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 Period	2020/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the t	ss of the cable syste on the last day of th unting period.	em. the accounting period should su	•					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				374620201					
				3746 2020/1					
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021								
С	INSTRUCTIONS: In line 1, give any business or trade names used to i								
	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in space B.					
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 WA 98021 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret com	munity served below and re	elist on nage 1h					
Area	with all communities.	only the not com	manity served below and re	onst on page 15					
Served	CITY OR TOWN	STATE							
First	PORT TOWNSEND	WA							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda Alliance	MD MD	A B	2					
	Gering	MD	В	3					
	•								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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			3746				
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. 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., or all communities with the channel line-up "A" in the appropriate column below or leave the 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). When reporting the carriage of television broadcast stations on a community-by-community-by-community-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	he column blank. elevant communii unity basis, assoc d a subscriber gro	If you report any say with a subscribe	tations r group, ity with a				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1			
PORT TOWNSEND	WA	Α		First			
JEFFERSON COUNTY	WA	A		Community			
PORT LUDLOW	WA	A					
				See instructions for			
				additional information			
				on alphabetization.			
				Add rows as necessary.			
				rad rows as necessary.			

	_		

Name

F

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC

SYSTEM ID# 3746

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						
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	3,321	\$	27.55				
 Service to additional set(s) 				ľ			
• FM radio (if separate rate)				ľ			
Motel, hotel	216	\$	4.94	ľ			
Commercial	231	\$	16.85	ľ			
Converter				ľ			
Residential				ľ			
Non-residential				ľ			
		•		1 l''			

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.

		BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					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	\$	29.95	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

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID:	Name	
WAVE DIVISIO	N HOLDING	S LLC			3746	•	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC				ha Charial Ctatan	seemt and Dramana Law if the		
station was carried • List the station here, basis. For further in in the paper SA3 fo	only on a subs and also in spa formation cond rm.	stitute basis ace I, if the sta cerning substi	ation was carrie itute basis statio	ed both on a subs ons, see page (v)	titute basis and also on some othe of the general instructions located		
each multicast stream	associated wit	h a station ac	cording to its o	ver-the-air design	ces such as HBO, ESPN, etc. Identifi nation. For example, report multi ch stream separately; for example		
Column 2: Give the its community of licens on which your cable sy	se. For exampleystem carried t	e, WRC is Ch he station	nannel 4 in Was	hington, D.C. Thi	ation for broadcasting over-the-air ir s may be different from the channe		
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 syster 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 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.							
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 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. Identification multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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

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.

		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	(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		
KBTC - PBS	27	Е	Yes	0	TACOMA, WA		
KWPX - ION	33	N	No		BELLEVUE, WA		
KFFV - MeTV	44	N	No		SEATTLE, WA		
KWDK - Daystar	56	N	No		TACOMA, WA		

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 3746 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#	
WAVE DIVISION HOLD	DINGS LLO	C				3746	Name
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	tify 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	0.1.5554.5
form.							Substitute Carriage:
SPECIAL STATEMEN* During the accounting per broadcast by a distant state.	riod, did you tion?	ır cable systen	n carry, on a substitute bas		Yes	ΧNο	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the 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 stategulations, contion. Do not be distant stategulations, contion. Do not be distant stategulations and day ove "5/7." Les when the Example: a ler "R" if the land regulation of the grand of the stategulation of the	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 our cable system substitute is. See page (vi) of the geoategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "asting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting period	program) that ed for the pro neral instructi r "basketball" No." am. e station is lice 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 statements 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 ely	
	UDOTITUT	T DDOODAN		1 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	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION	
					_		
					_		
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					_		
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					_		
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						'	

LEG	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WA	VE DIVISION HOLDINGS LLC			3746	Name			
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary tr	ransmiss this amo	ion service bunt, see 1,032,595.38	K 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.								
bloc ▶ If pa	or trip to the DSE schedule was completed, the base rate fee should be also below. Fig. 3 below. Fig. 6 of the DSE schedule was completed, the amount from line 7 of block C should be also.							
▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be e	entered or	n 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 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 Enter the result here. This is your minimum fee.	\$		10,986.81				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of the property of the p	mn 4, you iod?	u must ch	neck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	-	\$	12,795.75				
	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	\$		12,795.75				
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	-	\$	12,795.75	Cable systems			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9			0.00	additional deposits under Section 111(d)(7)			
	(Interest Worksheet)	-	\$	725.00	should contact the Licensing additional fees.			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	ne (i) of th	13,520.75	Division for the appropriate form for submitting the additional fees.			
	general instructions located in the paper SA3 form for more information.)	occ pay	ا) ان (ا) حر					

ACCOUNTING PERIOD: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 37							
	CHANNELS							
M	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	1. 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 and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted 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)							
	Email chris.connolly@rcn.net Fax (optional)							
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)							
O 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 identifed 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 identifed 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)]							
	X /s/ Parisa Salehani							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.							
	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 Office 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 Office'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 land.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
WAVE DIVISION HOLDINGS LLC 3746	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by 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."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? 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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest - Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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 Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

DOL SCHEDULL. FAG		- 0.407514			67	CTEM ID#			
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
-	WAVE DIVISION HOLDII	NGS LLC				3746			
	SUM OF DSEs OF CATEGOR	Y "O" STATIOI	NS:						
	Add the DSEs of each station.								
	Enter the sum here and in line 1 of part 5 of this schedule.								
				l.		l			
2	Instructions: In the column headed "Call S	Sian": list the co	Il ciane of all dictant ctations	identified by t	he letter "∩" in column 5				
_	of space G (page 3).	ngii . list tile ca	ii sigris or all distant stations	s identified by t	nie iellei O in column 3				
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, giv			•					
Category "O"			CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBUT - CBC	1.000							
	KBTC - PBS	0.250							
		0.200				 			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
TOWS.						\			
						ļ			
						}			
						İ			

