This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2021/1								
Period									
B	— Give the full legal flame of the owner of the cable system. If the owner is a substitute of another corporation, give the full corpo-								
	WAVE DIVISION HOLDINGS LLC								
				31268	20211				
				31268	2021/1				
	3700 MONTE VILLA PARKWAY								
	BOTHELL WA 98021								
С	INSTRUCTIONS: In line 1, give any business or trade names used to								
	names already appear in space B. In line 2, give the mailing address of	or the system, ii di	merent from the address giv	en in space	Б.				
System	1 WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3700 MONTE VILLA PARKWAY								
	(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and re	elist on page	 : 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	SEATTLE	WA							
Community	Below is a sample for reporting communities if you report multiple ch	iannel line-ups in :	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G	SRP#				
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2021/1				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			31268					
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-comm	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
SEATTLE	WA			First				
				Community				
				See instructions for additional information				
				on alphabetization.				
				Add rows as necessary.				

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC

31268

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.

BLO	OCK 1				BLOCK 2			
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	2,825	\$	29.95					
 Service to additional set(s) 								
 FM radio (if separate rate) 				"				
Motel, hotel	906	\$	3.28					
Commercial	733	\$	10.10	"				
Converter				"				
Residential				"				
Non-residential				l l"				
		•		P			¢	

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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	17.00	Motel, hotel		refer to " Pg2 Section F -E	
 Pay cable—add'l channel 			Commercial			
Fire protection			• Pay cable			
Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
First set	\$	80.00	Burglar protection			
Additional set(s)	\$		Other services:			
• FM radio (if separate rate)			Reconnect	\$ 40.00		
Converter			Disconnect			
			Outlet relocation			
			Move to new address			

WAVE DIVISION HOLDINGS LLC - SEATTLE, WA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Expanded Content	Expanded Content	\$	77.38
Digital Favorites	Digital Tier Packages	\$	13.00
Digital Vartiety	Digital Tier Packages	\$	8.25
Digital Sports	Digital Tier Packages	\$	12.00
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75
НВО	Premium	\$	19.00
HBO Max	Premium	\$	14.99
Showtime/The Movie Channel (TMC)	Premium	\$	19.00
Cinemax	Premium	\$	18.50
Starz	Premium	\$	17.00
Movieplex	Premium	\$	5.00
HD Bonus Pack	High Definition Package	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV Japan	International Premium	\$	24.95

FORM SA3E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name 31268 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 unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute prograr Television basis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if th station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some oth basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the chann∉ 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-N (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syste 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 subje of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the design tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th 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 OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **CBUT - CBC** VANCOUVER, BC 2 Ν Yes 0 TACOMA, WA **KBTC - PBS** 27 Ε No See instructions for KCPQ - FOX 13 Ν No TACOMA, WA additional information n alphabetization KCTS - PBS 9 No SEATTLE, WA Ε KCTSDT2 - PBS K 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA **KFFVDT 2- Movies** 44.2 Ν No SEATTLE, WA Ν SEATTLE, WA KING - NBC 5 No KINGDT2 - Justice 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA SEATTLE, WA KIRO - CBS 7 Ν No KIRODT2 - getTV 7.2 Ν No SEATTLE, WA SEATTLE, WA KIRODT3 - Laff 7.3 Ν No KOMO - ABC Ν SEATTLE, WA No 4 KOMODT2 - Come 4.2 Ν No SEATTLE, WA KOMODT3 - Charg Ν No SEATTLE, WA 4.3 KONG - Independ 16 No **EVERETT, WA** N KSTW-CW 11 No TACOMA, WA KSTWDT2 - Decad 11.2 Ν No TACOMA, WA KTBW - TBN 20 Ν Nο SEATTLE, WA KVOS - Heroes & 12.1 No BELLINGHAM, WA KVOSDT4- Decad 12.4 BELLINGHAM, WA N No KWDK - Daystar Ν No TACOMA, WA 56 KWPX - ION 33 Ν No BELLEVUE, WA KZJO - JOEtv 22 N No SEATTLE, WA KZJODT3 - Anten 22.3 Ν No SEATTLE, WA

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31268 WAVE DIVISION HOLDINGS LLC 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 LOCATION OF STATION S/D

				S	31268	Name		
ify every no	nnetwork televis	sion program broadcast by a	a distant statio	lations, or authorizations.	For a further	Substitute		
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • 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", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. 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 program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE 7. REASON								
2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION			
	E: SPECI/ tify every not counting pening that must recount the programming that the programming the programming the programming that the programming the programming that the programming the programming that the programming that the programming the programming the programming that the programming the	tify every nonnetwork televis accounting period, under spening that must be included in the transfer of the tr	E: SPECIAL STATEMENT AND PROGRAM LO tify every nonnetwork television program broadcast by a cocounting period, under specific present and former FC ning that must be included in this log, see page (v) of the T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute ba atton? "", leave the rest of this page blank. If your answer is E PROGRAMS stitute program on a separate line. Use abbreviations ace, please attach additional pages. The of every nonnetwork television program (substitute additions, or authorizations. See page (vi) of the ge attion. Do not use general categories like "movies", accurately or "NBA Basketball: 76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter a sign of the station broadcasting the substitute progradcast station's location (the community to which the nadian stations, if any, the community with which the nadian stations, if any, the community with which the nadian stations, if any, the community with which the nation and day when your system carried the substitute tive "5/7." The when the substitute program was carried by you Example: a program carried by a system from 6:0" ter "R" if the listed program was substituted for program regulations in effect during the accounting perior and regulations.	E: SPECIAL STATEMENT AND PROGRAM LOG tify every nonnetwork television program broadcast by a distant static counting period, under specific present and former FCC rules, regulning that must be included in this log, see page (v) of the general inst T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonetation? by, leave the rest of this page blank. If your answer is "Yes," you restrict the program on a separate line. Use abbreviations wherever page, please attach additional pages. by of every nonnetwork television program (substitute program) that distant station and that your cable system substituted for the programication. Do not use general categories like "movies", or "basketball Lucy" or "NBA Basketball: 76ers vs. Bulls." m was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. addicast station's location (the community to which the station is light and and regulations, if any, the community with which the station is identh and day when your system carried the substitute program. Usive "5/7." The swhen the substitute program was carried by your cable system. Example: a program carried by a system from 6:01:15 p.m. to	E: SPECIAL STATEMENT AND PROGRAM LOG lify every nonnetwork television program broadcast by a distant station that your cable system counting period, under specific present and former FCC rules, regulations, or authorizations, ining that must be included in this log, see page (v) of the general instructions located in the paction, and the paction of	E: SPECIAL STATEMENT AND PROGRAM LOG tify every nonnetwork television program broadcast by a distant station that your cable system carried on a cocounting period, under specific present and former FCC rules, regulations, or authorizations. For a further ining that must be included in this log, see page (v) of the general instructions located in the paper SA3 T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonnetwork television program tition? Tyes No T, leave the rest of this page blank. If your answer is "Yes," you must complete the program E PROGRAMS stitute program on a separate line. Use abbreviations wherever possible, if their meaning is ace, please attach additional pages. To every nonnetwork television program (substitute program) that, during the accounting a distant station and that your cable system substituted for the programming of another station egulations, or authorizations. See page (vi) of the general instructions located in the paper ation. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: 76ers vs. Bulls." The was broadcast live, enter "Yes." Otherwise enter "No." Sign of the station broadcasting the substitute program. adcast station's location (the community to which the station is licensed by the FCC or, in anadian stations, if any, the community to which the station is licensed by the FCC or, in anadian stations, of any, the community to which the station is licensed by the FCC or, in anadian stations location (the community to which the station is licensed by the FCC or, in anadian stations location (the community to which the station is licensed by the FCC or, in anadian stations location (the community to which the station is licensed by the FCC or, in anadian stations location (the community to which the station is licensed by the FCC or, in anadian stations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programm		

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
WA	AVE DIVISION HOLDINGS LLC	31268	Name						
Inst all a (as	tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission identified in space E) during the accounting period. For a further explanation of how to compute this among (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ion service	K Gross Receipts						
IMP	PORTANT: You must complete a statement in space P concerning gross receipts. (Amount of	gross receipts)							
Instru Cor Cor If you fee If you acc	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
bloo	ck 3 below.								
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 elow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on block 4 below.	n line							
Block 1	least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percer system's gross receipts for the accounting period.	nt of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 \$ 1,490,395.48								
	Enter the result here. This is your minimum fee. \$	15,857.81							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must cl "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, bl	heck							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	3,964.45							
	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	3,964.45							
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 **SOUNDED ATER SYCH HOW/TY/CHECHARICS Extracts for from either and 7.	15,857.81	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. 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	16,582.81	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	ne							

ACCOUNTING PERIOD: 2021/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	31268										
	CHANNELS											
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations											
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.											
Gilainioid	Enter the total number of channels on which the cable	7										
	system carried television broadcast stations											
	Enter the total number of activated channels											
	on which the cable system carried television broadcast stations 361											
	and nonbroadcast services											
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual											
Individual to	we can contact about this statement of account.)											
Be Contacted												
for Further Information	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)											
	Final ketia lake@rap not											
	Email katie.lake@rcn.net Fax (optional)											
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)											
0												
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 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)]											
	/s/ Parisa Salehani											
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.											
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.											
	Typed or printed name: Parisa Salehani											
	Title: Senior Vice President, Controller											
	(Title of official position held in corporation or partnership)											
	Date: August 30, 2021											

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name							
WAVE DIVISION HOLDINGS LLC 31268								
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."								
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?								
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Name Mailing Address								
	"							
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q							
Line 1 Enter the amount of late payment or underpayment	Interest Assessment							
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-							
Line 3 Multiply line 2 by the number of days late and enter the sum here	_							
x 0.00274								
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)								
(interest charge)	-							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.								
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.								
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.								
Owner Address								
First community served								
Accounting period								
ID number								

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

DSE SCHEDULE. PAG	1										
1	LEGAL NAME OF OWNER OF CABL	LE SYSTEM:			S'	YSTEM ID#					
•	WAVE DIVISION HOLD	NGS LLC				31268					
	SUM OF DSEs OF CATEGOR										
	Add the DSEs of each statio										
	Enter the sum here and in line	1 of part 5 of the	is schedule.	,,,,,,	0.25						
	Instructions:					J					
2	In the column headed "Call	Sign": list the ca	all signs of all distant statio	ns identified by the	e letter "O" in column 5						
	of space G (page 3).										
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
of DSEs for	mercial educational station, gi	ve the DSE as ".	25." CATEGORY "O" STATION	NO. DOE-							
Category "O" Stations	CALL SIGN	DOE			CALL CICN	Dec					
Stations		DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	0.250									
Add rows ==											
Add rows as											
necessary. Remember to copy											
all formula into new											
rows.											

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 31268								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distal P: For each station, give the correspond with the inform S: For each station, give the correspond with the inform S: For each station, give the column of the	ne number of limation given in the total number mn 2 by the final point. This station, give the fumn 4 by the	hours your cable system space J. Calculate or or of hours that the state gure in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the standy one DSE for of ion broadcast own give the result in the value" for the second reach netwood give the result in the second second result in the second second result in the second result in the second result in the second result in the result in the second result	tion during the accounting the accounting each station. Wer the air during the accounting the ac	ounting period. nis figure must cational station, less than the			
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs				
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	5. TYPE		SE		
			÷		=	x	=			
			<u>÷</u>		=	x	<u> </u>			
			÷			x x	····			
			÷		=	x	=			
			÷		=	X	=			
			÷		=	x x	<u>=</u>			
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of pa		hedule,		0.00				
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv Was carried tions in effether broadcast of space I). Column 2: at your option. Column 3: Column 4:	te the call sign of each state by your system in substituted on October 19, 1976 (as one or more live, nonnetwork of the cach station give the This figure should correst Enter the number of days Divide the figure in colum This is the station's DSE (tution for a programs of programs of live spond with the in the calend n 2 by the figure.	ogram that your systen he letter "P" in column luring that optional carr e, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and gin	was permitted of 7 of space I); an iage (as shown by s carried in substance) a leap year.	to delete under FCC rule d r the word "Yes" in column dititution for programs that	2 of were deleted s than the third	rm).		
		SU	BSTITUTE:	BASIS STATION	S: COMPUTA	ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=		****	:	=		
		÷								
		÷		=			÷	=		
		÷		=			÷	=		
	Add the DSEs	÷ s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa	S STATIONS			0.00	÷)	=		
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedul	e and add them to provide	the total			
Total Number	1. Number o	f DSEs from part 2 ●				•	0.25			
of DSEs		f DSEs from part 3 ●				-	0.00			
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00			
	TOTAL NUMBE	R OF DSEs						0.25		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF O WAVE DIVISIO							S	4875 YSTEM ID# 31268	Namo
nstructions: Bloc	ck A must be com	pleted.							
•	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) of	the	6
schedule. • If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									Computation of 3.75 Fee
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?								0.10100	
Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			-
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	ne 25, 1981. For f he letter M below i	urther explan	ation of permit	stem was permitte tted stations, see t st stream as set fo	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursus *F A station pre	ules and reguled pursuant in on as defined all educations of station (76. or DSE schedant to individuationally carried JHF station was and the station of the station of the station was and the station was all pursuants and the station was all p	alations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	76.59(d)(1), 76.61(19(c), 76.61(d), 76. graph regarding su FCC rules (76.7) ne or substitute ba contour, [76.59(d))	ose in effect of 76.57, 76.59(t) (e)(1), 76.63(a).63(a) referring abstitution of gassis prior to June 2007.	on June 24, 19 b), 76.61(b)(c) a) referring to g to 76.61(d)] grandfathered	, 76.63(a) referring 76.61(e)(1)		
Column 3:		e stations ide determine the	entified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must		worksheet on page	T	
SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
CBUT - CB	D	0.25							
									-
								0.25	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule			<u>.</u>	0.25	
Line 2: Enter the sum of permitted DSEs from block B above 0.25									
				r of DSEs subject t 7 of this schedu		5 rate.	nn-	0.00	
Line 4: Enter gross receipts from space K (page 7)								375	Do any of the
ne 5: Multiply li	ne 4 by 0.0375	and enter sı	um here						partially permited/ partially
ne 6: Entar tata	al number of DS	Es from line	. 3				Х	_	nonpermitte carriage? If yes, see pa
ne o. Enter tota	a number of DS	LS HUITI IIIIE	· U						9 instruction
ne 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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 Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. 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 ls any portion of the cable system within a top 100 major television market as defned 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 X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE **CBUT - CBC** 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,490,395.48	7
Section 2	A. Enter the total DSEs from block B of part 7	0.25	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	25	
	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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DE.	
	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)	SE	
	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 NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	'	WAVE DIVISION HOLDINGS LLC	31268
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		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
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>
	Instru	ctions:	
8		oust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	t
		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock 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.	
of	_	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	w
Base Rate Fee	blank What i	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 "local	
	service	e area," see page (v) of the general instructions.	
		DI COM A CARRIAGE OF BARTIALLY BIOTANT OTATIONS	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
	Біаў	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	<u> </u>		
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	8_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes,"	
		use the total number of DSEs from part 5.)	<u> </u>
	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)	5_
		D. Enter 0.00704 of gross respire	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 10,447.67	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		(and right in section 2) and enter nere	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	3 064 45
		Base Rate Fee	3,964.45

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

. = 2		0)/0==14.15.//	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE	EDIVISION HOLDINGS LLC	31268	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) 		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	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	
IMPOB:	TANT: It is no larger passessory to report television signals on a system wide basis. Carriage of television broad	adaast signala	
shall ins	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	Computation
	from subscribers located within the station's local service area, from your system's total gross receipts. To ta	ke advantage of	of
uns exc	lusion, you must:		Base Rate Fee and
	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr		Cundingted
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
Finally:	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	I.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	A and B below.	Distant Stations, and
	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	t station you	Permitted Stations
carried	to that community.		
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis- ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
_	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your		
_	per groups.	,	
In each	section:		
	y the communities/areas represented by each subscriber group.	to all afths	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant pers in the group.	to all of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav f this schedule; or,	e it in parts 2, 3,	
, , ,	oortion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
Complete page. If DSEs for the page is the page is the page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no tual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNE						S	31268	
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO		
COMMUNITY/ AREA				COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
Total DSEs			0.00	Total DSEs 0.00 Gross Receipts Second Group \$ 0.00				
Gross Receipts First G	oroup	\$ 1,490	7,395.46	Gross Receipts Sec	cona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
COMMUNITY/ ADEA	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0	COMMONITY AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				11				
Base Rate Fee: Add to Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	

LEGAL NAME OF OWNE						S	31268	Name
В		COMPUTATION OF		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ ARE/	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								Base Rate Fee
						-		Syndicated
								Exclusivity Surcharge
						-		for
								Partially
								Distant Stations
						-		
						-		
						•		
Total DSEs			0.00	Total DCFa			0.00	
	`****	£ 1.490		Total DSEs 0.00				
Gross Receipts First G	roup	\$ 1,490	,395.48	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				II				
Base Rate Fee: Add th			criber group	as shown in the boxes	s above.	•	0.00	
Enter here and in bloc	κ ૩, iine 1,	sµace ∟ (page /)				Þ	0.00	

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 20.

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 mus also compute a Syndicated Exclusivity Surcharge. Indicate within autor 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: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this subscriber group. Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of the Partialty Distant Stations Step 1: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of the Partialty Distant Stations Step 4: Compute the surcharge group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE First Group THIRD SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE First Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth froup a shown in the total number of DSEs for this subscriber group as subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group a shown in the subscriber g	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268
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: STRUCTIONS:		BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
A Sease Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations First Subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of the Stations		Syndicated Exclusivity Surcharge. Indicate which major television man	
Syndicated Exclusivity Surcharge for Partially Distant Stations FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs to bidsoching group subject to the surcharge computation. SynDicated Exclusivity Surcharge FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs to this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group subject for the subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown	=	☐ First 50 major television market	Second 50 major television market
Syndicated Exclusivity Surcharge for Parially Distant Stations 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 2, give the total number of DSEs used to compute the surcharge. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE First Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Subscriber group subject to the surcharge computation. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SYNDICATED EXCLUS			urcial VHE Grade B contour stations listed in block A part 0 of
Stations Stations Stations Stations Stations	Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Distant	schedule. In making this computation, use gross receipts fig	·
Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group. Similar the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group. SynDICATED EXCLUSIVITY SURCHARGE First Group. Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group. Similar the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group. SynDICATED EXCLUSIVITY SURCHARGE First Group. Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group			
SURCHARGE First Group\$ THIRD SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs . Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
Line 1: Enter the VHF DSEs		SURCHARGE	
Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
		SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e	each subscriber group as shown