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						
0/04/0004	\$						
2/24/2021	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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2020/2				
B	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 busines if there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire account covering the interest of the system's first filing. If not, enter the system's ID GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC	ss of the cable system on the last day of the counting period.	m. e accounting period should su		24224
					24224 24224	420202
		3700 MONTE VILLA PARKWAY BOTHELL W 98021				
С		TRUCTIONS: In line 1, give any business or trade names used to ines already appear in space B. In line 2, give the mailing address o				
System	1	IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND	<u> </u>		<u> </u>	
	2	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code)				
D	Inst	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	: 1b
Area Served	with	all communities.	TOTATE			
First	-	DEPOE BAY	STATE OR			
Community	В	elow is a sample for reporting communities if you report multiple ch		pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	a	MD	Α		1
		ance	MD	В		2
	Ger	ing	MD	В		3

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24224 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 CITY OR TOWN STATE SUB GRP# **DEPOE BAY OR First** Community See instructions for additional information on alphabetization. Add rows as necessary.

		_	
1			l l
1		1	
1			
			
1			
L			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

24224

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			Π	BLOC	K 2	
	NO. OF		Π		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:				П			
Service to first set	1,342	\$	29.95				
Service to additional set(s)							
FM radio (if separate rate)							
Motel, hotel	412	\$	3.21				
Commercial	386	\$	27.45	11			
Converter		l		11			
Residential				11			
Non-residential		ļ		11			
1				4 1.			

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 2							
CATEGORY OF SERVICE	E	CATEGORY OF SERVICE	F	RATE				
Continuing Services:			Installation: Non-residential					
Pay cable	\$	17.00	Motel, hotel			Expanded Content	\$	77.38
Pay cable—add'l channel			Commercial			Digital Favorites	\$	13.00
Fire protection			• Pay cable			Digital Variety	\$	8.25
•Burglar protection			Pay cable-add'l channel			Digitial Sports	\$	12.00
Installation: Residential			Fire protection			Digital Cable Pack	\$	32.75
First set	\$	60.00	Burglar protection			НВО	\$	19.00
Additional set(s)	\$	30.00	Other services:			HBOMax	\$	14.95
• FM radio (if separate rate)			Reconnect	\$ 40	0.00	Showtime/The Movie Cha	\$	19.00
Converter			Disconnect			Cinemax	\$	18.50
			Outlet relocation			Starz	\$	17.00
			Move to new address Movieplex		Movieplex	\$	5.00	
								\$7.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 24224 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 a 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 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 other 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. Identify each 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. 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 (Yes or No) NUMBER STATION (If Distant) KATU - ABC 2 Ν No PORTLAND, OR KATUDT2 - MeTV 2.2 Ν PORTLAND, OR No See instructions for additional information KATUDT3 - Comet 2.3 Ν No PORTLAND, OR on alphabetization KATUDT4 - Stadium 2.4 N No PORTLAND, OR KGW - NBC 8 N No PORTLAND, OR 8.2 N PORTLAND, OR **KGWDT2 - Justice Network** No KGWDT4 - Quest 8.4 Ν PORTLAND, OR No KNMT - TBN PORTLAND, OR 24 Ν No **KOIN - CBS** 6 Ν PORTLAND, OR No KOINDT2 - getTV 6.2 Ν No PORTLAND, OR **KOINDT3 - Decades** 6.3 Ν No PORTLAND, OR **KOPB - PBS** 10 E No PORTLAND, OR KPDX - MyNetworkTV 49 Ν No VANCOUVER, WA **KPDXDT2 - Escape** 49.2 Ν No VANCOUVER, WA **KPDXDT3 - Bounce TV** 49.3 Ν No VANCOUVER, WA **KPDXDT4 - Grit** 49.4 Ν No VANCOUVER, WA **KPTV - FOX** Ν PORTLAND, OR 12 No KPTVDT2 - Cozi TV 12.2 N No PORTLAND, OR KPTVDT3 - Laff PORTLAND, OR 12.3 Ν No **KPXG - ION** 22 N SALEM, OR No KRCW - CW SALEM, OR 32 Ν No KRCWDT2 - Antenna TV SALEM, OR 32.2 Ν No KRCWDT3 - This TV 32.3 Ν No SALEM, OR KWVT - Azteca Ν SALEM, OR 37.1 Nο KWVT - Youtoo America 17.1 N No SALEM. OR

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 24224 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: 2020/2
LEGAL NAME OF OWNER OF						SYSTEM ID#	Name
WAVE DIVISION HOLD	INGS LLC	<i>,</i>				24224	
SUBSTITUTE CARRIAGE	-						I
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC0	rules, regula	tions, or authorization	ons. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	iod, did you			s, any nonnet	work television pro	_	Special Statement and Program Log
Note: If your answer is "No' log in block 2.	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the pro	ogram	
2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst			te line. Use abbreviations v	vherever pos	sible, if their meani	ng is	
clear. If you need more spa							
Column 1: Give the title period, was broadcast by a			sion program (substitute p				
under certain FCC rules, re							
SA3 form for futher information	tion. Do no	t use general c	ategories like "movies", or	"basketball".	List specific progra	am	
titles, for example, "I Love L				,,			
			r "Yes." Otherwise enter "N sting the substitute prograi				
			e community to which the		nsed by the FCC or	r, in	
the case of Mexican or Can							
	,	when your syst	tem carried the substitute p	rogram. Use	numerals, with the	month	
first. Example: for May 7 giv		substitute pro	gram was carried by your c	ahle system	List the times accu	ırately	
to the nearest five minutes.							
stated as "6:00–6:30 p.m."							
			was substituted for program				
to delete under FCC rules a gram was substituted for pro							
effect on October 19, 1976.	-	, ,					
٩	LIDOTITLIT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURREI	7. REASON	
	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					_		
					<u> </u>		
					_		
					_		
					_		
					_		

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID	#
	VE DIVISION HOLDINGS LLC	2422	Nama
Inst all a (as pag	COSS 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 second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service impute this amount, see \$ 611,983.03	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• Con • Con • If you fee • If you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: splete block 1, showing your minimum fee. splete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the amount of lock 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 parampanying this form and attach the schedule to your statement of account.		Copyright Royalty Fee
,	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\sf k}$ 3 below.	entered on line 1 of	
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ellow.	ntered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be 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 Line 2. Multiply the amount in line 1 by 0.01064	\$ 611,983.03	
	Enter the result here. This is your minimum fee.	\$ 6,511.50	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i 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 perio Yes—Complete the DSE schedule.	n 4, you must check d?	
Block	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	\$ 6,511.50	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 the Licensing
	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	\$ 7,236.50	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	additional 1665.

ACCOUNTING PERIOD: 2020/2
FORM SASE PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WAVE DIVISION HOLDINGS LLC	24224
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas	t stations
IVI	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	t stations
Channels		
	Enter the total number of channels on which the cable system carried television broadcast stations	25
	, and the second	
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	261
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to Be Contacted		
for Further	Name Chris Connolly Telephon	e 609-681-2178
Information		
	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 regi	ulations.)
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 identified in line 1 of space	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	e system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as over in line 1 of space B.	wner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain	ned herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com	
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	Date: February 24, 2021	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	24224	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instrupation paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	transmissions	
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 For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		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	-	
x_	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	<u> </u>	
	interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance please	
** 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 Copyrig please list below the owner, address, first community served, accounting period, and ID number as give filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE	11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#							
1	WAVE DIVISION HOLDIN	NGS LLC				24224							
	SUM OF DSEs OF CATEGORY "O" STATIONS:												
	• Add the DSEs of each station.												
	Enter the sum here and in line		s schedule.		0.00								
						1							
2	Instructions:												
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).												
Computation	In the column headed "DSE"	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give	e the DSE as ".2											
Category "O"	CATEGORY "O" STATIONS: DSEs												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
				 									
Add rows as				 									
necessary.				 									
Remember to copy all				 									
formula into new				ļ									
rows.													
													
				 									
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Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC							8YSTEM ID# 24224
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distant: For each station, give the correspond with the information: For each station, give the Divide the figure in colurat least to the third decimation: For each independent station.	e number of hation given in e total numbe nn 2 by the fig al point. This i ation, give the umn 4 by the f	nours your cable system space J. Calculate only or of hours that the static gure in column 3, and gives the "basis of carriage e "type-value" as "1.0." Figure in column 5, and gives i	carried the station one DSE for each on broadcast over the result in decention value" for the station each network of the result in control of the station of the station of the station each network of the result in control of the station of the s	n during the ad h station. the air during cimals in colur ion. or noncommer	the accountinn 4. This figure cial education describes to no less	ng period. gure must anal station, than the	
Capacity	-	(CATEGOR'	Y LAC STATIONS:	COMPUTATION	ON OF DSI			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	3E
			÷		=	x		=	
			÷		=	x x		=	
			÷		=	х		=	
			÷ -		=				
			÷		=	x x		=	
			÷		=	х		=	
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		nedule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations of the space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each star I by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (I	ution for a pro s shown by the k programs du number of live bond with the i in the calenda n 2 by the figure	gram that your system was letter "P" in column 7 uring that optional carriage, nonnetwork programs information in space I. ar year: 365, except in a re in column 3, and give	was permitted to dof space I); and ge (as shown by the carried in substitution leap year. the result in colur	elete under F0 e word "Yes" in tion for progra mn 4. Round t	CC rules and column 2 of ms that were on o less tha	e deleted n the third	
		Sl	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	TION OF D	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMI OF PRO	BER BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		-					÷		=
				=			÷		=
		÷		=			÷		=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa					0.00		
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add them	to provide the	e total	
Total Number		of DSEs from part 2 ●				-		0.00	
of DSEs		of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				-		0.00	
	TOTAL NUMBE	R OF DSEs					>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

