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

Return completed workbook by email to:

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

coplicsoa@loc.gov

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

	ACCOUNTING PERIOD COVERED BY THIS STAT	EMENT:			
Accounting Period	2021/1				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conduct of there were different owners during the accounting period, or a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the there were the statement of account and royalty fee payment covering the covering the covering the covering the system's first filing.	s the business of the cable system Ily the owner on the last day of the e entire accounting period.	n. e accounting period should s		6264
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SY WAVE DIVISION HOLDINGS LLC	/STEM			
				6264	52021
				62645	2021/1
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names already appear in space B. In line 2, give the mailing				
C System					
•	names already appear in space B. In line 2, give the mailin				
•	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 1 WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021	g address of the system, if diffe	erent from the address giv	ven in spac	e B.
System D Area	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page with all communities.	g address of the system, if diffe	erent from the address giv	ven in spac	e B.
System D	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page	g address of the system, if diffe	erent from the address giv	ven in spac	e B.
System D Area Served	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page with all communities. CITY OR TOWN	g address of the system, if diffe 1b. Identify only the frst comn STATE CA	erent from the address giv	ven in spac	e B.
System D Area Served First	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page with all communities. CITY OR TOWN CONCORD	g address of the system, if diffe 1b. Identify only the frst comn STATE CA	erent from the address giv	relist on pag	e B.
System D Area Served First	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page with all communities. CITY OR TOWN CONCORD Below is a sample for reporting communities if you report CITY OR TOWN (SAMPLE)	g address of the system, if different of the system, if di	erent from the address given and response of the served below and	relist on pag	ge 1b GRP# 1
System D Area Served First Community	names already appear in space B. In line 2, give the mailin 1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or sulte number) BOTHELL WA 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page with all communities. CITY OR TOWN CONCORD Below is a sample for reporting communities if you report CITY OR TOWN (SAMPLE)	g address of the system, if diffe 1b. Identify only the frst comm STATE CA multiple channel line-ups in S STATE	erent from the address given t	relist on pag	ge 1b

E

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC			62645	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identifcation hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. If	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-commu channel 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#]
CONCORD	СА	Α		First
WALNUT CREEK	СА	Α		Community
CONTRA COSTA COUNTY	СА	Α		
PLEASANT HILL	СА	Α		
MARTINEZ	СА	Α		
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
	•			
		L		I

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM II		
Name	WAVE DIVISION HOLDI	NGS LLC							6264		
-	SECONDARY TRANSMISSION	SERVICE: S	UBSCR	RIBERS AND R	ATES						
E	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									
Secondary	about other services (including p	• •	•		•		those exis	ting on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						able syster	n broken			
scribers and	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										
Rates	each category by counting the n	umber of billin	gs in th	at category (the	e number	of persons or or	ganization				
	separately for the particular serv										
	Rate: Give the standard rate of unit in which it is generally billed										
	category, but do not include disc						ns wiu iiri a	particular rate			
	Block 1: In the left-hand block					condary transmi	ission serv	ice that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca										
	first set" and would be counted of						nuel Selv				
	Block 2: If your cable system						e different	from those			
	printed in block 1 (for example, t										
	with the number of subscribers a	and rates, in th	ne right-	hand block. A t	wo- or thr	ee-word descrip	tion of the	service is			
	sufficient.	DCK 1			1		BLOC	K 0			
		NO. OF	-				BLUC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		8,603	\$ 29.95							
	Service to additional set(s)										
	• FM radio (if separate rate)		208	¢ 107							
	Motel, hotel Commercial		808	\$							
	Converter		000	φ 13.55							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATE	S						
F	In General: Space F calls for ra	•	'		•						
I	not covered in space E, that is, t										
Services	service for a single fee. There as furnished at cost or (2) services				0		0 (/			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the					-		-			
ransmissions:	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										
Rates	-	senarate char	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.								
	listed in block 1 and for which a		-		ished. Lis	t these other se					
	listed in block 1 and for which a	ption and inclu	de the i		ished. Lis	t these other se					
	listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclu BLO	de the i CK 1	rate for each.				BLOCK 2	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclu	de the i CK 1 CATE		VICE	t these other se			RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclu BLO RATE	de the i CK 1 CATE(Install	rate for each. GORY OF SER ation: Non-res	VICE			BLOCK 2	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclu BLO	de the r CK 1 CATEC Install • Mo	GORY OF SER	VICE			BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclu BLO RATE	de the i CK 1 CATEC Install • Mo • Co	rate for each. GORY OF SER ation: Non-res	VICE		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	ption and inclu BLO RATE	de the r CK 1 CATEC Install • Mo • Co • Pa	rate for each. GORY OF SER ation: Non-res otel, hotel mmercial	VICE idential		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	ption and inclu BLO RATE	de the i CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	VICE idential		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	ption and inclu BLO RATE \$ 17.00 \$ 60.00	de the i CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	VICE idential		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclu BLO RATE \$ 17.00	de the i CK 1 CATE(Install • Mo • Co • Pa • Pa • Fird • Bu Other	atte for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclu BLO RATE \$ 17.00 \$ 60.00	de the i CK 1 CATEC Install • Mo • Co • Pa • Pa • Firi • Bu Other • Re	atte for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential		CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclu BLO RATE \$ 17.00 \$ 60.00	de the i CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re • Dis	atte for each. GORY OF SER ation: Non-reso ation: Non-reso attel, hotel mmercial y cable y cable-add'l che e protection rglar protection services: connect sconnect	VICE idential	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclu BLO RATE \$ 17.00 \$ 60.00	de the i CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Bu • Cother • Re • Dis • Ou	atte for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE		

