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 | | | | | | | | |
| Period | | | | | | | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | |
| | WAVE DIVISION HOLDINGS LLC | | | | | | | | |
| | | | | | | | | | |
| | | | | 6149820201 | | | | | |
| | | | | 61498 2020/1 | | | | | |
| | | | | | | | | | |
| | 3700 MONTE VILLA PARKWAY | | | | | | | | |
| | BOTHELL WA 98021 | | | | | | | | |
| | | : | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address o | | | | | | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | <u> </u> | | | | | |
| ., | 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 r | elist on nage 1h | | | | | |
| Area | with all communities. | only the hat com | indinity served below and is | slist off page 1b | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | |
| First | SOUTH SAN FRANCISCO | CA | | | | | | | |
| 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 | MD | Α | 1 | | | | | |
| Jampie | Alliance | MD | В | 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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 61498 **WAVE DIVISION HOLDINGS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **SOUTH SAN FRANCISCO** CA Α First CA SAN FRANCISCO Community **BURLINGAME** CA **DALY CITY** CA Α **REDWOOD CITY** CA Α **SAN MATEO** CA See instructions for additional information on alphabetization. Add rows as necessary.

| | _ | | |
|--|---|--|--|
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| | | | |
| | | | |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61498

WAVE DIVISION HOLDINGS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL | OCK 1 | | | BLOCK 2 | | | |
|--|-------------|----|-------|---------|---------------------|-------------|------|
| | NO. OF | | | Π | | NO. OF | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | Ш | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential: | | | | | | | |
| Service to first set | 6,021 | \$ | 25.68 | | | | |
| Service to additional set(s) | | | | ľ | | | |
| FM radio (if separate rate) | | | | ľ | | | |
| Motel, hotel | 582 | \$ | 1.79 | ľ | | | |
| Commercial | 130 | \$ | 19.20 | ľ | | | |
| Converter | | | | ľ | | | |
| Residential | | | | ľ | | | |
| Non-residential | | | | " | | | |
| | | Ī | | 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.

