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				
8/31/20	\$				
	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	2020/1									
Period										
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				2554	420201					
				25544	2020/1					
	3700 MONTE VILLA PARKWAY									
	BOTHELL WA 98021									
0	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unles	s these					
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	ferent from the address giv	en in spac	:е В.					
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	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 com	munity served below and re	elist on pa	ge 1b					
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	CAMANO ISLAND CENTRAL	WA								
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
Sample	Alda	MD	Α		1					
	Alliance	MD MD	B B		3					
	Gering	NID	В		J					

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

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 25544 **WAVE DIVISION HOLDINGS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served 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. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **CAMANO ISLAND CENTRAL** WA Α First WA SEVEN LAKES Community **BIG LAKE** WA LA CONNER WA Α **BAYVIEW** WA 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# 25544

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.

BLO	OCK 1			BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	7,688	\$	27.77				
 Service to additional set(s) 				i I"			
• FM radio (if separate rate)				ĺ			
Motel, hotel	103	\$	5.47	ĺ			
Commercial	688	\$	12.84	ĺ			
Converter				ĺ			
Residential				ĺ			
Non-residential		†		"			
		†		1 ľ			

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	CATEGORY OF SERVICE	F	RATE				
Continuing Services:			Installation: Non-residential				
Pay cable	\$	17.00	Motel, hotel		Expanded Content	\$	74.29
 Pay cable—add'l channel 			Commercial		Digital Favorites	\$	13.00
Fire protection			• Pay cable		Digital Variety	\$	8.25
•Burglar protection		Pay cable-add'l channel		Digital Sports	\$	12.00	
Installation: Residential			Fire protection		Digital Cable Pack	\$	32.75
First set	\$	29.99	Burglar protection		НВО	\$	19.00
Additional set(s)	\$	14.99	Other services:		HBOMax	\$	14.95
• FM radio (if separate rate)			Reconnect	\$ 29.95	Showtime/The Movie Cha	\$	19.00
Converter			Disconnect		Cinemax	\$	18.50
			Outlet relocation		Starz	\$	17.00
			 Move to new address 		Movieplex	\$	5.00
					HD Bonus Pack		\$7.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25544 WAVE DIVISION HOLDINGS LLC 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 € **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 th∈ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) CBUT - CBC 2 I Yes 0 VANCOUVER, BC **KOMO - ABC** Ν No SEATTLE, WA 4 See instructions for additional information 4.2 Ν No **KOMODT2 - Com** SEATTLE, WA on alphabetization. **KOMODT3 - Char** 4.3 Ν No SEATTLE, WA Ν KING - NBC 5 No SEATTLE, WA 5.2 Ν No KINGDT2 - Justic SEATTLE, WA KINGDT3 - Quest 5.3 No Ν SEATTLE, WA KIRO - CBS Ν No 7 SEATTLE, WA 7.2 KIRODT2 - getTV Ν No SEATTLE, WA **KIRODT3 - Laff** 7.3 Ν No SEATTLE, WA KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS I 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA KSTWDT2 - Deca 11.2 Ν No TACOMA, WA **KVOS - Heroes &** 12.1 Ν No BELLINGHAM, WA **KCPQ - FOX** 13 Ν No TACOMA, WA KONG - Independ 16 ı No **EVERETT, WA**

	ACCOUNTIN	NG PERIOD: 2020/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	25544	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time bar	sis undei	G
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 of substitute program basis, as explained in the next paragraph	carried on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substibasis under specific FCC rules, regulations, or authorizations:	itute progran	Television
 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—station was carried only on a substitute basis 	-if th€	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on s basis. For further information concerning substitute basis stations, see page (v) of the general instruction 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	

WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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 ex planation 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 you 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 furthe 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 identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

<u> </u>		•	•	•	·				
	CHANNEL LINE-UP AB								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KTBW - TBN	20	N	No		SEATTLE, WA				
KZJO - JOEtv	22	N	No		SEATTLE, WA				
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA				
KWPX - ION	33	N	No		BELLEVUE, WA				
KFFVDT2 - Aztec	44.2	N	No		SEATTLE, WA				
	•								

