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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting		2020/1							
Period									
B Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of th nunting period.	m. e accounting period should su		62645			
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
					6264	520201			
					62645	2020/1			
		3700 MONTE VILLA PARKWAY							
		BOTHELL WA 98021							
С		INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND							
	2	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code)							
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nunity served below and re	elist on pag	ge 1b			
Area	with	all communities.	-			-			
Served		CITY OR TOWN	STATE						
First		CONCORD	CA						
Community	В	elow is a sample for reporting communities if you report multiple ch	· · · ·	•					
	Ald	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUB	GRP#			
Sample	-	ance	MD	A		2			
	Ger		MD	В		3			
Britan at 1 1 1					- 41-1-				
form in order to pro numbers. By provid search reports pre	ocess y ding Pl pared f	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect your statement of account. PII is any personal information that can be used to identify I, you are agreeing to the routine use of it to establish and maintain a public record, for the public. The effect of not providing the PII requested is that it may delay proces ements of account, and it may affect the legal suffciency of the fling, a determination	y or trace an individual, which includes appearin ssing of your statement	such as name, address and telep ng in the Offce's public indexes and of account and its placement in the	phone nd in				

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/31/20

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			62645						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., 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 (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns l		up designated by	a number	4					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
CONCORD WALNUT CREEK	CA CA	A A		First Community					
	CA	A							
	CA	A							
MARTINEZ	CA	A							
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					

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	J	1	1	/	1
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	LEGAL NAME OF OWNER OF CABL	E SYSTEM.										
Name	WAVE DIVISION HOLDI											
		NG3 LLC										0204
_	SECONDARY TRANSMISSION	SERVICE: S	UBSCF	RIBERS AND F	RA.	TES						
E	In General: The information in s	•		0			-					
0		system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Ist day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondar						•					
Rates			-	(•		-	ons charged		
	separately for the particular server Rate: Give the standard rate of									arge and the		
		-								-		
	category, but do not include dise					-						
				-			-					
				-			-					
	subscriber who pays extra for ca	able service to	additio	nal sets would	be	include		-	• •			
	first set" and would be counted	0				()	oomico th	at ar	a differen	at from these		
	with the number of subscribers						•		,	-		
	sufficient.				r - r					-		
	BLO	OCK 1 NO. OF	-					n to subscribers. Give information te must be those existing on the rrs to the cable system, broken a the number of subscribers in rsons or organizations charged ceiving service). ne amount of the charge and the ate variations within a particular rate any transmission service that cable rs and rate for each listed category service that falls under different ole category. Example: a residential the count under "Service to the vice that are different from those it ransmissions), list them, together ord description of the service is BLOCK 2 RY OF SERVICE NO. OF RY OF SERVICE SUBSCRIBERS RATE Ur cable system's services that were ith any secondary transmission rmation concerning (1) services nation should include both the ed on a variable per-program basis, itable services listed. accounting period that were not se other services in the form of a BLOCK 2 RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE RATE RATE RATE RATE RATE RATE RATE				
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	GORY O	= SEI	RVICE		i F	RATE
	Residential:											
	 Service to first set 	1	0,112	\$ 26.07								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel		208	\$ 0.93								
	Commercial Converter		877	\$ 13.50								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATI	ES							
F	-		-				-	-				
•												
Services	furnished at cost or (2) services											
Other Than												
Secondary	enter only the letters "PP" in the		41 1.	1		h . 6 4h .						
Fransmissions: Rates				-								
Rates	-					-		-				
	brief (two- or three-word) descri	ption and inclu	de the	rate for each.								
		BLO	CK 1							BLOCK 2)	
	CATEGORY OF SERVICE	RATE		GORY OF SEF	٦VI	CE	RATE		CATEC			RATE
	Continuing Services:		Install	ation: Non-res	sid	ential			Ex	panded Content	\$	74.2
	• Pay cable	\$ 17.00	• Mo	otel, hotel								13.0
	 Pay cable—add'l channel 			mmercial								
	Fire protection			y cable								
	•Burglar protection			y cable-add'l c	na	nnel				Cable Pack		
	Installation: Residential First set	\$ 29.95		e protection rglar protectior	n					lax		
	Additional set(s)			services:								
	• FM radio (if separate rate)			connect			\$ 29	.95				
	• Converter			sconnect								
			• Ou	Itlet relocation							\$	5.0
			• Mc	ove to new add	res	s			HD Bo	nus Pack	\$	7.0
										tional Premium		

