This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/30/21	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		WAVE DIVISION HOLDINGS LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		3700 MONTE VILLA PARKWAY						
		(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	IDENTIFICATION OF CABLE SYSTEM:						
	'	WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM:						
		3700 MONTE VILLA PARKWAY						
	2	(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code)						

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

		FORM SA1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
	WAVE DIVISION HOLDINGS LLC	143						
D	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 first 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							
Area Served	identified city							
	CITY OR TOWN	STATE						
First Community	GARBERVILLE	CA						
Rows as Necessary								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 14342

WAVE DIVISION HOLDINGS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	194	66.58			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	252	2.12			
Commercial	12	17.80			
Converter					
Residential					
Non-residential					
				1	ĭ

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	60.00	Burglar protection			
Additional set(s)	30.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14342

WAVE DIVISION HOLDINGS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was 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.
- **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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
(BVU – FOX	28	N	EUREKA, CA
KECA - MyNetworkTV	29.2	N	SAN FRANCISCO, CA
KEET - PBS	13	E	EUREKA, CA
KGO-TV - ABC	7	N	EUREKA, CA
KIEM - NBC	3	N	EUREKA, CA
KVIQ - CBS	17	N	EUREKA, CA
	,,,,,,		
	11111		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 14342 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was 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. 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 multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC 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. 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 (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

14342

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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
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Accounting Perio	od: 2021/1						F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				·	SYSTEM ID#
Name	WAVE DIVISION HOLI	DINGS LL	.C					14342
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
ı				rision program, broadcast by				
0	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furt							
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special		_		m carry, on a substitute ba	sis, any nonr	etwork te	elevision p	rogram
Statement and Program Log	broadcast by a distant sta	•	•	•			YE	
	Note: If your answer is "No	o" leave the	e rest of this pa	age blank If your answer is	s "Yes " vou r	nust com		
	log in block 2.	,		-g	, , , , , , , , , , , , , , , , , , ,			
	2. LOG OF SUBSTITUT							
	In General: List each subsclear. If you need more spa				wherever po	ossible, if	their mea	ning is
	Column 1: Give the title	of every no	onnetwork tele	evision program ("substitute				
	period, was broadcast by a			our cable system substitutens. See page (v) of the ger				
				ketball." List specific progra				
	"NBA Basketball: 76ers vs		deest live out	tor "Voo." Othomuica antor "	NIo."			
				ter "Yes." Otherwise enter " casting the substitute progr				
				the community to which the			the FCC	or, in
	the case of Mexican or Ca Column 5: Give the mo			e community with which the /stem carried the substitute			als. with t	ne month
	first. Example: for May 7 g	ive "5/7."					•	
	to the nearest five minutes			rogram was carried by your rried by a system from 6:01				
	stated as "6:00-6:30 p.m."				·	·		
				m was substituted for progr during the accounting perio				
				vas permitted to delete und				
	effect on October 19, 1976	5.						
					WHE	N SUBS	ΓΙΤUΤΕ	
	S		E PROGRAM				CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES T	
							_	
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counting Period:	021/1				FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTE WAVE DIVISION HOLDINGS L				S	YSTEM II 1434
K Gross Receipts	all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instructions Gross receipts from subscribers during the accounting period.	this space determines the form you fill your cable system by subscribers for the accounting period. For a further explar located in the paper SA1-2 form. In secondary transmission service(s) statement in space P concerning gros	he system's nation of hov)	secondary transi v to compute this	mission service amount, see	6,129.97
L Copyright Royalty Fee	Use block 2 if the amount of gross rouse block 3 if the amount of gross rouse		300 but less t	than \$527,600	\$263,800	
		BLOCK 1: GROSS RECEIPTS OF \$	\$137,100 OF	RLESS		
	Instructions: As a cable system with gaccounting period is \$52.00	gross receipts of \$137,100 or less, the ro	oyalty fee tha	t you must pay fo	r this six-mon	
	Line 1. Royalty fee for accounting per	riod				
	Line 2. Interest charge. Enter the am	ount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYA	ABLE FOR ACCOUNTING PERIOD Ad	dd lines 1 and	12	· · · · <u> </u>	
	BLOCK 2: GI	ROSS RECEIPTS OF \$263,800 OR	LESS (but r	more than \$137	100)	
	Base amount under statutory formula	ula	\$	263,800.00	<u> </u>	
	2. Enter amount of gross receipts from	m space K	<u>\$</u>	166,129.97	-	
	3. Subtract line 2 from line 1		\$	97,670.03	<u>-</u>	
	4. Enter the amount of gross receipts	from space K		\$	166,129.97	
	5. Enter the amount from line 3			\$	97,670.03	
	6. Subtract line 5 from line 4			\$	68,459.94	
	7. Multiply line 6 by .005 (enter figure	here)			\$	342.30
	8. Interest charge. Enter the amount	from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE	E FOR ACCOUNTING PERIOD. Add line	es 7 and 8		\$	342.30
	BLOCK 3: GR	OSS RECEIPTS OF MORE THAN \$	5263,800 (bu	ut less than \$52	7,600)	
	Enter the amount of gross receipts	from space K				
	Base amount under statutory formula	ula	\$	263,800.00	_ 	
	3. Subtract line 2 from line 1				-	
					-	
	5. Royalty due on the first \$263,800 c	of gross receipts (under statutory formula	a)	\$	1,319.00	
	6. Interest charge. Enter the amount	from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE	E FOR ACCOUNTING PERIOD. Add line	es 4, 5, and 6	â		
	FILIN	NG FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and	1 Royalty Fee Pavable for Accounting	g Period (from Block 1, 2, or 3, above) .		\$	342.30	
otal Remittance Due		more information on filing fee calculation			20.00	
	2. Filling Fee (See the instructions for	more information on filling fee calculation	115)	· · · <u>Ф</u>	20.00	
		OUNTING DEDICE. Add lines 2 and 2	,		\$	362.30
	3. TOTAL AMOUNT DUE FOR ACC	OUNTING PERIOD. Add lines 2 and 3			.	

Accounting Period:	2021/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 14342
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 73
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Katie Lake Telephone 516-521-3549
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)
	Princeton, NJ 08540 (City, town, state, zip) Email katie.lake@rcn.net Fax (optional)
	Linai race ide grounet 1 ax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
	Typed or printed name: Parisa Salehani
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)
	Date: 8/30/21

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

AVE DIVISION HOLDINGS LLC		14344
lowing sentence: "In determining the total number of subscribe service of providing secondary transmission scribers and amounts collected from subscriber more information on when to exclude these am	GROSS RECEIPTS EXCLUSIONS Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following and the gross amounts paid to the cable system for the basic as of primary broadcast transmitters, the system shall not include sublibers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carriers.	exclude any amounts of gross receipts for secondary transmissions earrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	payments submitted as a result of a late payment or underpayment. ge (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or undergo	payment	Interest Assessment
	x	
Line 2 Multiply line 1 by the interest rate* and ente	er the sum here	
	x days	
Line 3 Multiply line 2 by the number of days late a	nd enter the sum here	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block		-
* To view the interest rate chart click on www.co	opyright.gov/licensing/interest-rate.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which	n is the interest assessment for one day late.	
	atement of account already submitted to the Copyright Office, please ed, ID number, and accounting period as given in the original filing.	
Address		
ID number First community served Accounting period		

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