WAVE DIVISION HOLDINGS LLC - CONCORD, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Ref	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
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
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
CCTV4	International Premium	\$	12.00
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV Asia	International Premium	\$	14.95
TV Japan	International Premium	\$	29.95
Zee TV	International Premium	\$	12.00
Zhong Tian	International Premium	\$	12.00
Zhong Tian/ CCTV4	International Premium	\$	19.00

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNE		OTELL			SYSTEM ID	#	
WAVE DIVISION					6264	Name	
PRIMARY TRANSMITTE		-				-	
 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), 76.81(e)(2) and (4), 07 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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter 'N" (
Column 6: Give the	location of ea	ch station. Fo ns, if any, giv nnel line-ups,	or U.S. stations, the name of the use a separate	list the community ne community with space G for each	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed channel line-up.		
		CHANN	EL LINE-UP	AA			
						-	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
SIGN	CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION SAN FRANCISCO, CA	-	
SIGN KAXT - Decades	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE			
SIGN KAXT - Decades KBCW - CW	CHANNEL NUMBER 22	OF STATION	(Yes or No)	CARRIAGE	SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ	CHANNEL NUMBER 22 44	OF STATION I N	(Yes or No)	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA		
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC	CHANNEL NUMBER 22 44 38	OF STATION I N I	(Yes or No) No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca	CHANNEL NUMBER 22 44 38 3	OF STATION I N I N	(Yes or No) No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision	CHANNEL NUMBER 22 44 38 3 14	OF STATION I N N N	(Yes or No) No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3	OF STATION I N N N N N	(Yes or No) No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Grit	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4	OF STATION I N N N N N N	(Yes or No) No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5	OF STATION I N N N N N N N N	(Yes or No) No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGO TV- ABC	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7	OF STATION I N N N N N N N N N	(Yes or No) No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3	OF STATION I N N N N N N N N N N N	(Yes or No) No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGO TV- ABC KGODT3 - Laff KICU - KTVU Plus	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36	OF STATION I N N N N N N N N N	(Yes or No) No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGO TV- ABC KGO TV- ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KEMS	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2	OF STATION I N N N N N N N N N N N N I I	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KEMS KICUDT3 - CCTV	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3	OF STATION I N N N N N N N N N N I I I	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KENS KICUDT3 - CCTV KKPX - ION	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65	OF STATION I N N N N N N N N N N I I I I N	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGOTV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT3 - CCTV KKPX - ION KMTP - Independ	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32	OF STATION I N N N N N N N N N N I I I I I N	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA	additional information	
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SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT3 - CCTV KKPX - ION KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32 11 11.2 20	OF STATION I N N N N N N N N N N I I I N I I N N I I I N	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN JOSE, CA	additional information	
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SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGODT3 - Laff KICU - KTVU Plus KICUDT3 - Laff KICU - KTVU Plus KICUDT3 - COTV KKPX - ION KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ KPIX - CBS KPIXDT2 - Start T KPJK - Independ	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32 11 11.2 20 5 5 5.2 27	OF STATION I N N N N N N N N N I I N N I N N I N N I I N N I I N	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN STANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	additional information	
