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	\$				
0,01,20	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	2020/1							
B	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 filling. If not, enter the system's ID number assigned by the Licensing Division.  36835  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  WAVE DIVISION HOLDINGS LLC							
				36835	520201			
				36835	2020/1			
	3700 MONTE VILLA PARKWAY BOTHELL W 98021							
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of							
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identif	y only the frst com	nmunity served below and re	elist on pag	je 1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	WHIDBEY ISLAND	WA						
Community	Below is a sample for reporting communities if you report multiple of			1				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#			
Sample	Alda	MD	A		1			
	Alliance	MD	В		3			
	Gering	MD	В		<b>5</b>			

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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			36835						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. It levant community	you report any st with a subscriber	ations group,						
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
WHIDBEY ISLAND	WA			First					
				Community					
				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# 36835

# E

#### 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.

BLG	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:						
<ul> <li>Service to first set</li> </ul>	2,609	\$	27.95			
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	9	\$	5.74			
Commercial	15	\$	27.82			
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 1						
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RAT	
Continuing Services:			Installation: Non-residential				
Pay cable	\$	17.00	Motel, hotel		Expanded Content	\$	74.29
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		Digital Favorites	\$	13.00
Fire protection			Pay cable		Digital Variety	\$	8.25
•Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>		Digital sports	\$	12.00
Installation: Residential			Fire protection		Digital Cable Pack	\$	32.75
• First set	\$	29.95	Burglar protection		НВО	\$	19.00
<ul> <li>Additional set(s)</li> </ul>	\$	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
			<ul> <li>Move to new address</li> </ul>		Movieplex	\$	5.00
					HDBonus Pac		\$7.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 36835 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST TYPE 4. DISTANT? . BASIS OF 6. LOCATION OF STATION 1 CALL SIGN CHANNEL ΩF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) CBUT - CBC 2 No VANCOUVER, BC KOMO - ABC 4 Ν No SEATTLE, WA See instructions for additional information **KOMODT2 - Com** No 4.2 Ν SEATTLE, WA on alphabetization. SEATTLE, WA KOMODT3 - Char 4.3 N No KING - NBC 5 Ν No SEATTLE, WA KINGDT2 - Justice 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA KIRO - CBS 7 Ν No SEATTLE, WA KIRODT2 - getTV 7.2 N No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS H 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 No **EVERETT. WA** KTBW - TBN 20 N SEATTLE, WA No KZJO - JOEtv 22 N No SEATTLE, WA KZJODT3 - Anten 22.3 Ν No SEATTLE, WA KWPX - ION 33 N No **BELLEVUE, WA** KFFVDT2 - Azteca 44.2 N No SEATTLE, WA KWDK - Daystar 56 N Νo TACOMA, WA

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 36835 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

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/1	
LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name	
WAVE DIVISION HOLE	DINGS LLO	C				36835	Nume	
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every non	nnetwork televi	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	lations, or authorizations.	For a further	Substitute	
1. SPECIAL STATEMEN	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 pa	ge blank. If your answer is	"Yes," you m	nust complete the progra	m		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant statigulations, contion. Do no Lucy" or "NE mass broad sign of the sadcast statice and hand day we "5/7." es when the Example: a er "R" if the and regulation of gramming	am on a separa attach addition nnetwork televicion and that your authorization of use general and Basketball: doast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute our cable system substitute is. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "asting the substitute programe community to which the community with which the stem carried the substitute or a system from 6:01 in was substituted for programing the accounting perio	program) that ed for the pro neral instructi or "basketball"  No." am. e station is lice e station is ide program. Us  cable system :15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another stations located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the mon. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	nth bly		
9	LIBSTITLIT	E PROGRAM	1		EN SUBSTITUTE	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		
					_			
					_			
					_			
					_			
				1				
						,		
					<u> </u>	,		
					<u> </u>			
					<u> </u>	 		
				<u> </u>	_			
		1		1	1			

