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

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

### SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

### coplicsoa@loc.gov

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

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

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

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Numo	WAVE DIVISION HOLDINGS LLC 3828							
	Instructions: List each separate community served by the cable system. A "communi							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	BELLINGHAM	WA						
Community	SPRING CREEK	WA						
Rows as Necessary								
nows as Necessary								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38286

### WAVE DIVISION HOLDINGS LLC

## E

### 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:	491	29.95					
Service to first set							
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	1	29.95					
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel		Expanded Content	77.38
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Digital Favorites	13.00
Fire protection		• Pay cable		Digital Variety	8.25
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Digital Sports	12.00
Installation: Residential		Fire protection		Digital Cable Pack	32.75
• First set	80.00	Burglar protection		НВО	19.00
<ul> <li>Additional set(s)</li> </ul>	30.00	Other services:		HBO Max	14.99
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00	Showtime/The Movie (	19.00
Converter		Disconnect		Cinemax	18.50
		Outlet relocation		Starz	17.00
				Movieplex	5.00
				HD Bonus Pack	7.00

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38286

# WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
CBUT - CBC	2	N	VANCOUVER, BC
CHAN - Global BC	8	N	VANCOUVER, BC
KBTC - PBS	28	E	TACOMA, WA
KCPQ - FOX	13	N	TACOMA, WA
KCTS - PBS	9	E	SEATTLE, WA
KCTSDT2 - PBS	9.2	E	SEATTLE, WA
KCTSDT3 - Create	9.3	E	SEATTLE, WA
KFFV - MeTV	44.1	N	SEATTLE, WA
KFFVDT 2- Movies!	44.2	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - Justice	5.2	N	SEATTLE, WA
KINGDT3 - Quest	5.3	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - getTV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	SEATTLE, WA
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - CometTV	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KONG - Independent	16	I	EVERETT, WA
KSTW - CW	11	N	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KTBW - TBN	20	N	SEATTLE, WA
KVOS - Heroes & Icor	12.1	N	BELLINGHAM, WA
KVOSDT3 - MeTV	12.3	N	BELLINGHAM, WA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 38286 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KVOS DT4- Decades** 12.4 N **BELLINGHAM, WA KWPX - ION** 33 N **BELLEVUE, WA** 

Ν

SEATTLE, WA

22

FORM SA1-2E. PAGE 3.

Accounting Period: 2021/1

KZJO - JOEtv

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **WAVE DIVISION HOLDINGS LLC**

38286

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2021/1							EODI	M SA1-2E. PAGE 5.	
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					PORI	SYSTEM ID#	
Name	WAVE DIVISION HOLD	DINGS LL	С						38286	
	SUBSTITUTE CARRIAG					_				
•	In General: In space I, ident									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a ful explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting pe	riod, did you	ur cable systei	m carry, on a s	ubstitute ba	sis, any nonr	network te	elevision prog		
Program Log	broadcast by a distant sta	tion?						YES	NO	
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If yo	ur answer is	s "Yes," you r	nust com	plete the prog	gram	
	log in block 2.									
	2. LOG OF SUBSTITUTI		-	. t. P 11						
	In General: List each subsclear. If you need more spa					s wnerever po	ossidie, it	their meaning	g is	
	Column 1: Give the title	of every no	nnetwork tele	vision program	ı ("substitute					
	period, was broadcast by a under certain FCC rules, re		,	•			•	•		
	Do not use general categor									
	"NBA Basketball: 76ers vs.		dogat live ont	or "Voo." Othou	auioo ontor "	'No."				
	Column 2: If the program Column 3: Give the call									
	Column 4: Give the broad							the FCC or,	in	
	the case of Mexican or Car Column 5: Give the more							als. with the r	month	
	first. Example: for May 7 gi	ve "5/7."	, ,					,		
	Column 6: State the time to the nearest five minutes								ately	
	stated as "6:00–6:30 p.m."	. схаттріс.	a program car	ned by a syste	111 110111 0.0 1	. 10 p.m. to 0	20.00 p.i	III. SHOULD DO		
	Column 7: Enter the lett									
	to delete under FCC rules was substituted for prograr								ogram	
	effect on October 19, 1976		,	·			J			
						WHE	N SUBS	TITI ITE		
	s	UBSTITUT	E PROGRAM	1				CURRED	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S	LOCATION	AND DAY	FROM	<u>— ТО</u>		
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Accounting Period:	2021/1			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			S	YSTEM ID 3828
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's sec n of how to	condary transm compute this a	ission service amount, see	4,190.50 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 b  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b  See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	ın \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-mon	
	•				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00	•	
	Enter amount of gross receipts from space K	\$	164,190.50		
	3. Subtract line 2 from line 1	\$	99,609.50		
	4. Enter the amount of gross receipts from space K		\$	64,190.50	
	5. Enter the amount from line 3			99,609.50	
	6. Subtract line 5 from line 4			64,581.00	
	7. Multiply line 6 by .005 (enter figure here)				322.91
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	322.91
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E .			
	TIENOTEE/NO TOTAL NEWSTITATION DOLLAR	_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	322.91	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	342.91
	Important: Your remittance must be in the form of an electronic payn	nent payal	ole to the Regis	ter of Copyrig	hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: I HOLDINGS LLC				SYSTEM ID# 38286
M Channels	to its subscribers,  1. Enter the total r	and (2) the cable system's to	the cable	s on which the cable system carried tel er of activated channels during the acc	counting period.	28
	on which the cab	number of activated channels ble system carried television t st services	oroadcast	stations		339
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of account		RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information		Katie Lake	-4 C:4	~ 2400	Telephone	516-521-3549
	"	650 College Road Ear (Number, street, rural route, apartir Princeton NJ 08540 (City, town, state, zip)	st, Suit	e 3100 e number)		
	Email	katie.lake@rcn.	net		Fax (optional)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne, <i>but onl</i>	tified and signed in accordance with C  'y one, of the boxes.)  p) I am the owner of the cable system a		B; or
	in lin  X (Office in lin  I have examined to	ne 1 of space B and that the over or partner) I am an officer (if ne 1 of space B.  the statement of account and I	wner is no f a corpora hereby de	artnership) I am the duly authorized ago t a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all stater te, information, and belief, and are made	ne legal entity identified as over ments of fact contained herei	vner of the cable system
	[18 U.S.C., Section	•	X	/s/ Parisa Salehani	e iii good iaiui.	
				electronic signature on the line above to on the line above to on the line above to one of the description of the line above to be sufficiently signature.		
			Senior	Parisa Salehani  Vice President, Controller		
		Date:			8/30/21	

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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38286

VE DIVISION HOLDINGS LLC	38286
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 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?  NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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 located in the paper SA1-2 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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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