below.								6	
• If your answer if	"No," complete blo			FI EVISION M	ARKETS				Computation of
BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? 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.									3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules instructions for the	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (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) referring to 76.61(b)(c)] 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) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *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(e)(5) M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
					•				
		<u> </u>						0.00	
			I UCK C: CO	MPUTATION O	F 3 75 FFF				
					1 0.701 LL				
Line 1: Enter the Line 2: Enter the									
	•								
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter รเ	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name									48TEM ID# 62645	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								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		RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE	[DSE		DSE
7 Computation of the	,	"Yes," comple	ete blocks B and C		par	t 8 of the DSE schedu	ule.			
Syndicated			BLOC	(A: MAJOR	ΤE	LEVISION MARKI	ET			
Exclusivity						16 11	0.5. (.500		0.4	10010
Surcharge	l <u> </u>	,	, ,	or television mark	ket a	as defned by section 7		rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	(C: Compu	tation of Exem	pt DSEs	.
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa	art 6 the primary str	eam of a	n	Nas any station listed nity served by the cab o former FCC rule 76.	le system p			
	X Yes—List each s No—Enter zero a			mitted DSE		X Yes—List each sta			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	_{iN} I	DSE
	STEE GIGIN	202	O/ LE DIDIY	552		SALE OIGH	DOL	JALL SIG		552
			-							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,753,377.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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#						
	\	WAVE DIVISION HOLDINGS LLC	62645						
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	· ` ` · · · · · · · · · · · · · · · · ·								
Exclusivity Surcharge									
		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> .						
	1	41							
8		ctions: uust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of	part						
0		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 b	elow						
Base Rate Fee	blank	C.							
		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.	cal						
	SCIVIOC	a dica, see page (v) of the general mondenone.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	your 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) ▶ \$ 1,753,377	.00						
	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.).	0.00						
	Section								
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts							
		(the amount in section 1)	<u>-</u>						
		B. Enter 0.00701 of gross receipts							
		(the amount in section 1) ▶ _ \$ 12,291.17							
		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							
		and in block 3, line 1, space L (page 7)							
		Base Rate Fee							
		<u> </u>							

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVI	E DIVISION HOLDINGS LLC	62645	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the light of the couldn't Lie more than 4,000, compare your bace had not and read account of blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) \$	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	•	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	I line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	avantage of this	of Base Rate Fee
Firet: [· Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	n the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	ind 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.	each group.	Surcharge
_	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	part 7 you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	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 state.	tion you	Permitted
	to that community.	lion you	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.)		
Step 3	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.	at a cable	
Compu groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n parts 2, 3,	
2) any	cortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the	preceding	
DSEs f	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.		

LEGAL NAME OF OWNI						S	YSTEM ID# 62645	Na
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP								
COMMUNITY/ AREA	CONC	ORD, WALNUT CI	REEK, C(COMMUNITY/ AREA			0	Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
								Base Ra
								Syndic
		+						Exclus
								Surch
		+						fo
								Parti
								Dist Stati
								Jiaili
Fatal DCFa			0.00	Total DCCs		11	0.00	
Total DSEs				Total DSEs 0.00				
Gross Receipts First G	Group	\$ 1,753	3,377.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
		-						
		_						
		+						
		-						
Гotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in bloc	k 3, line 1,	space L (page 7)				\$	0.00	

	HOLDING						62645	
В				TE FEES FOR EAC			LID	
		SUBSCRIBER GROUNDERD, WALNUT CF		COMMUNITY/ADD		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA	CONCC	JRD, WALNUT CF	KEEK, C	COMMUNITY/ AREA			U	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.122.1.0				Base Rate
								and
								Syndicat
								Exclusiv
		=						Surchar
								for
								Partiall
								Distant
		_						Stations
	<u></u>							
	<u></u>							
	<u> </u>							
			0.00	T / LD05		<u> </u>	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$ 1,753,	,377.00	Gross Receipts Seco	nd Group	\$	0.00	
								
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco				
		Į.Ŧ				\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
	T 505	I call close	T 505		T 505	II oall olon	T 505	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		_						
	<mark></mark>							
						П		
			0.00	Total DSEs			0.00	
otal DSEs	- rour	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	Joup							
otal DSEs Gross Receipts Third (oup							
Gross Receipts Third (¢	0.00	Rase Pate Foe Four	th Group	¢	0.00	
ross Receipts Third (\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ross Receipts Third (\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ross Receipts Third (Group			Base Rate Fee Four		\$	0.00	

ACCOUNTING PERIOD: 2019/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 62645 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

C	Cab Worl	le ksheet	Total amount of remittance	Num	ı	Initials				
			Date of remittance	Check	☐ EFT	☐ FILI	NG FEES			
Cable ID #						Amount	Initials			
Examined by	R	eviewed by	Date examination completed	Allocation	n number					
Space A Accounting Period										
	☐ Januar	y 1 - June 30, 2017		July 1 - Decem	nber 31, 2017					
	Letter	sent		☐ Information re	ceived					
	☐ Accept	ed		Phone call/Dat	e/Contact					
Space B Owner										
	Letter	sent		☐ Information re	ceived					
	Accept	ed		Phone call/Dat	re/Contact					
Space D Area Served										
	Letter	sent		☐ Information re	ceived					
	Accept	ed		Phone call/Dat	re/Contact					
Space E Secondary Transission										
Service Subscribers:	Letter	sent		☐ Information re	ceived					
and Rates	☐ Accept	ed		Phone call/Date/Contact						
Space G Primary Transmitters:										
Television	Letter	sent		☐ Information received						
	Accept	ed		Phone call/Dat	te/Contact					
Space H Primary Transmitters:										
Radio	Accept	ed		Phone call/Date/Contact						

Space I Substitute

		Carriage
Letter sent	☐ Information received	
Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	