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

STATEM	=NT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste					<u>coplicsoa@loc.gov</u>
General instru	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	0/01/20	ALLOCATION NUMBER	Tel: (202) 707-8150
					1
		l			
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Develop Defe Filling Devied (and)and		
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		here here a blance of the second			
_		Instructions: Give the full legal name of the owner of the	e cable system. If the owner is a subsic	liary of another corporation, give the full co	rporate title
В		of the subsidiary, not that of the parent co	rporation.		
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a single statement of account and royalty fee		ne last day of the accounting period should s ing period.	submit a
		Check here if this is the system's first filing.	If not, enter the system's ID number a	issigned by the Licensing Division.	4813
		-			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		WAVE DIVISION HOLDINGS LLC BUSINESS NAME(S) OF OWNER OF			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3700 MONTE VILLA PARKW			
		(Number, street, rural route, apartment, or suite nu	mber)		
		BOTHELL WA 98021 (City, town, state, zip)			
<u> </u>	INST	RUCTIONS: In line 1, give any busine	ess or trade names used to iden	tify the business and operation of the	e system unless these
C	name	s already appear in space B. In line 2	, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		WAVE BROADBAND			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	3700 MONTE VILLA PARKW (Number, street, rural route, apartment, or suite nu			
		BOTHELL WA 98021	, 		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
itanie	WAVE DIVISION HOLDINGS LLC	4813
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, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
F !	CITY OR TOWN NAPAVINE	STATE WA
First nmunity		· · · · · · · · · · · · · · · · · · ·
Necessary		
,c.5501 y		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM	·				FORM SA1	TEM ID
Name	WAVE DIVISION HOLDI						515	481
Е	SECONDARY TRANSMISSION				ny transmission	oonvige of th		
-	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot	-				-		
scribers and Rates	down by categories of secondar each category by counting the n							
nutoo	separately for the particular serv						onargoa	
	Rate: Give the standard rate of							
	unit in which it is generally billed				ard rate variatior	is within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmi	ssion servic	e that cable	
	systems most commonly provide	•		-	•			
	that applies to your system. Not	e: Where an ir	ndividual or organiza	tion is receiv	ing service that	falls under	different	
	categories, that person or entity			••		•		
	subscriber who pays extra for ca first set" and would be counted of				d in the count ui	nder "Servic	e to the	
	Block 2: If your cable system				service that are	e different fr	om those	
	printed in block 1 (for example, t	iers of services	s that include one or	more secon	idary transmissi	ons), list the	em, together	
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	DCK 1		П		BLOCK	2	
		NO. OF		0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB 40	ERS RATE 27.9	-	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set	40	27.9					
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel		0					
	Commercial		1 27.95					
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra							
I	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 rat Block 2: List any services that						were not	
Nates	listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLO	СК 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installation: Non-r	esidential				
	• Pay cable	17.00	• Motel, hotel			Expand	ed Content	74.2
	• Pay cable—add'l channel		Commercial			Digital	-avorites	13.0
	Fire protection		 Pay cable 			Digital V	/ariety	8.2
	•Burglar protection		• Pay cable-add'l	channel		Digital S	Sports	12.0
	Installation: Residential		Fire protection				Cable Pack	32.7
	• First set	29.95	Burglar protection	on		HBO		19.0
	 Additional set(s) 	14.95	Other services:			HBOMa	X	14.9
	• FM radio (if separate rate)		Reconnect		29.95	Showtin	ne/The Movie (19.0
	• Converter		Disconnect			Cinema	X	18.5
		Γ				Starz		470
			 Outlet relocation 	ו		Slarz		17.0
			Outlet relocation Move to new ad			Moviep	ex	5.0