LEGAL NAME OF OWNE					SYSTEM ID 6264	Name
PRIMARY TRANSMITTE						
In General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further int in the paper SA3 for Column 1: List eacl each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th	a, identify even ystem during t ons in effect on .61(e)(2) and (is, as explaine tations: With in C rules, regula here in space only on a subs and also in spa- formation cond m. In station's call associated with -2". Simulcast channel numile. For example stem carried th in each case we entering the le ast), "E" (for n se terms, see tion is outside the distant station on of a distant entered into o primary trans simulcasts, also	y television si he accounting n June 24, 19 4), or 76.63 (d in the next respect to any attions, or autif G—but do lis titute basis ace I, if the sta erning substi sign. Do not n a station ac streams mus ber the FCC I e, WRC is Ch he station whether the s atter "N" (for n oncommercia page (v) of the the local ser age (v) of the me basis bec multicast str n or before Ju mitter or an a penter "E". If , see page (v)	g period except 981, permitting t referring to 76.6 paragraph y distant station norizations: st it in space I (th ation was carried tute basis static report originatic coording to its out to be reported in has assigned to has assigned to hannel 4 in Wasi tation is a network), "N-M" al educational), re general instruction of 4, you must co accounting peri- ause of lack of eam that is not une 30, 2009, b association repro- you carried the of the general	(1) stations carri the carriage of ce 61(e)(2) and (4))] as carried by your the Special Stater ed both on a subs ons, see page (v) on program servic ver-the-air design column 1 (list ea the television sta- hington, D.C. Thi ork station, an in- (for network mult or "E-M" (for non- uctions located in to omplete column 5 iod. Indicate by e activated channe subject to a roya etween a cable s esenting the prime channel on any instructions located	Yes". If not, enter "No". For an ex he paper SA3 form is, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form	G Primary Transmitters: Television
Column 6: Give the	location of ea	ch station. Fo ns, if any, giv nnel line-ups,	or U.S. stations, ve the name of t	, list the commun the community w e space G for eac	ity to which the station is licensed by the ith which the station is identifed	_
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	
KTVU - FOX	2	N	No		OAKLAND, CA	m
KTVUDT2 - LATV	2.2	N	No		OAKLAND, CA	See instructions for
KCRA - NBC	3	N	No		SACRAMENTO, CA	additional information
KRON - MyNetwo	4	N	No		SAN FRANCISCO, CA	
KRONDT3 - getTV	4.3	N	No		SACRAMENTO, CA	m
KPIX - CBS	5	N	No		SAN FRANCISCO, CA	
KPIXDT2 - Decade	5.2	N	No		SAN FRANCISCO, CA	
KGO TV-ABC	7	N	No		SAN FRANCISCO, CA	
KGODT3 - Laff	7.3	N _	No		SAN FRANCISCO, CA	
KQED - PBS	9	E	No		SAN FRANCISCO, CA	
	9.2	E	No		SAN FRANCISCO, CA	
	11	N	No		SAN JOSE, CA	
KNTVDT2 - Cozi 1	11.2	N .	No		SAN JOSE, CA	
KOFY - Independe	20	I	No		SAN FRANCISCO, CA	
KTSF - Independe	26	I	No		SAN FRANCISCO, CA	
KMTP - Independ	32	 •	No		SAN FRANCISCO, CA	
KICU - Plus	36	1	No		SAN JOSE, CA	
KICUDT2 - KEMS	36.2	1	No		SAN JOSE, CA	

FORM SA3E. PAGE 3.						
					SYSTEM ID#	Name
					62645	
WAVE DIVISIO PRIMARY TRANSMITT In General: In space O carried by your cables FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FO • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eaar cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multik For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement	N HOLDING ERS: TELEVISION G, identify ever system during f ions in effect on 3.61(e)(2) and sis, as explained Stations: With CC rules, regula here in space only on a subs and also in spa- formation condu- rm. the station's call associated with -2". Simulcast e channel num se. For exampl ystem carried t in each case or entering the la cast), "E" (for m see terms, see ation is outside ice area, see p ave entered "Y he distant stati ion on a part-ti ion of a distant t entered into c	S LLC ON y television s the accountin in June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or auth c — but do lis stitute basis ace I, if the st cerning subst l sign. Do not th a station ac streams mus ber the FCC I e, WRC is Ch he station whether the s etter "N" (for r concommercia page (v) of the 'es" in column on during the ime basis bec t multicast str on or before J	g period except 981, permitting to 761, permitting to 761, paragraph y distant station horizations: st it in space I (the ation was carried itute basis station report origination coording to its or t be reported in has assigned to hannel 4 in Was tation is a networ has anetwork), "N-M" al educational), ne general instructor of 4, you must co accounting per- mause of lack of eam that is not une 30, 2009, b	(1) stations carri the carriage of ce 61(e)(2) and (4))] as carried by your he Special State ed both on a subs ons, see page (v) on program service ver-the-air design column 1 (list ea the television stathington, D.C. This ork station, an in (for network multi or "E-M" (for non uctions located in to idistant"), enter "" tions located in to somplete column 5 iod. Indicate by e activated channes subject to a roya retween a cable s	62645 Ins and low power television stations) ed only on a part-time basis under train network programs [sections ; and (2) certain stations carried on a r cable system on a substitute program ment and Program Log)—if the stitute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi icch stream separately; for example ation for broadcasting over-the-air ir is may be different from the channe dependent station, or a noncommercia ticast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form Yes". If not, enter "No". For an ex he paper SA3 form 5, stating the basis on which you intering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin	Rame G Primary Transmitters: Television
Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	ave entered "Y he distant stati ion on a part-ti sion of a distan t entered into c a primary trans simulcasts, als nree categories e location of ea	Yes" in column on during the ime basis bec t multicast str on or before J smitter or an a so enter "E". If s, see page (v ach station. Fo	A, you must co accounting per ause of lack of eam that is not une 30, 2009, b association repr you carried the yo f the general or U.S. stations	omplete column 5 iod. Indicate by e activated channe subject to a roya retween a cable s esenting the prime channel on any l instructions loca , list the commun	i, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the	
Note: If you are utilizin		nnel line-ups	, use a separate	e space G for eac	ith which the station is identifec th 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	Е	No		SAN JOSE, CA	
KQEHDT4 - Kids	54.4	Е	No		SAN JOSE, CA	
KCSM - Independ	60	I	No		SAN MATEO, CA	
KKPX - ION	65	N	No		SAN JOSE, CA	
KTLN - TLN	68	N	No		PALO ALTO, CA	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# WAVE DIVISION HOLDINGS LLC 62645								
H Primary Transmitters: Radio	all-band basis of Special Instruc- receivable if (1) on the basis of For detailed infi- located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	t every radio s whose signals ctions Conce) it is carried b monitoring, to ormation abou paper SA3 forr dentify the cal State whether f the radio stat this by placin Sive the statio	station ca were "g rning A y the sys be rece ut the the n. I sign of the static tion's sig g a chec n's locati	arried on a separate and disc enerally receivable" by your of II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. ion (the community to which th the community with which th	able system duri Copyright Office at the system's h system's FM an on this point, se sed by the cable he station is licer	ng the account regulations, a eadend, and tenna, during e page (vi) of system as a system as a s	nting pe an FM si (2) it can certain the gen separate	riod. gnal is generally n be expected, stated intervals. eral instructions e and discrete	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					Ş	62645 62645	Name		
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	3					
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizations	. For a further	Substitute		
1. SPECIAL STATEMEN			TITUTE CARRIAGE				Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No log in block 2.			ge blank. If your answer is	"Yes," you m	nust complete the progra	am			
 LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the le									
s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2020/1