LEG	AL NAME OF OWNER OF CABLE SYSTEM:  VE DIVISION HOLDINGS LLC	SYSTEM ID# 36835	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.  \$ 767,025.98									
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)							
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not 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.</li> <li>If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of</li> </ul>									
	rrt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 of							
	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 entered 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.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 767,025.98							
	Enter the result here. This is your minimum fee.	\$ 8,161.16							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and one of the state of the sta	mn 4, you must check							
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -							
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here	\$ -							
Block 4	Line 1. 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	\$ 8,161.16	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	Section 111(d)(7) should contact						
	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	\$ 8,886.16	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	additional 1666.						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	36835
	CHANNELS	
М	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.	
Channels	to the season while (2) the season system is total number of administration and making the descenting points.	
	Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations  332	
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to		
Be Contacted for Further	Name Chris Connolly Tolonbono 600 694 2479	
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)	
	Email chris.connolly@rcn.net Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(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	
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(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	n
	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)]	
	/s/ Parisa Salehani	
	X	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	, "FO"
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	# FZ"
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller	
	(Title of official position held in corporation or partnership)	
	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#	Nome
WAVE DIVISION HOLDINGS LLC	36835	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic m 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 paper SA3 form.	al instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	condary 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 payer For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		
* To view the interest rate chart slick on ways convicted as alliconoing/interest rate add. For fiv	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rther 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 Oplease list below the owner, address, first community served, accounting period, and ID number 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 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG					0)	CTEM ID#				
1	LEGAL NAME OF OWNER OF CABL				5	#36835				
•	WAVE DIVISION HOLDINGS LLC									
	SUM OF DSEs OF CATEGO	RY "O" STATIO	NS:							
	<ul> <li>Add the DSEs of each statio</li> </ul>									
	Enter the sum here and in line	e 1 of part 5 of thi	s schedule.		0.00					
	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
	of space G (page 3).									
Computation	In the column headed "DSE			E as "1.0"; for	each network or noncom-					
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"	0.411.01011	T 505	CATEGORY "O" STATIO							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Addussus										
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
		<b>.</b>								
				···						
		<b>.</b>								
	<b>-</b>			— <b>2</b>	n <b>i</b>	D				

I		lk	
I	k	I	

									YSTEM ID#	
Name	WAVE DIVIS	ION HOLDINGS LLC							36835	
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 LA	AC STATIONS:	COMPUTATI	ION OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	GE .	TYPE VALUE	6. DS	E	
			÷		=	X		<u> </u>		
			÷ ÷		=	x x		=		
			<u> </u>		=	x	***************************************			
			÷		=	x		=		
			÷		=	x		=		
			÷		=	x		=		
			÷		=	х		=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  0.00									
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations.     Broadcast of space I).     Column 2: at your option.     Column 3:     Column 4:	te the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwomen of the carbon signary). This figure should correst content the number of days Divide the figure in column of the carbon is the station's DSE	itution for a progra as shown by the l ork programs durin number of live, n spond with the info in the calendar y nn 2 by the figure (For more informa	am that your systen letter "P" in columning that optional carronnetwork program ormation in space I year: 365, except in in column 3, and gration on rounding, s	was permitted to a finite of space (); and a	to delete under Fid  the word "Yes" in stitution for progra  olumn 4. Round to the general instru	CC rules and column 2 of ms that were ono less that ctions in the	e deleted	m).	
		SU		ASIS STATION	S: COMPUTA	ATION OF DS	Es			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGR		. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=			÷		=	
		÷					÷ ÷		=	
			• • • • • • • • • • • • • • • • • • • •						=	
		÷		=			÷ ÷		=	
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:	dule,			0.00			
5		ER OF DSEs: Give the am sapplicable to your systen		xes in parts 2, 3, and	4 of this schedule	e and add them to	provide the to	otal		
Total Number	1. Number o	f DSEs from part 2 ●				<b>&gt;</b>	0.	.00		
of DSEs		f DSEs from part 3 ●				· •		.00		
		f DSEs from part 4 ●				<b>&gt;</b>		.00		
	TOTAL NUMBE	R OF DSEs							0.00	