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 25544 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2020/1		
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE					S	YSTEM ID# 25544	Name		
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 STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special		
• 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 subs clear. If you need more spa				wherever po	ssible, if their meaning is	3			
Column 1: Give the title	of every no	nnetwork telev	rision program (substitute						
	egulations, contions, contion. Do no Lucy" or "NE m was broad	or authorization of use general of BA Basketball: dcast live, ente	s. See page (vi) of the ge categories like "movies", o	neral instructi r "basketball' No."	ions located in the paper				
Column 4: Give the broathe case of Mexican or Car	adcast stationadian station	on's location (tl ons, if any, the	ne community to which the community with which the	station is lic station is ide	entified).				
Column 5: Give the mor first. Example: for May 7 gir		when your sys	stem carried the substitute	program. Us	e numerals, with the mo	nth			
Column 6: State the time to the nearest five minutes.			ogram was carried by your			ly			
stated as "6:00-6:30 p.m."	•		•	·	•				
Column 7: Enter the lett to delete under FCC rules a			was substituted for progr			d			
gram was substituted for pr	rogramming								
effect on October 19, 1976	-								
S	UBSTITUT	E PROGRAM	ı		EN SUBSTITUTE IAGE OCCURRED	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WA	VE DIVISION HOLDINGS LLC			25544	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 2,320,474.66								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of	gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e enter	ed on line	e 1 of				
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block $\sf C$ should be $\sf G$ low.	entered	d on line 2	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 o	on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e are re e is 1.0	64 perce	nt of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	2,320,474.66				
	Enter the result here. This is your minimum fee.	\$		24,689.85				
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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the part 8, section 3 or	nn 4, y od?	ou must o	check				
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	24,689.85				
	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	\$		24,689.85				
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	24,689.85	Cable systems			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r		0.00	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			
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		25,414.85	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 pa	age (i) of t	he	auditional lees.			

ACCOUNTING PERIO	DD: 2020/1 FORM SA3E. PAG	€ 8.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Nume	WAVE DIVISION HOLDINGS LLC 255	544							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 26 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 335								
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Chris Connolly Telephone 609-681-2178								
for Further Information	Name Chris Connolly Telephone 609-681-2178								
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton NJ, 08540 (City, town, state, zip)								
	(o.g. can, cate, 2p)								
	Email chris.connolly@rcn.net Fax (optional)								
O Certification	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. 								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Val Parisa Salehani								
	Date: August 28, 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
WAVE DIVISION HOLDINGS LLC	25544	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the systems scribers and amounts collected from subscribers receiving secondary transmissions pursuants."	em for the basic shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form.	nstructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secon- made by satellite carriers to satellite dish owners?	dary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		Q
Line 1 Enter the amount of late payment or underpayment	v	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	er assistance 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 Cop please list below the owner, address, first community served, accounting period, and ID number as filing.	•	
Owner Address		
First community served		
Accounting period ID number		
U HUHDEI		

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID										
1	WAVE DIVISION HOLDINGS LLC 2554										
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 1.00										
2	Instructions: In the column headed "Call sof space G (page 3).	Sign": list the cal	ll signs of all distant station	is identified by the	e letter "O" in column 5						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATIC								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	1.000									
Add rows as											
necessary.											
Remember to copy all formula into new											
rows.											
						D					

		LL.	

Name			LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
	WAVE DIVIS	SION HOLDINGS LLC							25544	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. 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, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF D	SEs	,		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAO VALUE	GE	5. TYPE VALUE	6. DS	E	
			÷ ÷		<u> </u>	X		<u> </u>		
			<u>.</u>			X				
			<u> </u>			x				
			÷		=	х		=		
			÷		=	Х		=		
			÷		=	X		=		
			÷		=	Х		=		
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		hedule,			0.00			
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).						rm).			
			BSTITUTE	BASIS STATION		ATION OF	DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	/S	1. CALL SIGN	2. NUM OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
				=			÷		=	
				=		÷ =				
							<u>-</u>			
				=			÷		=	
		÷		=			÷		=	
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p					0.00			
5		ER OF DSEs: Give the am s applicable to your systen		boxes in parts 2, 3, and	d 4 of this schedul	le and add the	em to provide t	he total		
Total Number	1. Number o	of DSEs from part 2 ●				-		1.00		
of DSEs	2. Number o	of DSEs from part 3 ●				<u> </u>		0.00		
	3. Number o	of DSEs from part 4 ●				-	Г	0.00		
	TOTAL NUMBE	ER OF DSEs					<u> </u>		1.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF C							S	YSTEM ID# 25544	Name
In block A:	ck A must be comp		art 6 and part 7	of the DSE sched	lule blank and	d complete part	8, (page 16) of th	e	6
If your answer if	"No," complete blo	ocks B and C		FEL EV "010	ADVETS				Computation of
				TELEVISION M.		70.5	20 1 1 1		3.75 Fee
s 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.									
			CK B: CARR	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	s of distant sta and regulatione DSE Scheo	ations listed in ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re	this schedule ther explanat	that your syste	d stations, see the	-	
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.) 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, 1981 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 determine the	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	Т	
SIGN	BASIS	4.00	SIGN	BASIS		SIGN	BASIS		
CBUT - CB	(D	1.00							