FORM	SA3E. PAGE 7.							
	IL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID	Namo			
WA	VE DIVISION HOLDINGS LLC			62645				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.								
			(Amount	or gross receipts)				
 Instru Con Con If you fee If you account 	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. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	irts of ti	ne DSE	Schedule	L Copyright Royalty Fee			
	k 3 below.							
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ	entered	on line	2 in block				
▶ If pa	low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	entered	on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K \$3,061,911.34 Line 2. Multiply the amount in line 1 by 0.01064							
	Enter the result here. This is your minimum fee.	\$		32,578.74				
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 colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. Ine 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 	nn 4, yc od?	u must	check	_			
Block 3	4, or part 9, block A of the DSE schedule. If holde, enter zero		Ψ					
	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				
	schedule. Il none, enter zero							
	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		\$	32,578.74	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.			0.00	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	the Licensing 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 \$ 33,303.74							
	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 pa	ge (i) o	fthe				

ACCOUNTING PERIO		FORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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 on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	ns 30 393
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Chris Connolly Telephone 609 Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	-681-2178
	Princeton, NJ 08540 (City, town, state, zip) Email chris.connolly@rcn.net Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)] 	m as identified f the cable system
	Image: Note of the second state of	
form in order to proo numbers. By provid search reports prep	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII becess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, add ding PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's put pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its p of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law	lress and telephon blic indexes and

FORM SA3E, F	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nomo
WAVE DIVISION HOLDINGS LL	.C		62645	Name
service of providing secondar	88 amended Title 17, section ber of subscribers and the gro ry transmissions of primary bro		for the basic Il not include sub-	P Special Statement
For more information on when to exc paper SA3 form. During the accounting period did the made by satellite carriers to satellite X NO	cable system exclude any am			Concerning Gross Receipts Exclusion
YES. Enter the total here and lis	t the satellite carrier(s) below.	<u>\$</u>		
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSMENTS				
You must complete this worksheet for For an explanation of interest assess				Q
Line 1 Enter the amount of late pay	ment or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by the interest	rate* and enter the sum here	×	- days	
Line 3 Multiply line 2 by the number	[.] of days late and enter the su	m here	- x 0.00274	
Line 4 Multiply line 3 by 0.00274** 6 space L, (page 7) .	enter here and on line 3, block		(interest charge)	
* To view the interest rate chart of contact the Licensing Division a		ensing/interest-rate.pdf. For further a @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 workshee please list below the owner, address filing.	-			
Owner Address				
First community served Accounting period				
Privacy Act Notice: Section 111 of title 17 of the	United States Code authorizes the C	opyright Offce to collect the personally identify	ing 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 filing, a determination that would be made by a court of law.

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62645					
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00	
2	Instructions: In the column headed "Call S	ign": list the cal	ll signs of all distant stations	identified by	the letter "O" in column 5	
Computation of DSEs for Category "O"	of space G (page 3). In the column headed "DSE" mercial educational station, giv				each network or noncom-	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as necessary. Remember to copy all formula into new rows.			CALL SIGN			

	L		

Name		OWNER OF CABLE SYSTEM:						ULE. PAGE 12. SYSTEM ID# 62645
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	r Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. rt Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,							
Capacity			CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMB OF HC CARR SYSTE	OURS IED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		€ 6. DS	ж Э
			÷		=	×	=	
			÷		=	×	=	
			÷		=	x x	=	
			÷		=	×	=	
			÷		=	×	=	
			÷		=	x x	=	
	Add the DSEs	s OF CATEGORY LAC of each station. um here and in line 2 of		nedule,		0.00		
4 Computation of DSEs for Substitute- Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 						rm).	
		S	UBSTITUTE	BASIS STATION	S: COMPUT/	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAI	′S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷	=		÷		=
			÷	=				=
			÷	=		÷		=
			÷ ÷	=		•		=
	Add the DSEs	s OF SUBSTITUTE-BA of each station. um here and in line 3 of	SIS STATIONS			0.00]	
5		ER OF DSEs: Give the a sapplicable to your system		boxes in parts 2, 3, and	I 4 of this schedul	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				►	0.00	
of DSEs	2. Number o	of DSEs from part 3 ●				>	0.00	
	3. Number o	of DSEs from part 4 ●				▶	0.00	
	TOTAL NUMBE	ER OF DSEs						0.00