	WNER OF CABLE S N HOLDINGS						S	YSTEM ID# 24224	Name
In block A: If your answer if 'schedule.	ck A must be comp "Yes," leave the rer "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and o	complete part t	3, (page 16) of the		6
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24, Yes—Com	List the call signs FCC rules and re instructions for th Satellite Televisic Enter the appropr (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursue *F A station prev	of distant stagulations price DSE Scheon Extension state letter includes and regulation as defined all educational station (76.6 or DSE scheol and to individuationally carrier HF station with the control of the contr	CK B: CARR Itions listed in port to June 25, 1 Jule. (Note: The licating the base attions cited be to the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragrule). al waiver of FCd on a part-time thin grade-B co	LETE THE REMAIL CHAGE OF PERM Dart 2, 3, and 4 of ti 981. For further exe teletter M below reference of 2010.) The second of 2010. The second of	MITTED DS this schedule to the planation of profess to an exercise in effect on 2.57, 76.59(b), and (1), 76.63(a) of the planation of grain section secti	Es hat your syster ermitted statio mpt multicast s ed station. lune 24, 1981. 76.61(b)(c), 76 referring to 76. o 76.61(d)] ndfathered sta	n was permitted to ns, see the tream as set forth) i.63(a) referring to 61(e)(1) tions in the	carry under in the	3.701 66
Column 3:	List the DSE for e	each distant s e stations ider	tation listed in	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of	
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	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from լ	oart 5 of this s	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
ine 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions
ine 7: Multinly li	ine 6 bv line 5 an	d enter here	and on line	2 block 3 space	I (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 24224 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 stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Worksheet for 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. Computating 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 A—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 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated BLOCK A: MAJOR TELEVISION MARKET **Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs**

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	611,983.03	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 defned 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? 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 3b blank. NOTE: If the DS	E	
	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		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	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 DS 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)	E	
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	\	WAVE DIVISION HOLDINGS LLC	24224						
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
Syndicated Exclusivity	, ,								
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u>						
8 Computation of Base Rate Fee	6 was c In blo If you If you blank What is	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	w						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	.03						
	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>						
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ <u>\$ 4,290.00</u>							
		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	<u>-</u>						
		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> !						

DSE SCH	EDULE. PAGE 17.	ACCOUNTING	PERIOD: 2020/2
-	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	7STEM ID# 24224	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		0
·	A. Enter 0.01064 of gross receipts (the amount in section 1) \$\bigsim \frac{\\$}{\}\$		8
	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 \$		Base Rate Fee
	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 s be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lin G.		9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to s from subscribers located within the station's local service area, from your system's total gross receipts. To take adva on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	number of	and Syndicated Exclusivity Surcharge for

NOTE: 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 must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same 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 subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give 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 subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any 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, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- · Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Partially Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER WAVE DIVISION H						S	YSTEM ID# 24224	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUP)		SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA DEPOE BAY			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	······							and Syndicated
	······································							Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
	······································				·····			Otations
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roun	\$ 611.	,983.03	Gross Receipts Seco	and Group	\$	0.00	
Gross recorpts r list of	oup	<u> </u>		Cross recorpts cost	на огоар	<u>*</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP	D		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
	······································							
	<u></u>							
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourt	th Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			er group as	s snown in the boxes at	oove.	\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H						\$	24224	Nam
				TE FEES FOR EAG				
COMMUNITY/ AREA DEPOE BAY			SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate
								and
								Syndica Exclusiv
								Surchar
								for
								Partiall
								Distan Station
			·····					Station
					······			
		Ш	0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	<u>\$ 61</u>	1,983.03	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					······			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fou	rth Group	\$	0.00		
, 2	•				r	·		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	_					Г		
Base Rate Fee: Add the Inter here and in block			criber group a	s shown in the boxes	above.	\$	0.00	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 24224 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown