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.

SA1-2E Short Form

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	ctions are located	8/31/20	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
	1			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		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.
Owner		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 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
		(number, street, fural route, apartment, or suite number) KIRKLAND WA 98033 (City, town, state, zip)
С		SuCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		WAVE BROADBAND
	2	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
		(Number, street, rural route, apartment, or suite number) KIRKLAND WA 98033 (City, town, state, zip code)

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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	WAVE DIVISION HOLDINGS LLC	37161
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	LAKEBAY	WA
Community	KEY PENNINSULA	WA
	ANDERSON ISLAND	WA
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	WAVE DIVISION HOLDI		•					010	3716
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	oay cable) in sp	bace F, no	t here. All the	facts you	u state must be			
Transmission	last day of the accounting period						bl	h na ha n	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					•		
Rates	each category by counting the n								
	separately for the particular serv	rice at the rate	indicated-	-not the num	ber of set	ts receiving serving	/ice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				iy standa	ro rate variation	is within a p	Darticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servio	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different fi	rom those	
	printed in block 1 (for example, t	iers of services	s that inclu	ude one or mo	ore secon	dary transmissi	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tw	o- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	341	ENG	27.95	CAIL		(VICL	SUBSCRIBERS	
	Service to first set	511		27.55					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		2	27.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installati	on: Non-resi	dential				
	• Pay cable	17.00	Mote					led Content	74.2
	 Pay cable—add'l channel 		Comr					Favorites	13.0
	Fire protection		• Pay o	able			Digital		8.2
	 Burglar protection 		• Pay o	able-add'l cha	annel		Digital		12.0
	Installation: Residential			rotection				Cable Pack	32.7
	• First set	29.95	Ũ	ar protection			НВО		19.0
	 Additional set(s) 	14.95	Other se				HBOMa		14.9
	• FM radio (if separate rate)		• Reco			29.95		me/The Movie	19.0
	• Converter		• Disco				Cinema	X	18.5
				t relocation			Starz		17.0
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 eccivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the basis of monitoring in the call sign of each station carried. Column 1: Identify the call sign of each station carried. 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). 	н
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Accounting Perio	od: 2020/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	С					37161
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
1		-	-			tion that va	ur aabla ava	tom corriad on a
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Program Log	broadcast by a distant sta	luon?				L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must compl	ete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by t	ha ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 gi		5 5					
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							9.5
	effect on October 19, 1976							
						N SUBSTI		7. REASON FOR
	5	1	E PROGRAM			AGE OCC		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 37161
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	2,060.55 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ION HOLDINGS LLC	SYSTEM ID# 37161
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	23 330
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Chris Connolly Telephone 6	09-681-2178
	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)	
O Certification	I, the undersig (Own (Age i X (Off i i I have examin are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	/stem as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Parisa Salehani Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
		Date: 8/28/20	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
VE DIVISION HOLDINGS LLC	3710
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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