								1.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule				1.00	
ine 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				1.00	
				of DSEs subject 7 of this schedule		rate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				×		permited/ partially nonpermitted carriage?
ine 6: Enter tota	al number of DSI	Es from line	3					-	If yes, see par 9 instructions
ine 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 25544 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating 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. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE **CBUT - CBC** 1.00 **CBUT - CBC** 1.00 1.00 1.00 **TOTAL DSEs TOTAL DSEs**

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,320,474.66	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	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 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? 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 Distance in the policy of the policy	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	-	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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.		
35	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	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.		
4a	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		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 2	M ID# 5544						
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)							
		F. Multiply line D by line E and enter here							
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ructions: must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part is checked "Yes," use the total number of DSEs from part 5. block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below ink. It is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers is located within that station's local service area and others were located outside that area. For the definition of a station's "local ice area," see page (v) of the general instructions.							
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule.							
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 2	Enter the amount of gross receipts from space K (page 7)							
	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).	.85						

		3 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
WAVE	E DIVISION HOLDINGS LLC 25544	- Tunio
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) \$	
	B. Enter 0.00701 of gross receipts (the amount in partice 1)	Computation
	(the amount in section 1) <u>\$</u>	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	
	Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	of
this exc	clusion, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
_	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
must al	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
• •	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne 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. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
In each	section:	
• Identi	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, if 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 block B, 6 of this schedule.	
• Add th	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 instructions apper SA3 form.	
• Comp page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.	

WAVE DIVISION H						S	YSTEM ID# 25544	Name
COMMUNITY/ AREA	FIRST	COMPUTATION OF SUBSCRIBER GROUNO NO ISLAND CENTE	Р	TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	IP 0	9
COMMUNITY AREA	CAMAN	IO ISLAND CENTI	XAL, DIC	COMMONT TO AREA	<u> </u>	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially
						-		Distant
		+				. -		Stations
					 	-		
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,320	,474.66	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		+						
					ļ	-		
						H		
						-		
		-			1	-		
					ļ			
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs 0.00			Total DSEs 0.00					
Gross Receipts Third G	Broup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subscri	ber group a	s shown in the boxes ab	ove			
Enter here and in block			3			\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H			•			SY	STEM ID# 25544	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
		SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP	,	•
COMMUNITY/ AREA	CAMAN	IO ISLAND CENT	RAL, BI	COMMUNITY/ AREA			0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
					•			and
								Syndicat
								Exclusiv
		-						Surchar for
		+				-		Partiall
		H			•			Distan
								Station
					•			
otal DSEs		11	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,320	474.66	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
		+				-		
						-		
		H						
					•			
otal DSEs			0.00	Total DSEs	<u>l</u>		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
			1		» _ا			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	as shown in the boxes ab	oove.		2.22	
inter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	WAVE DIVISION HOLDINGS LLC	25544							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR	R EACH SUBSCRIBER GROUP							
9	your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a vindicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined viscoin 76.5 of FCC rules in effect on June 24, 1981:								
Computation of Base Rate Fee and	☐ First 50 major television market ☐ Second 50 major television market 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								
Syndicated Exclusivity Surcharge for Partially Distant Stations	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour 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 Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, s schedule. In making this computation, use gross receipts figures applicable to the particular your actual calculations on this form.	e surcharge. section 3 or 4 of part 7 of this							
	FIRST SUBSCRIBER GROUP SECOND) SUBSCRIBER GROUP							
	Line 1: Enter the V/UE DSEs	SEs							
		DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 3: Subtract line 2 fro and enter here. T total number of D this subscriber group subject to the surcharge	m line 1 his is the SEs for oup							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	VITY \$							
	THIRD SUBSCRIBER GROUP FOURTH	I SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DS	SEs							
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 2: Enter the Exempt Line 3: Subtract line 2 from and enter here. The total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge subjec	m line 1 his is the SEs for oup							
	computation								
	Third Group	s							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as sho in the boxes above. Enter here and in block 4, line 2 of space L (page 7)								