| BLOCK 1 | | | | | | BLOCK 2 | | |
|---|----|-------|---|----------|-----------------------|------------------------|----------|-------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | R | ATE |
| Continuing Services: | | | Installation: Non-residential | | | Expanded Content | \$ | 74.29 |
| Pay cable | \$ | 17.00 | Motel, hotel | | | Digital Favorites | \$ | 13.00 |
| Pay cable—add'l channel | | | Commercial | | | Digital Variety | \$ | 8.25 |
| Fire protection | | | • Pay cable | | ' | Digital Sports | \$ | 12.00 |
| Burglar protection | | | Pay cable-add'l channel | | Digital Cable Pack \$ | | \$ | 32.75 |
| Installation: Residential | | | Fire protection | | | НВО | \$ | 19.00 |
| • First set | \$ | 29.95 | Burglar protection | | ' | HBOMax | \$ | 14.95 |
| Additional set(s) | \$ | 14.99 | Other services: | | ' | Showtime/The Movie Cha | \$ | 19.00 |
| FM radio (if separate rate) | | | Reconnect | \$ 29.95 | | Cinemax | \$ | 18.50 |
| Converter | | | Disconnect | | | Starz | \$ | 17.00 |
| | | | Outlet relocation | | ' | Movieplex | \$ | 5.00 |
| | | | Move to new address | | " | HD Bonus Pack | \$ | 7.00 |
| | | | | 1 | International | \$7.00 | - \$29.9 | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61498 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL **CARRIAGE** OF (Yes or No) NUMBER STATION (If Distant) KTVU - FOX 2 Ν No OAKLAND, CA KTVUDT2 - LATV 2.2 Ν No OAKLAND, CA See instructions for additional information Ν No SAN FRANCISCO, CA **KRON - MyNetwo** 4 on alphabetization. **KRONDT3** - get T 4.3 Ν No SAN FRANCISCO, CA Ν **KPIX - CBS** 5 No SAN FRANCISCO, CA 5.2 Ν **KPIXDT2 - Decad** No SAN FRANCISCO, CA **KGO TV- ABC** SAN FRANCISCO, CA Ν No 7 Ν KGODT2 - Live W 7.2 No SAN FRANCISCO, CA 7.3 **KGODT3 - Laff** Ν No SAN FRANCISCO, CA **KQED - PBS** 9 Ε No SAN FRANCISCO, CA **KQEDDT2 - KQEH** 9.2 Ε No SAN FRANCISCO, CA **KNTV - NBC** Ν No SAN JOSE, CA 11 KNTVDT2 - Cozi 11.2 Ν No SAN JOSE, CA **KOFY** - Independ 20 I No SAN FRANCISCO, CA KTSF - Independe 26 I No SAN FRANCISCO, CA KMTP - Independ 32 I No SAN FRANCISCO, CA **KICU - KTVU Plus** 36 I No SAN JOSE, CA **KICUDT2 - KEMS** 36.2 ı No SAN JOSE, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
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 | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KICUDT3 - CCTV | 36.3 | I | No | | SAN JOSE, CA |
| KCNS - SBN | 38 | N | No | | SAN FRANCISCO, CA |
| KTNC - SF | 42 | N | No | | CONCORD, CA |
| KBCW - CW | 44 | N | No | | SAN FRANCISCO, CA |
| KSTS - Telemund | 48 | N | No | | SAN JOSE, CA |
| KSTSDT2 - TeleX | 48.2 | N | No | | SAN JOSE, CA |
| KEMO - Azteca | 50.1 | N | No | | FREMONT, CA |
| KQEHDT3 - World | 54.3 | E | No | | SAN JOSE, CA |
| KQEHDT4 - Kids | 54.4 | E | No | | SAN JOSE, CA |
| KCSM - Independ | 60 | N | No | | SAN MATEO, CA |
| KKPX - ION | 65 | N | No | | SAN JOSE, CA |
| KTLN - TLN | 68 | N | No | | PALO ALTO, CA |
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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 61498 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# | Nama |
| WAVE DIVISION HOLE | DINGS LLO | C | | | | 61498 | 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 FC | a distant stati CC rules, regu | lations, or authorizations. | For a further | I |
| form. | 9 | | | gerrerae | | ps. 57.10 | Substitute |
| 1. SPECIAL STATEMEN | | | | | | | Carriage: Special |
| During the accounting per broadcast by a distant sta | | ır cable systen | n carry, on a substitute bas | sis, any nonn | | n X No | Statement and Program Log |
| Note: If your answer is "No | ", leave the | rest of this pa | ge blank. If your answer is | "Yes," you m | nust complete the progra | m | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progratice, please of every no distant stategulations, contion. Do no Lucy" or "NEm was broad sign of the sadcast static and and day we "5/7." es when the Example: a er "R" if the and regulation of gramming | am on a separa attach addition nnetwork televicion and that your authorization of use general and Basketball: doast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di | nal pages. vision program (substitute pour cable system substitute pour cable system substitute nas. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "leasting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your fied 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 stations located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the mon. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro | nth bly | |
| , | | | | WHE | EN SUBSTITUTE | 7. REASON | |
| S | | E PROGRAM | 1 | | IAGE OCCURRED 6. TIMES | FOR | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | FROM — TO | DELETION | |
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| LEG | NAME OF OWNER OF CABLE SYSTEM: VE DIVISION HOLDINGS LLC | SYSTEM ID# 61498 | Name |
|---|--|-----------------------------|---|
| Inst all a (as | OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount 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 e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | ondary transmission service | K Gross Receipts |
| IMP | ORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gross receipts) | |
| InstruConIf you feeIf you accommoder | (RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. For block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account. | arts of the DSE Schedule | Copyright Royalty Fee |
| | irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below. | e entered on line 1 of | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow. | entered on line 2 in block | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | ould be entered on line | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | \$ 1,811,571.01 | |
| | Enter the result here. This is your minimum fee. | \$ 19,275.12 | |
| 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 colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. | mn 4, you must check | |
| 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 | \$ - | |
| | 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 | \$ - | |
| 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 | \$ 19,275.12 | Cable systems |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE : Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | | submitting additional deposits under |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | 0.00 | Section 111(d)(7) should contact |
| | Line 4. FILING FEE | \$ 725.00 | additional fees. Division for the |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ 20,000.12 | appropriate form for submitting the additional fees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.) | (See page (i) of the | additional 1666. |

| | | FORM SA3E. PAGE 8. |
|------------------------------------|---|------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC | SYSTEM ID# 61498 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels | ations 30 |
| | on which the cable system carried television broadcast stations and nonbroadcast services | 391 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| for Further Information | Name Chris Connolly Telephone 6 | 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 regula | itions.) |
| 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B. | er of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] | herein |
| | 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa | |
| | Typed or printed name: Parisa Salehani | |
| | Title: Senior Vice President, Controller (Title of official position held in corporation or partnership) | |
| | Date: August 28, 2020 | |

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

| WAVE DIVISION HOLDINGS LLC 61498 | Name |
|--|---|
| | P Special Statement Concerning |
| paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions | ross 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) | |
| (interest charge) * 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | | |
|---------------------------------------|--|--|---------------------------------|----------------------|--------------------------|-----|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CAB | LE SYSTEM: | | | SYSTEM ID# | | | | | | |
| ı | WAVE DIVISION HOLD | | 61498 | | | | | | | | |
| | SUM OF DSEs OF CATEGO | DV "O" STATIO | MC. | | | 1 | | | | | |
| | Add the DSEs of each static | | | | | | | | | | |
| | Enter the sum here and in line | | s schedule. | | 0.00 | | | | | | |
| | | - · · · · p - · · · · · · · · · · · · · · · · · · | | ······ | | | | | | | |
| 2 | Instructions: | | | | | | | | | | |
| 2 | In the column headed "Call | Sign": list the ca | ıll signs of all distant statio | ns identified by the | e letter "O" in column 5 | | | | | | |
| Computation | of space G (page 3). | " for each inden | endent station, give the D | SE as "1 0": for ea | uch network or noncom- | | | | | | |
| of DSEs for | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | CATEGORY "O" STATIONS: DSEs | | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE II | CALL SIGN | DSE | | | | | |
| Giationo | 67 LEE 31314 | 562 | 37 LEE 31311 | 502 | 07122 01011 | 562 | | | | | |
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| Add rows as | | | | | | , | | | | | |
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| necessary. | | | | | | | | | | | |
| Remember to copy all formula into new | | | | | | | | | | | |
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| rows. | | | | <u></u> | | | | | | | |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | SYSTEM ID# |
|--|---|--|---------------------------------|-------------------------------|-------------------|----------------------------|-----------------------------------|------------|
| Name | WAVE DIVISION | ON HOLDINGS LLC | | | | | | 61498 |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity | 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 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 to the column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This 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 educe 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 lead third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instruct SA3 form. | | | | | | | |
| | 1. CALL | 2. NUMBEI | 3 | NUMBER | 4. BASIS OI | 5. TY | PE 6. D | SE. |
| | SIGN | OF HOU CARRIE SYSTEM | RS D BY | OF HOURS STATION ON AIR | CARRIAC VALUE | | LUE | OL . |
| | | | ÷ | | = | x | = | |
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| | | | ÷ | : | = | x | = | |
| | Add the DSEs of | of CATEGORY LAC Someon each station. Inhere and in line 2 of page 2. | | ule, | | 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). | | | | | | | |
| | | SU | BSTITUTE-BA | ASIS STATION | S: COMPUTA | ATION OF DSEs | | 1 |
| | 1. CALL 2 SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAM | 3. NUMBER OF DAYS S 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 | | OF DSEs: Give the amo | | es in parts 2, 3, and | 4 of this schedul | e and add them to pro | vide the total | |
| Total Number | 1. Number of D | OSEs from part 2 ● | | | | - | 0.00 | |
| of DSEs | 2. Number of D | OSEs from part 3 ● | | | | <u> </u> | 0.00 | |
| | 3. Number of D | OSEs from part 4 ● | | | | > | 0.00 | |
| | TOTAL NUMBER | OF DSEs | | | | | | 0.00 |

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

| | OWNER OF CABLES | | | | | | S | YSTEM ID# 61498 | Name |
|--|-------------------------------------|---|---|---|---|--|---------------------|--------------------|--|
| | ck A must be comp | leted. | | | | | | | |
| , | "Yes," leave the re | mainder of pa | art 6 and part | 7 of the DSE sched | lule blank and | d complete part | 8, (page 16) of the | е | 6 |
| schedule. If your answer if "No," complete blocks B and C below. | | | | | | | | | |
| BLOCK A: TELEVISION MARKETS | | | | | | | | | Computation of 3.75 Fee |
| the cable syster fect on June 24, | | utside of all m | ajor and smal | ler markets as defi | ned under se | ction 76.5 of FC | CC rules and regul | ations in | |
| Yes—Com | plete part 8 of the | schedule—D | O NOT COMF | LETE THE REMAI | INDER OF PA | ART 6 AND 7. | | | |
| X No—Comp | lete blocks B and | C below. | | | | | | | |
| | | BLO | CK B: CARF | RIAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: CALL SIGN | under FCC rules instructions for th | and regulatio e DSE Sched | ns prior to Jur Iule. (Note: Th | part 2, 3, and 4 of the 25, 1981. For fur the letter M below re Act of 2010.) | ther explanat | ion of permitted | d stations, see the | • | |
| Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). | | | | | | | | | |
| Column 3: | G Commercial U M Retransmission | viously carried HF station wien of a distant each distant sestations ider | d on a part-tim thin grade-B of multicast stre tation listed in ntified by the le | e or substitute bas contour, [76.59(d)(5 | 5), 76.61(e)(5) | i, 76.63(a) refer e. | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | | | | 00 | | | | |
| ne 1: Enter the | total number of | DSEs from p | oart 5 of this | schedule | *************************************** | | u- | - | |
| ne 2: Enter the | sum of permitted | d DSEs from | n block B abo | ve | | | , | - | |
| | | | | of DSEs subject 7 of this schedule | | rate. | | 0.00 | |
| ne 4: Enter gro | ss receipts from | space K (pa | ige 7) | | | | u- | | Do any of the DSEs represe |
| | | | | | | | x 0.03 | 375 | partially permited/ |
| ne 5: Multiply l | ine 4 by 0.0375 a | and enter su | m here | | | | | | partially nonpermitte |
| ne 6: Enter tota | al number of DSE | Es from line | 3 | | | | x | <u> </u> | carriage? If yes, see particular of the particu |
| ne 7: Multinly li | ine 6 by line 5 an | d enter here | and on line | 2, block 3, space | el (page 7) | | | 0.00 | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 61498 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC | 61498 | Name |
|---------------|--|-------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | ,811,571.01 | 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure 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 | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | 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 | | |
| | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | |
| Section 4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | | |
| | 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 | TEM ID# 61498 | | | | | | | |
|-------------------------------|--|---|------------------|--|--|--|--|--|--|--|
| 7 | Section 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 Syndicated | | A. Enter 0.00300 of gross receipts (the amount in section 1) | | | | | | | | |
| Exclusivity Surcharge | | C. Multiply line B by 3.000 and enter here | | | | | | | | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) | | | | | | | | |
| | | 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. \$ | <u></u> | | | | | | | |
| 8 Computation | You m 6 was • In blo | inust 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. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | | | | | | | | |
| of Base Rate Fee | If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. | | | | | | | | | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | | | |
| | | Yes—Complete part 9 of this schedule. 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.). • 0.00 | | | | | | | | |
| | 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) ▶ \$ 12,699.11 | | | | | | | | | |
| | | 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 | <u></u> . | | | | | | | |

| | | NG PERIOD: 2020/1 |
|---------------------------|--|----------------------------|
| | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID: | Mama |
| WAVE | E DIVISION HOLDINGS LLC 61498 | 3 |
| Section | If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | |
| 4 | A. Enter 0.01064 of gross receipts | 8 |
| | (the amount in section 1) | |
| | | |
| | B. Enter 0.00701 of gross receipts | Computation |
| | (the amount in section 1) \$ | of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here \$ | |
| | D. Enter 0.00330 of gross receipts | |
| | (the amount in section 1) \$ | |
| | E. Subtract 4.000 from total DSEs | |
| | (the figure in section 2) and enter here | |
| | | |
| | F. Multiply line D by line E and enter here \$ | |
| | G. Add lines A, C, and F. This is your base rate fee | |
| | Enter here and in block 3, line 1, space L (page 7 | |
| | Base Rate Fee ▶ \$ 0.00 | |
| | | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- | |
| | Space G. | 9 |
| In Gen | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude | Computation |
| | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of | of |
| this exc | clusion, you must: | Base Rate Fee |
| | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same | and Syndicated |
| | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group | O Evolucivity |
| | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | Surcharge |
| _ | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you | for Partially |
| must al | so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only. | Distant Stations, and |
| How to | Identify a Subscriber Group for Partially Distant Stations | for Partially Permitted |
| | For each community served, determine the local service area of each wholly distant and each partially distant station you | Stations |
| | to that community. | |
| outside | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.) | / |
| Step 3: | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each | |
| | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide. | |
| _ | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups. | |
| In each | section: | |
| • Identi | fy the communities/areas represented by each subscriber group. | |
| | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group. | |
| • If: | | |
| , - | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, if this schedule; or, | |
| , . | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule. | |
| • Add th | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apper SA3 form. | |
| • Comp page. DSEs f | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form. | 11 |

| | | S LLC | | | | | 61498 | Name |
|--------------------------|--|-------------------|------------|-----------------------|----------|-----------------|-------|-------------|
| E | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROUI | | | SECOND | SUBSCRIBER GROU | _ | 9 |
| COMMUNITY/ AREA | South S | San Francisco, Sa | n Franci | COMMUNITY/ AREA | | | 0 | Computati |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate I |
| | | | | | | | | and |
| | | H | | | | | | Syndicate |
| | | | | | | | | Exclusivit |
| | <u> </u> | | | | | | | Surcharg |
| | <u>.</u> | | | | | _ | | for |
| | | | | | | - | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | | | H | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roun | s 1,811. | ,571.01 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| orosa receipta i iist Oi | oup | ,,,,,, | ,071.01 | Gross Receipts decon | a Group | Ψ | 0.00 | |
| sase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | Р | | FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | | | | | | | | |
| Total DSEs 0.00 | | | Total DSEs | | | 0.00 | | |
| Cross Bossinta Third C | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| oross Receipts Tilliu C | | | | | | | | |
| Gross Receipts Third G | iroup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |

| LEGAL NAME OF OWNE | | | • | | | | 61498 | Nam |
|-----------------------------------|--------------|----------------------|----------------------|-------------------------|----------|----------------|-------|---------------|
| E | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| FIRST SUBSCRIBER GROUP | | | | | SECOND | SUBSCRIBER GRO | UP | ^ |
| COMMUNITY/ AREA | South S | San Francisco, S | an Franc | COMMUNITY/ AREA | | | 0 | 9 Computat |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Ra |
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| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ 1,81 | 1,571.01 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | UP | | FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | F | · | | | IL. | · | | |
| Base Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | | |
| Rate Fee: Add th | ne base rat | e fees for each subs | criber group | as shown in the boxes a | above | | | |
| er here and in block | 3, line 1, s | pace L (page 7) | onner group i | as shown in the doxes a | IDUVE. | \$ | 0.00 | |

FORM SA3E. PAGE 20.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Name | WAVE DIVISION HOLDINGS LLC | 61498 | | | | | | |
| | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVI | TY SURCHARGE FOR EACH SUBSCRIBER GROUP | | | | | | |
| 9 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: | | | | | | | |
| Computation of Base Rate Fee and Syndicated Exclusivity | ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of 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 | | | | | | | |
| Surcharge for Partially Distant Stations | Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of I Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. | OSEs used to compute the surcharge. mula outlined in block D, section 3 or 4 of part 7 of this | | | | | | |
| | FIRST SUBSCRIBER GROUP | SECOND SUBSCRIBER GROUP | | | | | | |
| | Line 1: Enter the VHF DSEs | Line 1: Enter the VHF DSEs | | | | | | |
| | Line 2: Enter the Exempt DSEs | Line 2: Enter the Exempt DSEs | | | | | | |
| | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | | | | | | |
| | | SYNDICATED EXCLUSIVITY SURCHARGE 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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | | | | | | |
| | SYNDICATED EXCLUSIVITY | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7) | | | | | | | |
| | | | | | | | | |