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	\$				
0/30/21	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:							
Accounting	2021/1							
Period								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 36835 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC							
				3683	520211			
				36835	2021/1			
	3700 MONTE VILLA PARKWAY BOTHELL W 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							
System	IDENTIFICATION OF CABLE SYSTEM:	Tric System, ii dii	north from the address giv	CIT III SPAC	<u> </u>			
System	1 WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on paç	ge 1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	WHIDBEY ISLAND	WA						
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#			
Sample	Alda	MD	A		1			
	Alliance	MD MD	B B		3			
	Gering	MID	D		J			

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.				1				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			36835					
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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
WHIDBEY ISLAND	WA			First				
				Community				
				Community				
				Coo instruetions for				
				See instructions for additional information				
				on alphabetization.				
				Add rows as necessary.				
				1				

1			
,		 	

Name

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

36835

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 	2,335	\$ 29.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	12	\$ 29.75				
Converter						
Residential						
Non-residential						
	 	†				

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.

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	VICE RATE CATEGORY OF SERVICE RATE			RATE	CATEGORY OF SERVICE	- 1	RATE	
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	17.00	Motel, hotel			Expanded Content	\$	77.38
 Pay cable—add'l channel 			Commercial			Digital Favorites	\$	13.00
 Fire protection 			• Pay cable			Digital Variety	\$	8.25
Burglar protection			 Pay cable-add'l channel 			Digital sports	\$	12.00
Installation: Residential			Fire protection			Digital Cable Pack	\$	32.75
 First set 	\$	80.00	Burglar protection			НВО	\$	19.00
 Additional set(s) 	\$	30.00	Other services:			HBOMax	\$	14.99
 FM radio (if separate rate) 			• Reconnect	\$	40.00	Showtime/The Movie Cha	\$	19.00
 Converter 			Disconnect			Cinemax	\$	18.50
			Outlet relocation			Starz	\$	17.00
			 Move to new address 			Movieplex	\$	5.00
						HDBonus Pac		\$7.00

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 36835 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 [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 a Primary 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 specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by 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 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1 CALL SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) CBUT - CBC 2 Ν Yes 0 VANCOUVER, BC **KBTC - PBS** 27 Ε No TACOMA, WA See instructions for additional information or KCPQ - FOX 13 Ν No TACOMA, WA alphabetization. 9 Ε No KCTS - PBS SEATTLE, WA KCTSDT2 - PBS H Ε No 9.2 SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA SEATTLE, WA KING - NBC 5 Ν No KINGDT2 - Justic 5.2 Ν No SEATTLE, WA KINGDT3 - Quest Ν 5.3 Nο SEATTLE, WA KIRO - CBS 7 Ν No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KOMO - ABC Ν No 4 SEATTLE, WA KOMODT2 - Come Ν No 4.2 SEATTLE, WA KOMODT3 - Charg Ν 4.3 No SEATTLE, WA KONG - Independe 16 No EVERETT, WA I KSTW - CW Ν 11 No TACOMA, WA KSTWDT2 - Deca 11.2 N No TACOMA, WA KTBW - TBN 20 Ν No SEATTLE, WA KVOS - Heroes & 12.1 Ν No BELLINGHAM, WA KVOSDT4- Decad Ν BELLINGHAM, WA 12.4 Nο KWDK - Daystar N 56 No TACOMA, WA KWPX - ION 33 N No **BELLEVUE, WA** KZJO - JOEtv 22 Ν No SEATTLE, WA KZJODT3 - Anten 22.3 Ν SEATTLE, WA No

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 36835 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

LEGAL NAME OF OWNER OF	CABLE SYS	TFM:				SYSTEM ID#		
WAVE DIVISION HOLD						36835	Name	
SUBSTITUTE CARRIAG	E: SPECI/	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizati	ons. For a further	Substitute	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
During the accounting per				ısis, any nonı	network television p	rogram	Special Statement and	
broadcast by a distant sta	tion?				□Ye	s 🗵 No	Program Log	
Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you	must complete the p	orogram		
log in block 2. 2. LOG OF SUBSTITUTI	E PROGR/	AMS						
In General: List each subsclear. If you need more spa	stitute progra ace, please	am on a separ attach additio	nal pages.					
Column 1: Give the title period, was broadcast by a			vision program (substitute					
under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I	egulations, o ation. Do no Lucy" or "N	or authorizatio ot use general BA Basketball	ns. See page (vi) of the ge categories like "movies",	eneral instruc or "basketbal	tions located in the	paper		
Column 3: Give the call	sign of the	station broado	casting the substitute prog the community to which th	ram.	censed by the FCC	or in		
the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	entified).			
first. Example: for May 7 gi		/ when your sy	stem carried the substitute	e program. U	se numerals, with th	ne month		
Column 6: State the time to the nearest five minutes.			ogram was carried by you					
stated as "6:00-6:30 p.m."	•			·	·			
Column 7: Enter the lett to delete under FCC rules a			n was substituted for prog					
gram was substituted for p	rogramming							
effect on October 19, 1976	-							
s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION		
							•	
								
					<u> </u>			
					<u> </u>			
					_			

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I	D#					
WA	VE DIVISION HOLDINGS LLC	368	Mama					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)								
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 783,241.87 (Amount of gross receipts)						
• Con • Con • If yo fee t	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the artiform block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee					
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 of						
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be clow.	entered on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 783,241.87	-					
	Enter the result here. This is your minimum fee.	\$ 8,333.69						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	-					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	-					
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 8,333.69	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, ente		-					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,058.69	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	and the state of t					

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

				FORIVI SASE, FAGE 6.
Name	LEGAL NAME OF OWNER			SYSTEM ID#
	WAVE DIVISION I	HOLDING	SLLC	36835
	CHANNELS			
M	Instructions: You	must aive	1) the number of channels on which the cable system carried television broadcast station	ns
		_	able system's total number of activated channels, during the accounting period.	
Channels	to its subscribers ar	id (2) the t	able system's total number of activated channels, during the accounting period.	
	1. Enter the total nu	ımber of cl	annels on which the cable	
			adcast stations	26
	•			
	2. Enter the total nu	ımber of a	tivated channels	
	on which the cable	e system o	arried television broadcast stations	240
	and nonbroadcast	services .		340
				_
			TED IS SUBTUSED INSCRIMENTAL INC.	
N	we can contact abo		TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact abo	at this stat	smort of docount.)	
Be Contacted				
for Further	Name Katie I	_ake	Telephone 516-	521-3549
Information			периоте 310-	
	0.50		15 4 0 14 0400	
			pad East, Suite 3100 ute, apartment, or suite number)	
	,		,	
		ton, NJ	08540	
	(City, town	, state, zip)		
	Email	katia I	ake@rcn.net Fax (optional)	
	CIIIaii	Kalic.i	Rke@rcn.net Fax (optional)	
	CERTIFICATION (Th	nis stateme	nt of account must be certifed and signed in accordance with Copyright Office regulations	s.)
0				
Certification	I. the undersigned.	hereby cer	fy that (Check one, but only one, of the boxes.)	
	.,gg,	,	·, · · · · · · · · · · · · · · · · · ·	
	(Owner other tha	an corpora	ion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	`	•		
	/Agent of owner	athar than	comparation or neutropolis) large the duly outborized agent of the course of the color	a an identified
			corporation or partnership) I am the duly authorized agent of the owner of the cable system hat the owner is not a corporation or partnership; or	i as identined
	_			
			officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of	the cable system
	in line 1 of sp	ace B.		
	I have examined the	e statemen	of account and hereby declare under penalty of law that all statements of fact contained here	in
			o the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1	1001(1986)		
		Χ	/s/ Parisa Salehani	
			electronic signature on the line above using an "/s/" signature to certify this statement.	
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the b ien type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibilit	
		Dation, t	ion type is and your marite. I recording the T Button will avoid chapling Excert Collection Compatibility	, sounge.
		Typed o	r printed name: Parisa Salehani	
		Title:	Senior Vice President, Controller	
			(Title of official position held in corporation or partnership)	
		Date:	August 30, 2021	
		Date.	, ragione (0) EVE (

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
WAVE DIVISION HOLDINGS LLC	36835	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusoribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners? X NO	pasic ude sub- 119." n the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interes	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the 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.

-	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
1	WAVE DIVISION HOLDII				0	36835			
			10.			30000			
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station		NS:						
	Enter the sum here and in line		s schedule.		0.00				
		r or part o or an	o conocano.						
2	Instructions:	S							
	of space G (page 3).	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	E as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, giv								
Category "O"	" CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									

	uumi	

Name		OWNER OF CABLE SYSTEM:					S	SYSTEM ID#			
Name	WAVE DIVIS	ION HOLDINGS LLC						36835			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper									
Capacity		C	:ATEGOR\	/ LAC STATIONS:	COMPUTATI	ON OF DSEs					
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE			
			÷		=	<u>x</u>	=				
			÷		=	x x	=				
			÷		=	x	=				
			÷		=	×	=				
			÷		= 	X	=				
			÷		=	x x	=				
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		chedule,		0.00					
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted										
		SU	BSTITUTE	-BASIS STATION	S: COMPUTA	TION OF DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷									
		÷		·····		·					
		÷		=		-		=			
		÷		=		÷		=			
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,										
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total				
Total Number	1. Number of DSEs from part 2 ● ▶ 0.00										
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00				
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00				
	TOTAL NUMBE	R OF DSEs						0.00			

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

	OWNER OF CABLE ON HOLDINGS						S	YSTEM ID# 36835	Name
In block A:	ck A must be com	•	part 6 and part	7 of the DSF sche	edule blank ar	nd complete pa	art 8 (page 16) of	the	6
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.									
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									
Is the cable systements on June 24,	m located wholly o					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
Yes—Com	nplete part 8 of the	schedule—l	DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Com	plete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju edule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre	ules and regued pursuant on as define tal education d station (76. or DSE scheo ant to individ aviously carrio JHF station v	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring obstitution of g asis prior to Ju	n June 24, 198 n), 76.61(b)(c), referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring	,	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			11-		
	line 2 from line 1 leave lines 4–7 b			•		rate.	n -	0.00	
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represen
Line 5: Multiply l	line 4 by 0.0375	and enter s	um here						partially permited/ partially
Line 6: Enter tot	al number of DS	Es from line	÷ 3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply l	line 6 bv line 5 ar		0.00	JJ. 4500113.					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 36835 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 DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	36835	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	783,241.87	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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	-		36835								
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. \$ \\$\\$									
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	w								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?									
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.									
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7)	7								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	00								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	_								
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 5,490.53									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here ▶ \$ -									
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	<u></u> .								

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

LECAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
-		36835	Name
WAVI	E DIVISION HOLDINGS LLC	30033	
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
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	(the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here > \$		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		_
	Space G.	ne chariner inte-	9
In Gen	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
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta	ke advantage of	of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant	t station you	Stations
	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 ne token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist 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	
,	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your		
subscri	ber groups.		
	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
	bers in the group.		
• lf:	evetem is located wholly outside all major and smaller television markets, give each station's DSE as you say	e it in parte 2.2	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,	o π πι μαπο ∠, ο,	
2) any	portion 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,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene	eral instructions	
	paper SA3 form.		
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In 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 ctual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNE						S	36835	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	WHIDB	EY ISLAND		COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partiall
								Distant
								Station
otal DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$ 78	3,241.87	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		-						
		-						
		-						
otal DSEs			0.00	Total DSEs			0.00	
				Gross Receipts Fou	rth Group	•	0.00	
noss neceibis IIIII (νιοαρ	\$	0.00	Jorosa Necelhis Lon	iai Gioup	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
			criber group	II as shown in the boxes	s above.			
nter here and in block	3, line 1,	space L (page 7)				\$	0.00	

LEGAL NAME OF OWNE						S	36835	Name
В		COMPUTATION OF		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	WHIDB	EY ISLAND		COMMUNITY/ AREA	\		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe and
								Syndicated
								Exclusivity Surcharge
						-		for
								Partially
								Distant Stations
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 783	,241.87	Gross Receipts Seco				
•	·				·	\$		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ADEA	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 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			0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	0.00	

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	WAVE DIVISION HOLDINGS LLC 36835								
_	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of	☐ First 50 major television market ☐ Second 50 major television market								
Base Rate Fee	INSTRUCTIONS:								
and	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								
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as								
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.								
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total 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								
Distant	schedule. In making this computation, use gross receipts fig	gures applicable to the particular group. You do not need to show							
Stations	your actual calculations on this form.								
	FIRST SUPSORIDED ORGUN	OFFICEND OFFICENDED OFFICE							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE							
	First Group	Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE							
	Third Group	Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e								
	in the boxes above. Enter here and in block 4, line 2 of space L (page	÷7) §							