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID#	
WAVE DIVISIO	ON HOLDINGS	LLC						62645	Name
Instructions: Bloc	ck A must be comp	oleted.							
In block A: • If your answer if '	"Yes," leave the re	mainder of p	art 6 and part 7	7 of the DSE sched	lule blank and	complete par	8, (page 16) of th	e	6
schedule.	"No," complete blo						, (i o)		
r il your answer il	No, complete bio	ICKS D AITU C		TELEVISION M	ARKETS				Computation of
Is the cable syster	m located wholly o	utside of all r		ler markets as defi		tion 76.5 of F	CC rules and regul	lations in	3.75 Fee
effect on June 24,									
			O NOT COMP	LETE THE REMA	INDER OF PA	RI 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations are constructed as the second s	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric	iles and regu ed pursuant t on as defined al educationa	lations cited be o the FCC mar d in 76.5(kk) (76 al station [76.59	sis on which you ca low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e 9(c), 76.61(d), 76.6	e in effect on 5.57, 76.59(b),)(1), 76.63(a) 3(a) referring	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)]	6.63(a) referring to	5	
	instructions fo E Carried pursua *F A station pre	or DSE sched ant to individu viously carrie IHF station w	ule). ual waiver of F(ed on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	is prior to Jun	e 25, 1981)]	
Column 3:	*(Note: For those this schedule to c	e stations ide determine the	ntified by the le DSE.)	parts 2, 3, and 4 o ttter "F" in column 2	2, you must co	mplete the wo		T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
					• • • • • • • • • • • • • • • • • • • •				
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
_ine 1: Enter the	total number of							-	
	sum of permitte							-	
				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply l	ine 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply l	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 13.

						DSE SCHEDULE. PAGE 14.		
Nama	LEGAL NAME OF OWN	NER OF CABLE SYSTE	M:			SYSTEM ID#		
Name	WAVE DIVISIO	N HOLDINGS LLO	3			62645		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: 							
	1 0 4 1		FOR STATIONS CARRI					
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE		
	SIGN	DGL	FERIOD	CARRIAGE	DGL	DGL		
7 Computation of the		"Yes," complete blocl	ks B and C, below. and C blank and complete	e part 8 of the DSE sched	ule.			
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	ΈT			
Exclusivity								
Surcharge	 Is any portion of the or 	cable system within a to	op 100 major television ma	rket as defned by section 7	6.5 of FCC rules in effect	June 24, 1981?		
	X Yes—Complete	e blocks B and C .		No—Proceed to	o part 8			
	BLOCK B: Ca	arriage 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 commercial VHF station that places a grade B contour, in whole or in part, over the cable system? X Yes—List each station below with its appropriate permitted DSE							
		and proceed to part 8.			and proceed to part 8.			
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE		
					-			
		<mark> -</mark>						
		- <mark> -</mark>			-			
		 						
			AL DSEs 0.00	╽║┕────	TOTAL I	DSEs 0.00		
		101	1	TOTALL				

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645 Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHA	RGE
Section 1 Enter the amount of gross receipts from space K (page 7)	<u>\$ 3,061,911.34</u> 7
Section 2 A. Enter the total DSEs from block B of part 7	0.00 Computation
B. Enter the total number of exempt DSEs from block C of part 7	
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.	Surcharge
Is any 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	ion 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 partially distant television stations during television stating television stations during television sta	period?
If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOT is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	IE: If the DSE
A. Enter 0.00599 of gross receipts (the amount in section1)	\$
B. Enter 0.00377 of gross receipts (the amount in section.1)	
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	S
SECTION 4: SECOND 50 TELEVISION MARKET	
Did your cable system retransmit the signals of any partially distant television stations during the accounting pe	eriod?
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. NOT 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	s