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SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KUU KICUDT2 - KUU KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ KNTV - CBS KPIXDT2 - Start T KPJK - Independ KQED - PBS KQEDDT2 - KQEH	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7 7.3 36 36.2 36.3 65 32 11 11.2 20 5 5.2 27 9 9 9.2	OF STATION I N N N N N N N N I I I N N I I N I N	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN SE, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KEMS KICUDT2 - KEMS KICUDT3 - CCTV KKPX - ION KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ KPIX - CBS KPIXDT2 - Start T KPJK - Independ KQED - PBS KQEDDT2 - KQEH KQEHDT3 - Work	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32 11 11.2 20 5 5.2 27 9 9.2 54.3	OF STATION I N N N N N N N N I I I I N N I I N I I N I I N I I E E E	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT2 - Bound KFSFDT5 - Justic KGODT3 - Laff KICU - KTVU Plus KICUDT3 - CCTV KKPX - ION KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ KNTV - CBS KPIX - CBS KPIXDT2 - Start T KPJK - Independ KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32 11 11.2 20 5 5 5.2 27 9 9.2 54.3 54.4	OF STATION I N N N N N N N N I I I N N I I N I I N I I E E E E	(Yes or No) No No <tr< td=""><td>CARRIAGE</td><td>SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN SE, CA SAN FRANCISCO, CA</td><td>additional information</td></tr<>	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN SE, CA SAN FRANCISCO, CA	additional information	
SIGN KAXT - Decades KBCW - CW KCNS - Independ KCRA - NBC KDTV - Univision KEMO - Azteca KFSF - UniMas KFSFDT2 - Bound KFSFDT4 - Grit KFSFDT5 - Justic KGO TV - ABC KGODT3 - Laff KICU - KTVU Plus KICUDT2 - KEMS KICUDT2 - KEMS KICUDT3 - CCTV KKPX - ION KMTP - Independ KNTV - NBC KNTVDT2 - Cozi KOFY - Independ KPIX - CBS KPIXDT2 - Start T KPJK - Independ KQED - PBS KQEDDT2 - KQEH KQEHDT3 - Work	CHANNEL NUMBER 22 44 38 3 14 50.1 66 66.3 66.4 66.5 7 7.3 36 36.2 36.3 65 32 11 11.2 20 5 5.2 27 9 9.2 54.3	OF STATION I N N N N N N N N I I I I N N I I N I I N I I N I I E E E	(Yes or No) No No No No No No No No No No No No No	CARRIAGE	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SACRAMENTO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA FREMONT, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA VALLEJO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN FRANCISCO, CA	additional information	

FORM SA3E. PAGE 3.					AVATEN :5 "			
					SYSTEM ID# 62645	Name		
PRIMARY TRANSMITTE	RS: TELEVISI	NC						
 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 [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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locatec 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 								
cast stream as "WETA WETA-simulcast). Column 2: Give the	-2". Simulcast e channel num	streams mus ber the FCC I	t be reported in has assigned to	column 1 (list each the television sta	ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir s may be different from the channe			
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E ["] (for n se terms, see ation is outside ce area, see p ave entered "Y he distant statii ion of a distan entered into c a primary trans simulcasts, als ree categories e location of ea Canadian statio	oncommercia page (v) of the the local ser age (v) of the es" in column on during the me basis bec t multicast str n or before Ju mitter or an a o enter "E". If a, see page (v ach station. Fo ons, if any, giv	al educational), al egeneral instru- vice area, (i.e. " general instruc- of 4, you must co accounting peri ause of lack of a eam that is not une 30, 2009, b association repre- you carried the of the general or U.S. stations, ve the name of t	or "E-M" (for non- indistant"), enter "Y tions located in the indistant"), enter "Y tions located in the indicate by e activated channe subject to a royal etween a cable s essenting the prime channel on any of instructions local list the community with	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec			
		•	EL LINE-UP					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KRONDT3 - get T	4.3	Ν	No		SAN FRANCISCO, CA			
KRONDT4 - Court	4.4	N	No		SAN FRANCISCO, CA			
KSTS - Telemund	48	N	No		SAN JOSE, CA			
KSTSDT2 - TeleXi	48.2	N	No		SAN JOSE, CA			
KTLN - Heroes &	68	N	No		PALO ALTO, CA			
KTLNDT2 - MeTV	68.2	N	No		PALO ALTO, CA			
KTNC - SBN	42	N	No		CONCORD, CA			
KTSF - Independe		I	No		SAN FRANCISCO, CA			
KTVU - FOX	2	· N	No		OAKLAND, CA			
KTVUDT2 - LATV	2.2	N	No		OAKLAND, CA			
KTVUDT3 - Movie		N	No		OAKLAND, CA			

Name	LEGAL NAME OF O							SYSTEM ID# 62645
H Primary Transmitters: Radio	all-band basis of Special Instruct receivable if (1) on the basis of For detailed infe located in the p Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	t every radio s whose signals ctions Concer) it is carried by monitoring, to ormation about aper SA3 form dentify the call State whether the f the radio stat this by placing Give the station	tation ca were "ge rning AI y the sys be receint t the the sign of e the static ion's sig g a check n's locati	arried on a separate and discr enerally receivable" by your ca arried on a separate and discr enerally receivable" by your ca arriage: Under (stem whenever it is received a ived at the headend, with the excopyright Office regulations of each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. for (the community to which the the community with which the	able system durin Copyright Office it t the system's he system's FM ante on this point, see sed by the cable s ne station is licen	ng the account regulations, ar eadend, and (2 enna, during c page (vi) of th system as a se sed by the FC	ting peri n FM sig 2) it can ertain si he gene eparate	od. Inal is generally be expected, tated intervals. ral instructions and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			·					
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			·					
							·	
		·						
							·	

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2021/1
LEGAL NAME OF OWNER OF						S	YSTEM ID# 62645	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the ar explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or a	uthorizations.	For a further	Substitute
1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					Carriage: Special
 During the accounting per broadcast by a distant star 		ur cable syste	m carry, on a substitute ba	sis, any noni	network tele	evision progra		Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	lete the progr	am	
2. LOG OF SUBSTITUTI In General: List each subsidiar. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the bro the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	titute progr ace, please of every no distant sta egulations, i ation. Do no Lucy" or "N m was broa sign of the adcast stati nadian stati nath and day ve "5/7." we when th . Example: ter "R" if the and regulat rogramming	am on a separ attach additio connetwork tele tion and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location (ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", o : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for prog during the accounting period	program) that ted for the pro- eneral instruct or "basketbal "No." ram. e station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	at, during th ogramming tions locate II". List spe censed by f lentified). Ise numeral m. List the 5:28:30 p.m t your syste letter "P" if f	he accounting of another si ed in the pape cific program the FCC or, in ls, with the m times accura times accura should be em was require the listed pro	g tation er n onth tely red	
S	UBSTITUT		1		EN SUBSTI		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES	FOR DELETION	
						_		
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FORM	SA3E. PAGE 7.		1
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Namo
WA	VE DIVISION HOLDINGS LLC	62645	Name
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts
 Instru Con Con If you fee If you account 	ARIGHT 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 ar from 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 pa pompanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	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	
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 3,100,138.82	
	Enter the result here. This is your minimum fee.	\$ 32,985.48	
Block 2	 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 colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete the DSE schedule. 	nn 4, you must check od?	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	
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	\$-	
	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee		-
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$ 32,985.48	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.		appropriate form for
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 33,710.48	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	

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Individual to Be Contacted information Name Katle Lake Telephone 516-521-3549 Name Katle Lake Telephone 516-521-3549 Address 550 College Road East, Suife 3100 Durbles: ethed, uniterious, gestment, or suite number) Princeton, NJ, 08540 Princeton, NJ, 08540 Coll Email katle.lake@ren.net Final katle.lake@ren.net Fax (optional) Contraction - Certification - Certification - I the undensigned, hereby certify that (Check one, <i>but only one</i> , of the bases.) - Optioner other than corporation or partnership) I am the durby authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) I am the durby authorized agent of the cable system as identified in line 1 of space B. - Optioner other than corporation or partnership) I am the durby authorized agent of the cable system as identified in line 1 of space B. - Optioner of the cable system as identified in line 1 of space B, or - Optioner of the other than corporation or partnership) I am the durby authorized agent of the cable system as identified in line 1 of space B. - Optioner of the cable system as identified - I have examined the statement of account and hereby declare under penalty of the vida all statement. In Biol 1 of space B. - Certification - I have examined the statement of account and hereby declare under penalty of	Ν		individual
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[Number: test], "turn roots, packtimet, or sube number" Princeton, NJ 08340 [City, test], state, digit Email katile.lake@rcn.net Fax (optional) Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned of the corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 1, fore or partner • 1 of space B and that the owner is not a corporation or partnership) or • 1 of space B and that the owner is not a corporation or partnership) or • 1 of space B and that the owner is not a corporation or partnership) or • 1 of space B and that the owner is not a corporation or partnership) or • 1 of space B and that the owner is not a corporation or partnership) or • 1 of space B and that the owner is not a corporation, and belief, and are made in good faith. (10 USC., Section 100 (1986)) • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two. complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (10 USC., Section 100 (1986)) Exter net elec		Adduce 650 College Boad East Suite 2100	
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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 the			
		Date: August 30, 2021	

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 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 t 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		SYSTEM ID#	Name
WAVE DIVISION	HOLDINGS LLC	62645	
The Satellite Home lowing sentence: "In determir service of p	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS a Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the ning the total number of subscribers and the gross amounts paid to the cable system for the bar roviding secondary transmissions of primary broadcast transmitters, the system shall not inclu d amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic de sub-	P Special Statement
For more information paper SA3 form.	on on when to exclude these amounts, see the note on page (vii) of the general instructions in	the	Concerning Gross Receipts Exclusion
made by satellite c	ing period did the cable system exclude any amounts of gross receipts for secondary transmis arriers to satellite dish owners?	ssions	
X NO	e total here and list the satellite carrier(s) below		
Name	Name Mailing Address		
Mailing Address	Mailing Address		
	SESSMENTS this worksheet for those royalty payments submitted as a result of a late payment or underpa of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	yment.	Q
Line 1 Enter the a	mount of late payment or underpayment		Interest Assessment
Line 2 Multiply lin	e 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply lin	x e 2 by the number of days late and enter the sum here	days 0274	
	e 3 by 0.00274** enter here and on line 3, block 4, bace L, (page 7)	-	
contact the Li	(interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance icensing Division at (202) 707-8150 or licensing@loc.gov.		
NOTE: If you are fi	ecimal equivalent of 1/365, which is the interest assessment for one day late. ling this worksheet covering a statement of account already submitted to the Copyright Offce, le owner, address, first community served, accounting period, and ID number as given in the o	original	
Owner Address			
First community se Accounting period	rved		
ID number			
Privacy Act Notice: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informati	on (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 suffciency of the fling, a determination that would be made by a court of law.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
1	WAVE DIVISION HOLDINGS LLC 62645								
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	 Add the DSEs of each station Enter the sum here and in line 	0.00							
		i oi part o oi tii	is solicule.		0.00				
2	nstructions: n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
	of space G (page 3).								
Computation of DSEs for	In the column headed "DSE"			as "1.0"; for	each network or noncom-				
Category "O"	mercial educational station, giv		Z5. CATEGORY "O" STATION	IS: DSFs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
				L					

	k aan ahaan ah	

							DSE SCHEDI	ULE. PAGE 12.
Name		OWNER OF CABLE SYSTEM:	:				S	62645 62645
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 9 give the type- Column 9	st the call sign of all dista 2: For each station, give to correspond with the inform 3: For each station, give to 4: Divide the figure in colu- total tal least to the third deci 5: For each independent value as ".25." 5: Multiply the figure in colu-	he number of ho mation given in he total number umn 2 by the figu mal point. This is station, give the plumn 4 by the fig	surs your cable syste space J. Calculate of of hours that the stat ure in column 3, and the "basis of carriag "type-value" as "1.0." gure in column 5, and	m carried the sta hly one DSE for e ion broadcast ov give the result in re value" for the s ' For each networ d give the result in	tion during the accountine each station. er the air during the acco decimals in column 4. Th	unting period. iis figure must cational station, less than the	
Capacity			CATEGORY I	AC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. Basis of Carriag Value		E	ŝE
			÷		=	x	=	
			<u>.</u>		=	x	=	
			<u>.</u>		=	×		
			÷ •			x x	<u>-</u>	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
4 Computation of DSEs for Substitute- Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space 1). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun	ation listed in sp litution for a prog (as shown by the ork programs due number of live, spond with the ir s in the calendar on 2 by the figure	ace I (page 5, the Lo ram that your systen e letter "P" in column ing that optional carr nonnetwork program nformation in space I year: 365, except in e in column 3, and gi	g of Substitute P n was permitted t 7 of space I); and iage (as shown by s carried in subs a leap year. ve the result in co	o delete under FCC rules	s and regular- 2 of were deleted s than the third	rm).
		SL	JBSTITUTE-E	BASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
								=
			•	_				_
							-	
			+	=		4	•	=
		•	•	=		-	-	=
	Add the DSEs	S OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		edule,		0.00		
5		ER OF DSEs: Give the am s applicable to your system		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				►	0.00	
of DSEs	2. Number o	of DSEs from part 3 ●				•	0.00	
	3. Number o	of DSEs from part 4 ●				►	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

L

SE SCHEDULE. P	AGE 13.							ACCOUNTIN	G PERIOD: 202
	WNER OF CABLE						S	YSTEM ID# 62645	Name
		220						02045	
n block A:	ck A must be com		nart 6 and nart	7 of the DSE sche	edule blank ar	nd complete p	art 8 (nage 16) of	the	6
chedule.	"No," complete blo						arto, (pago 10) or		Ŭ
	,			ELEVISION M	ARKETS				Computation
s the cable syster ffect on June 24,		outside of all	major and sma	aller markets as de	fined under se	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
Yes—Com	plete part 8 of the	schedule-	DO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju edule. (Note: Tl	i part 2, 3, and 4 o ne 25, 1981. For fi he letter M below r Act of 2010.)	urther explana	ation of permit	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regu	ulations cited b	asis on which you o elow pertain to tho arket quota rules [7	ose in effect or	n June 24, 198	,	ı to	
	C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	al education d station (76. or DSE scheo ant to individ viously carri JHF station v	al station [76.5 65) (see parag dule). lual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d))	63(a) referring bstitution of g	g to 76.61(d)] randfathered s ne 25, 1981	stations in the	(5)]	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	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	
	1				<u> </u>			0.00	
		E	BLOCK C: CC		F 3.75 FEE				
ne 1: Enter the	total number of							-	
	sum of permitte								
	·						10		
				r of DSEs subject t 7 of this schedu		rate.	<u></u>	0.00	
ne 4: Enter gro	oss receipts from	space K (p	oage 7)				x 0.03	375	Do any of t DSEs repres
ne 5 [.] Multiply li	ine 4 by 0.0375	and enter s	um here				X U.U.	510	partially permited/
							x		partially nonpermitt carriage?
ne 6: Enter tota	al number of DS	Es from line	e 3						If yes, see p 9 instruction
ne 7: Multiply li	ine 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, spac	e L (page 7)			0.00	
	-								

						DSE SCHEDULE. PAGE 14.	
Name		IER OF CABLE SYSTE N HOLDINGS LL				SYSTEM ID#	
	WAVE DIVISIO					62645	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 g 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. or Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) 						
		PERMITTED DSI	E FOR STATIONS CARRI	ED ON A PART-TIME AN	ND SUBSTITUTE BASIS		
l	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED	
1	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE	
7	Instructions: Block A	A must be completed.	•		•	·	
1	In block A:						
Computation of the		"Yes," complete bloc	ks B and C, below. and C blank and complete	nart 8 of the DSE sched			
Syndicated		NO, IEAVE DIOCKS D	•	TELEVISION MARK			
Exclusivity			BLOOK A. MAJOK				
Surcharge	• Is any portion of the o	cable system within a t	op 100 major television mar	ket as defned by section 7	6.5 of FCC rules in effect	June 24, 1981?	
	X Yes—Complete	e blocks B and C .		No—Proceed to	o part 8		
	BLOCK B: C	arriage 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	d in block B of part 7 carri	ied in any commu-	
	commercial VHF stati		e B contour, in whole		ble system prior to March	31, 1972? (refer	
	or in part, over the ca Yes—List each s	2	propriate permitted DSE	to former FCC rule 76	tation below with its approp	iate permitted DSF	
		and proceed to part 8.			and proceed to part 8.		
				.			
	CALL SIGN	DSE CA	ALL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE	
		то	TAL DSEs 0.00		TOTAL I	DSEs 0.00	
		L					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,100,138.82	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. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	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		

ACCOUNTING PERIOD: 2021/1

DSE	E SCHEDULI	E. PAGE	16

Name			JLE. PAGE 16. YSTEM ID# 62645
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). S C. Multiply line B by 3.000 and enter here. C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). S C. Multiply line B by 3.000 and enter here. S C. Multiply line B by 3.000 and enter here. F. Multiply line D by line E and enter here. F. Multiply line D by line E and enter here. S C. 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. S C. Multiply Surcharge. S	
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i were lo	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 t. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour 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. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1 Section 2	Enter the amount of gross receipts from space K (page 7)	
	Section 3	use the total number of DSEs from part 5.)	_

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
WAVE DIVISION HOLDINGS LLC 62	2645 Name
Section 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 (the amount in section 1)►\$	8
 B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 	Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here	
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 ▶ \$ 0.0	0
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel I ups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantag this exclusion, you must:	lude ge of of Base Rate Fee
 First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sa station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the num DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each g Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, y must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo However, if your cable system is wholly located outside all major television markets, complete block A only. How to Identify a Subscriber Group for Partially Distant Stations 	nber of roup. ou w. Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ar the same token, the station is distant to the subscriber.)	ıd, by
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cat system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	le
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section:	
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. 	
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2 	23
 and 4 of this schedule; or, any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. 	2, 3,
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction in the paper SA3 form.	ons
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedii page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to she your actual calculations on the form.	e total

LEGAL NAME OF OWNE						S	62645	Name
E	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP				9	
COMMUNITY/ AREA CONCORD, WALNUT CREEK, CO			COMMUNITY/ AREA 0				J Computati	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate I
								and
								Syndicate Exclusivit
								Surcharg
								for
								Partially
		-						Distant
								Stations
		-						
		-						
lotal DSEs			0.00	Total DSEs 0.00 Gross Receipts Second Group \$				
Gross Receipts First G	iroup	\$ 3,100	,138.82				0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$	0.00	00 Gross Receipts Fourth Group		\$ 0.00		
]	
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fou	urth Group	\$	0.00		
		to food for anythe set	ribor	n abour in the he	o obs			
Dase Rale Fee: Add I		te fees for each subsc space L (page 7)	inner group		s above.	e	0.00	

DSE of Base Rat and Syndica Exclusi Surcha for Partia Dista	ER GROUP	BER GROUP SUBSCRIBER GR		TE FEES FOR EACH	JP	SUBSCRIBER GROU		BI
DSE Of Base Rate and Syndica Exclusi Surcha for Partial Dista				COMMUNITY/ AREA			FIRST	
DSE Of Base Rate and Syndica Exclusi Surcha for Partial Dista	SN I	CALL SIGN	DSE	COMMUNITY/ AREA	PEEK C	FIRST SUBSCRIBER GROUP		
DSE of Base Rate and Syndica Exclusi Surcha for Partial Dista	SN I	CALL SIGN	DSE	11	OMMUNITY/ AREA CONCORD, WALNUT CREEK, C			
Base Rate and Syndica Exclusiv Surchai for Partial Distar			DOL	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndica Exclusiv Surchai for Partial Distar		-		CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN
Surchar for Partial Distar								
Exclusiv Surchar for Partial Distan Station								
for Partiall Distan								
Partial Distan		-				-		
Distan		-				-		
Station		-				-		
		_				_		
						_		
						-		
0.00	C		•	Total DSEs	0.00			otal DSEs
0.00	Gross Receipts Second Group \$ 0.00			138.82	\$ 3,100	roup	ross Receipts First G	
0.00	(\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First G
	ER GROUP	SUBSCRIBER GR	FOURTH		JP	SUBSCRIBER GROU	THIRD	
0				COMMUNITY/ AREA	0			OMMUNITY/ AREA
DSE	GN I	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
		-				-		
		-						
						_		
						-		
0.00			1	Total DSEs	0.00		1	otal DSEs
0.00	(\$	Group	Gross Receipts Fourth	0.00	\$	iroup	coss Receipts Third G
0.00	(\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	ase Rate Fee Third G

ACCOUNTING PERIOD: 2021/1

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	WAVE DIVISION HOLDINGS LLC						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER						
9 Computation of Base Rate Fee	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: First 50 major television market INSTRUCTIONS:						
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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	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 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 computation					
	SURCHARGE First Group	SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	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	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 Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page						