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEI					
Name	WAVE DIVISION HOLD	INGS LLC							
	PRIMARY TRANSMITTERS: 1								
G		ntify every television station (including to a during the accounting period except							
-	carried by your cable system during the accounting period, <i>except</i> (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 ansmitters:	substitute program basis, as	explained in the next paragraph.							
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	 basis under specific 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 partied any on a substitute basis. 								
	• List the station here, and al	 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	n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruc	ctions.					
	multicast stream associated	with a station according to its over-the-	-	•					
		I number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community					
	• •	RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station, or	a noncommercial					
	educational station, by enteri	ing the letter "N" (for network), "N-M" (for	for network multicast), "I" (for inde	pendent), "I-M"					
	For the meaning of these terr	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct	ctions in the paper SA1-2 form.	,					
		of each station. For U.S. stations, list t lian stations, if any, give the name of the	•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KOMO - ABC	4	N	SEATTLE, WA					
Rows as Necessary	KOMODT2 - CometTV	4.2	N	SEATTLE, WA					
	KOMODT3 - Charge!	4.3	N	SEATTLE, WA					
	KING - NBC	5	N	SEATTLE, WA					
			Ν						
	KINGDT2 - Justice Ne	5.2	N	SEATTLE, WA					
	KINGD12 - Justice Ne KINGDT3 - Quest	5.2	N	SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest	5.3	N	SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS	5.3 7	N N	SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV	5.3 7 7.2	N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff	5.3 7 7.2 7.3	N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS	5.3 7 7.2 7.3 9	N N N N E	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids	5.3 7 7.2 7.3 9 9.2	N N N N E E	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create	5.3 7 7.2 7.3 9 9.2 9.3	N N N N E E E E	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW	5.3 7 7.2 7.3 9 9.2 9.3 11	N N N N E E E E E N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2	N N N N E E E E E N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1	N N N N E E E E E N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA BELLINGHAM, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1 13	N N N N E E E E E N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1 13 16	N N N N E E E E E N N N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent KTBW - TBN	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1 13 16 20	N N N N E E E E E N N N N N N I I N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA SEATTLE, WA					
	KINGDT3 - QuestKIRO - CBSKIRODT2 - getTVKIRODT3 - LaffKCTS - PBSKCTSDT2 - PBS KidsKCTSDT3 - CreateKSTW - CWKSTWDT2 - DecadesKVOS - Heroes & IcorKCPQ - FOXKONG - IndependentKTBW - TBNKZJO - JOEtv	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1 13 16 20 22	N N N N E E E E N N N N N N N N N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA SEATTLE, WA					
	KINGDT3 - Quest KIRO - CBS KIRODT2 - getTV KIRODT3 - Laff KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent KTBW - TBN KZJO - JOEtv KZJODT3 - Antenna T	5.3 7 7.2 7.3 9 9.2 9.3 11 11.2 12.1 13 16 20 22 22.3	N N N N E E E E N N N N N N N N N N N N	SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA SEATTLE, WA SEATTLE, WA					

Accounting Period:	2020/1		FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC		4813
	PRIMARY TRANSMITTERS: TELEVISION		
G	In General: In space G, identify every television station (including translator st carried by your cable system during the accounting period, <i>except</i> (1) stations FCC rules and regulations in effect on June 24, 1981, permitting the carriage of	carried only on a part-time ba	asis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by you	(4))]; and (2) certain stations c	carried on a
16641616	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special S station was carried <i>only</i> on a substitute basis.		
	 List the station here, and also in space I, if the station was carried both on a sbasis. For further information concerning substitute basis stations, see page (v Column 1: List each station's call sign. Do not report origination program service).) of the general instructions.	
	multicast stream associated with a station according to its over-the-air designa "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television statio	tion. For example, report mul	tistream
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an in	-	
	educational station, by entering the letter "N" (for network), "N-M" (for network (for independent multicast), "E" (for noncommercial educational), or "E-M" (for For the meaning of these terms, see page (iv) of the general instructions in the	noncommercial educational m	
	Column 4: Give the location of each station. For U.S. stations, list the commu FCC. For Mexican or Canadian stations, if any, give the name of the communi	nity to which the station is lice	5
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TY	PE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I 48
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	it the system's FM a system's FM a this point, see sed by the cabl ne station is lice	headend, and (; ntenna, during c page (v) of the c e system as a s ensed by the FC	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	С					4813
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	During the accounting per	-			sis anv non	network telev	vision nroa	ram
Statement and		-		n ouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	uon?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. Elot speelile progre			ove Lucy	01
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerais,	with the f	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable svste	m. List the tir	mes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regulat	ions in	
		•						
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	ие 5 - то	
		103 01 110	ONEL OIGH		AND DAT	TROM	10	
							-	
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1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	4813 YSTEM
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 transmi (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.	ssion service mount, see	4,036.98 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	his 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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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)		<u> </u>
	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 Fee and			
Total Remittance	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		OWNER OF CABLE SYSTEM: DN HOLDINGS LLC	SYSTEM ID# 4813
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	ou must give (1) the number of channels on which the cable system can s, and (2) the cable system's total number of activated channels during al number of channels on which the cable t television broadcast stations	the accounting period.
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify about this statement of account.)	y an individual to whom
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)
O Certification	I, the undersig (Owr (Age in X (Off in I have examinare true, completion	I (This statement of account must be certified and signed in accordance ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable sy nt of owner other than corporation or partnership) I am the duly author line 1 of space B and that the owner is not a corporation or partnership; o cer or partner) I am an officer (if a corporation) or a partner (if a partnersh line 1 of space B. d the statement of account and hereby declare under penalty of law that a te, and correct to the best of my knowledge, information, and belief, and a ion 1001(1986)]	ystem as identified in line 1 of space B; or ized agent of the owner of the cable system as identified r nip) of the legal entity identified as owner of the cable system all statements of fact contained herein
		Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.g	
		Typed or printed name: Parisa Salehani Title: Senior Vice President, Contre (Title of official position held in corporation or partnership)	oller
		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.

unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
VE DIVISION HOLDINGS LLC	481
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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
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	L Interest Assessme
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