ACCOUNTING PERIOD: 2020/1

		DSE SCH	IEDULE. PAGE 16.
Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). S C. Multiply line B by 3.000 and enter here. S C. Multiply line B by 3.000 and enter here. S C. Multiply line B by 3.000 and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. If the figure on line C in the section 2 is the figure on line C in the section 2 is the section 2 is the figure on line C in the section 2 is the figure on line C in the section 2 is the section 2 is the figure on line C in the section 2 is the figure on line C in the section 2 is the section	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i were lo	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	below s
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	1.34
	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)	<u>-</u>

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
WAV	E DIVISION HOLDINGS LLC 62645	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ►\$	•
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation 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
	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 clusion, you must:	of
Firet: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : 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 a	lso 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
	b Identify a Subscriber Group for Partially Distant Stations	for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted 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.)	
-	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.	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	a section:	
	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:	evotem is leasted whelly outside all major and arralles talevision medicate aire and statisticals DOE as we have it is a set of a	
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of 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.	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
• Comp	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEst	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.	

LEGAL NAME OF OWNE WAVE DIVISION H						\$	62645 62645
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP	
		SUBSCRIBER GROUI				SUBSCRIBER GRO	
COMMUNITY/ AREA	CONCO	ORD, WALNUT CR	EEK, CC	COMMUNITY/ ARE	A		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
		-					
		-					
otal DSEs			0.00	Total DSEs			0.00
ross Receipts First G	roup	\$ 3,061,	911.34	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	THIRD	SUBSCRIBER GROUI	P		FOURTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
tal DSEs			0.00	Total DSEs			0.00
ross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
ind to himd to		¥	5.00			٣	0.00
ase Rate Fee: Add th	e base rat	e fees for each subscri	ber group a	s shown in the boxes	above.		
iter here and in block			_ o. g. oup a			\$	0.00

FORM SA3E.	PAGE	19.	
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Nonpermitted 3.75 Stations

BSCRIBER GROUP						EGAL NAME OF OWNE		
0 9 Computation of Base Rate F and Syndicate Exclusivit Surchargung for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	B		
Computation CALL SIGN DSE Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 BSCRIBER GROUP 0	SECOND		IP	T SUBSCRIBER GROU	FIRST			
CALL SIGN DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 BSCRIBER GROUP 0		COMMUNITY/ AREA	REEK, C	ORD, WALNUT CF	CONCO	COMMUNITY/ AREA		
Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 BSCRIBER GROUP 0	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
and Syndicates Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0	DOL		DOL		DOL			
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0								
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0								
Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0								
for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0								
Partially Distant Stations								
Distant Stations								
Stations Stations O.00 O.00 BSCRIBER GROUP O								
0.00 0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0	.							
0.00 0.00 BSCRIBER GROUP 0								
0.00 0.00 BSCRIBER GROUP 0			0.00					
0.00 BSCRIBER GROUP 0		Total DSEs	0.00			Fotal DSEs		
BSCRIBER GROUP 0	d Group	Gross Receipts Secor	911.34	\$ 3,061	oup	Gross Receipts First G		
0	d Group	Base Rate Fee Secor	0.00	\$	oup	Base Rate Fee First G		
	FOURTH		IP	D SUBSCRIBER GROU	THIRD			
CALL SIGN DSE		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
0.00	<u> </u>	Total DSEs	0.00			Total DSEs		
0.00	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G		
	.				14			
0.00	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G		

ACCOUNTING PERIOD: 2020/1

	,-	FORM SA3E. PAGE 20.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	62645
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television to by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation		
of Base Rate Fee	First 50 major television market	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for com	mercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber gro	oup for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none	enter zero.
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total numb Step 4: Compute the surcharge for each subscriber group using t	
Distant Stations		s figures applicable to the particular group. You do not need to show
	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	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group \$	Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	
	SYNDICATED EXCLUSIVITY	
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pa	for each subscriber group as shown age 7)