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

	OWNER OF CABLES  ON HOLDINGS						S'	YSTEM ID# 36835	Name
	ck A must be comp	oleted.							
,	"Yes," leave the re	mainder of pa	art 6 and part 7	7 of the DSE sched	lule blank and	complete part	8, (page 16) of the	e	6
schedule. • If your answer if "No," complete blocks B and C below.									
				TELEVISION MA					Computation of 3.75 Fee
s the cable syster ffect on June 24,		utside of all m	najor and smal	ler markets as defii	ned under sec	ction 76.5 of FC	CC rules and regul	ations in	
Yes—Com	plete part 8 of the	schedule—D	O NOT COMP	LETE THE REMAI	NDER OF PA	ART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatio e DSE Sched	ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re Act of 2010.)	ther explanati	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua	les and reguled pursuant to on as defined al educational station (76.6 r DSE scheduant to individu	ations cited be to the FCC man in 76.5(kk) (7/ I station [76.59 (5) (see paragule). al waiver of F6	sis on which you ca blow pertain to thos rket quota rules [76 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.6 raph regarding sub- CC rules (76.7) ne or substitute bas	e in effect on 5.57, 76.59(b), 0(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:	G Commercial U M Retransmission	HF station wi on of a distant each distant s e stations ider	ithin grade-B of multicast stre station listed in ntified by the le	contour, [76.59(d)(5	f the schedule	, 76.63(a) refer e.		-	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
						1		0.00	
			SI OCK C: CC	OMPUTATION OF	= 3.75 FFF				
					0.10122				
ne 1: Enter the	e total number of	ບSEs from p	part 5 of this	schedule				-	
ne 2: Enter the	sum of permitte	d DSEs from	n block B abo	ove			n		
				of DSEs subject 7 of this schedule		ate.		0.00	
ne 4: Enter ard									Do any of the
	oss receipts from	space K (pa	age 7)						DOE
<u>-</u> g	oss receipts from	space K (pa	ige 7)				x 0.03	75	partially
· ·	oss receipts from line 4 by 0.0375 a		,				x 0.03	75	DSEs represe partially permited/ partially
ne 5: Multiply I	·	and enter su	m here				x 0.03	.75 -	partially permited/

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 36835 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 DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 36835	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	767,025.98	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	J_	
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	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		25	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	DE .	
	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	STEM ID# 36835				
<b>7</b> Computation	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)					
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	_				
Surcharge		C. Multiply line B by 3.000 and enter here	<u>\$</u>				
		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.					
		Syndicated Exclusivity Suicharge.	<u></u>				
8 Computation	You m 6 was • In blo	ctions:  nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  cock 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 Base Rate Fee	blank <b>What i</b> were lo	ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below 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 "local e area," see page (v) of the general instructions.					
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS					
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?					
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.					
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	Section 1	Enter the amount of gross receipts from space K (page 7)					
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)					
	Section 3	If the figure in section 2 is <b>4.000</b> 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) ▶ _ \$ -					
		B. Enter 0.00701 of gross receipts  (the amount in section 1)					
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here					
		D. Multiply line B by line C and enter here ▶ <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> .				

-		3 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
WAVE	E DIVISION HOLDINGS LLC 36835	- 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	Computation
	(the amount in section 1) \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>\$</b>	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here <b>\$</b>	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee   S  0.00	
	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
uns 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 c 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
NOTE:	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.	
	he 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 paper SA3 form.	
Comp page. DSEs f	tute 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 tual calculations on the form.	

WAVE DIVISION F						S	YSTEM ID# 36835	Name	
E		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P		
COMMUNITY/ AREA	ROCKL			COMMUNITY/ AREA	<b>9</b> 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	<b>\$</b> 767,	025.98	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00		
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROUI	0	COMMUNITY/ AREA	FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
						<b>-</b>			
Total DSEs			0.00	Total DSEs 0.00					
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth	Group	\$	0.00		
			ber group a	as shown in the boxes ab	oove.				
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00		

LEGAL NAME OF OWNE WAVE DIVISION H							36835	Name
В				TE FEES FOR EAC				
00144122777		SUBSCRIBER GRO	UP	001444111111111111111111111111111111111		SUBSCRIBER GROU		9
COMMUNITY/ AREA	ROCKL	.IN		COMMUNITY/ AREA	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate
								and
								Syndicate Exclusivi
								Surcharg
						-		for
								Partially
								Distant
								Stations
		-						
						<u> </u>		
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	s 767	7,025.98	Gross Receipts Second Group \$ 0.00				
	•			'	,			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						. –		
		-						
						<del>                                     </del>		
		-						
otal DSEs			0.00	Total DSEs			0.00	
	rour	•			th Crave	•		
Gross Receipts Third G	iioup	\$	0.00	Gross Receipts Four	ит Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
Base Rate Fee: Add th							<del></del>	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	WAVE DIVISION HOLDINGS LLC 3683
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation of Base Rate Fee	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 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:
and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 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 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.  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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SURCHARGE First 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 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 computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)