Name		OWNER OF CABLE SYSTEM:						S	SYSTEM ID#
1401116	WAVE DIVIS	SION HOLDINGS LLC	; 						3746
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	
	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	SE.
			·····		= 	X		<u>=</u>	
			÷ -		=	X			
			÷ ÷		<u> </u>	x		<u>-</u>	
			÷		=	X	• • • • • • • • • • • • • • • • • • • •	=	
			÷		=	X	(=	
			÷		=	Х	(=	
			÷		=	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).	
			IBSTITUTE	-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>		=			÷		
		÷		=			÷		=
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
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 ●			·			1.25	
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>		1.25

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

LEGAL NAME OF O							S'	YSTEM ID# 3746	Name
Instructions: Block A must be completed. In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. If your answer if "No," complete blocks B and C below.								6	
ir your answer ir	No, complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Comp	1981?	utside of all m	najor and smal	ler markets as defii	ned under se		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatio e DSE Sched	ns prior to Jun Iule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explana	tion of permitte	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 Grandfathered instructions fo E Carried pursua *F A station pre	les and reguled pursuant to as defined al educational station (76.6 r DSE scheduant to individuationally carried HF station wide and to individually carried HF station wi	ations cited be to the FCC mare in 76.5(kk) (70). I station [76.58] (5) (see paragule). Ie). all waiver of FC don a part-tim thin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b) (1), 76.63(a) 3(a) referring stitution of gr	June 24, 1981 1, 76.61(b)(c), 7 1) referring to 76 1 to 76.61(d)] 1 randfathered sta	6.63(a) referring to		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	I	
SIGN CBUT - CBO	BASIS D	1.00	SIGN	BASIS		SIGN	BASIS		
KBTC - PBS		0.25		•					
								1.25	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	total number of	·							
ine 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve			m-		
				of DSEs subject 7 of this schedule		rate.			
ine 4: Enter gro	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represe partially
ine 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	l number of DSI	Es from line	3						carriage? If yes, see par 9 instructions
ine 7: Multiply li	ne 6 by line 5 ar	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 3746 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. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. 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? Yes—Complete blocks B and C . X 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) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X 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# 3746	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,032,595.38	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as 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 D.	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	<u> </u>	
	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	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 37	ID# '46							
7	Section									
1	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		er 0.0089 of gross receipts (the amount in section 1)								
		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								
_		ctions:								
8		ust 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.								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	• If you	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
Base Rate Fee	blank What i	i. 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								
	Service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)								
	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 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)								
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 7,238.49								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here	_							
		and in block 3, line 1, space L (page 7) Base Rate Fee. 12,796.44								
		Base Rate Fee	<u>'</u> .							

	EDULE. PAGE 17.	ACCOUNTING	3 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVI	E DIVISION HOLDINGS LLC	3746	
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 section 1) * ** ** ** ** ** ** ** ** **		Computation
	(the amount in section 1)		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \(\bigs\)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broa stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multipl	•	
	Space G.	c charile inte-	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 tak	e advantage of	of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ioi eacii gioup.	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 a	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A 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 wer the station's local service area. A subscriber located outside the local service area of a station is distant to that 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 dista	ınt. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.	that a cable	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your separate sections.	system's	
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 bers in the group.	all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave of this schedule; or,	it in parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add t	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 paper SA3 form.	al instructions	
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 making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not stual calculations on the form.	(that is, the total	

LEGAL NAME OF OWNE						S	YSTEM ID# 3746	Name
COMMUNITY/ AREA	FIRST	COMPUTATION OF SUBSCRIBER GROU OWNSEND, JEFF	Р	TE FEES FOR EACH	SECOND	SUBSCRIBER GROU	JP	9
				Common transfer of the contract of the contrac			Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KBTC - PBS	0.25	-		CBUT - CBC	1.00			Base Rate Fee
CBUT - CBC	1.00							and Syndicated
								Exclusivity Surcharge
								for Partially
								Distant Stations
								Stations
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts First G	roup	\$ 1,032	,205.46	Total DSEs 1.00 Gross Receipts Second Group \$ 389.92				
Base Rate Fee First G	-	,	,791.61	Base Rate Fee Secon		SUBSCRIBER GROU	4.15	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	•	12,795.75	
Lines here and in block	. 0, 1110 1, 5	pace L (page 1)				Ψ	,,,,,,,,,	

LEGAL NAME OF OWNE WAVE DIVISION H						SY	3746	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP	SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA	PORT 1	rownsend, Jef	WNSEND, JEFFERSON		PORT L	UDLOW	9 Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		-						and
								Syndicate
		 				- 		Exclusivi
								Surcharg
		H				_		for
								Partially
								Distant
		_						Stations
		H	<u> </u>					
		•						
							·	
otal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$ 1,032	2,205.46	Gross Receipts Second	d Group	\$	389.92	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
		-						
otal DSEs	-1		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	-			·	•			
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Raca Pata East Add th	a hace ret	a face for each subs	erihar graus	II as shown in the boxes al	2010			
Enter here and in block			ninei Aionb	as shown in the boxes at	.оv с .	\$	0.00	

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 20.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HOLDINGS LLC	3746						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may be casting 76.5 of ECC rules in effect on June 24, 1931.							
Computation	by section 76.5 of FCC rules in effect on June 24, 1981:							
of	☐ First 50 major television market	Second 50 major television market						
Base Rate Fee and Syndicated Exclusivity Surcharge	 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 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. 							
for Partially Distant Stations								
	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	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	total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE						
	Third Group	Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag							