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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/28/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2021/2							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	WAVE DIVISION HOLDINGS LLC							
				1074	420212			
				10744	2021/2			
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diffe	erent from the address giver	n in space	В. 			
System	1 WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)							
	BOTHELL WA 98021 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on nage	1h			
Area	with all communities.	o,	,	or on page				
Served	CITY OR TOWN	STATE						
First	SILVERTON	OR						
Community	Below is a sample for reporting communities if you report multiple cha			Г				
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB	3 GRP#			
Sample	Alliance	MD	A B		2			
	Gering	MD	В		3			

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.

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 10744 WAVE DIVISION HOLDINGS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **SILVERTON OR First WOODBURN** OR Α Community **PORTLAND OR** Α **SUBLIMITY OR** Α **SALEM OR** В **MOLALLA** OR Α See instructions for **SHERIDAN** C **OR** additional information on alphabetization. CANBY **OR** Α Add rows as necessary.

······································

Name

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

SYSTEM ID# 10744

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
 Service to first set 	7,573	\$	31.95		
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	652	\$	2.80		
Commercial	560	\$	28.90		
Converter					
Residential					
Non-residential					
		ļ			

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	I	RATE		CATEGORY OF SERVICE RA	ATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel					
 Pay cable—add'l channel 			Commercial				Refer to tab "Pg 2- Section	
Fire protection	[Pay cable					
•Burglar protection	[Pay cable-add'l channel					
Installation: Residential			Fire protection			ĺ		
First set	\$	79.95	Burglar protection					
 Additional set(s) 	\$	30.00	Other services:					
• FM radio (if separate rate)			Reconnect	\$	40.00			
Converter			Disconnect			Ī		
	[Outlet relocation					
			Move to new address					
						İ		

WAVE DIVISION HOLDINGS LLC - SILVERTON, OR

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Expanded Content	Expanded Content	\$	79.75
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
Channel One - Russian	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

FORM SA3E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name 10744 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 5. BASIS OF 1. CALL 3. TYPE 4 DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KATU - ABC 2 Ν No PORTLAND, OR KATUDT2 - MeTV 2.2 Ν No PORTLAND, OR See instructions for additional information KATUDT3 - CometTV 2.3 Ν No PORTLAND, OR on alphabetization. KATUDT4 - Stadium 2.4 Ν No PORTLAND, OR PORTLAND, OR KGW - NBC 8 Ν No KGWDT2 - Justice Network 8.2 Ν Nο PORTLAND, OR KGWDT3 - Estrella TV 8.3 Ν No PORTLAND, OR KGWDT4 - Quest 8.4 Ν No PORTLAND, OR KNMT - TBN 24 Ν Nο PORTLAND, OR KOIN - CBS 6 N No PORTLAND, OR PORTLAND, OR KOINDT2 - getTV 6.2 Ν No KOINDT3 - SportsGrid 6.3 Ν Nο PORTLAND, OR 10 Ε KOPB - PBS No PORTLAND, OR KPDX - MyNetworkTV 49 Ν No VANCOUVER, WA **KPDXDT2 - Court TV Mystery** Ν 49.2 No VANCOUVER, WA KPDXDT3 - Bounce TV 49.3 Ν No VANCOUVER, WA KPDXDT4 - Grit 49.4 Ν Νo VANCOUVER, WA KPTV - FOX Ν No PORTLAND, OR 12 KPTVDT2 - Cozi TV 12.2 Ν No PORTLAND, OR KPTVDT3 - Laff 12.3 Ν No PORTLAND, OR KPTVDT4 – Dabl 12.4 Ν No PORTLAND, OR KPWC - Azteca 37.1 Ν No SALEM, OR **KPXG - ION** 22 N SALEM, OR No KRCW - CW 32 Ν No SALEM, OR KRCWDT2 - Antenna TV 32.2 Ν No SALEM, OR KRCWDT3 - This TV 32.3 Ν No SALEM, OR **KWVT - Youtoo America** 17.1 N No SALEM, OR

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10744 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER O						3YSTEM ID# 10744	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i			_
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT					'		Carriage:
During the accounting per	_			s. anv nonne	twork television progran	n	Special Statement and
broadcast by a distant stat			,, , ,	-, ,		XNo	Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
log in block 2.			•				
2. LOG OF SUBSTITUTE			As the salter of the sale than a		and the first of the state of t		
In General: List each subst clear. If you need more spa				wnerever pos	ssible, if their meaning is	5	
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p				
period, was broadcast by a							
under certain FCC rules, re SA3 form for futher informa							
titles, for example, "I Love L	ucy" or "NE	BA Basketball:	76ers vs. Bulls."				
			r "Yes." Otherwise enter "N asting the substitute progra				
Column 4: Give the broa	dcast statio	on's location (th	ne community to which the	station is lice			
the case of Mexican or Can						41.	
first. Example: for May 7 give		wnen your sys	tem carried the substitute p	orogram. Use	numerals, with the mor	ntn	
Column 6: State the time	es when the	substitute pro	gram was carried by your o	able system	. List the times accurate	ly	
to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be		
stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	d	
to delete under FCC rules a	and regulati	ons in effect du	uring the accounting period	l; enter the le	tter "P" if the listed pro		
gram was substituted for pr		that your syste	em was permitted to delete	under FCC	rules and regulations in		
effect on October 19, 1976.							
					EN SUBSTITUTE	7. REASON	
S		E PROGRAM			IAGE OCCURRED	FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
	100 01 140	OF ILL OF OTT	i. Cirtioit C LOCATION	7 II I B B T II	1110111		
					_		
					_		
					_		
	L	L					

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC	10744	Name				
Inst all a (as i page	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to core (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.	dary transmission service npute this amount, see \$ 3,063,053.31	K Gross Receipts				
IIVIF	OKTANT. Tou must complete a statement in space F concerning gross receipts.	(Amount of gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ϵ k 3 below.	entered on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be entlow.	tered on line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.	s 1.064 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 3,063,053.31					
	Enter the result here. This is your minimum fee.	\$ 32,590.89					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	4, you must check					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$ -					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 32,590.89	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 33,315.89	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee page (i) of the	auditiOilai 1865.				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	WAVE DIVISION HOLDINGS LLC	10744					
	CHANNELS						
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations						
<u>.</u>	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Channels	4 February Additional Company of the control of the						
	Enter the total number of channels on which the cable Augustum accorded tolerations broadcast attations.	27					
	system carried television broadcast stations						
	Enter the total number of activated channels						
	on which the cable system carried television broadcast stations						
	and nonbroadcast services	359					
	INDIVIDUAL TO BE CONTACTED IS SUBTUED INSORMATION IO NESSEE A SECTION IO						
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)						
Individual to	we can contact about this statement of account.						
Be Contacted							
for Further	Name Bernadette Kokolus Telephone (732) 443	-7090					
Information		,					
	CEO Callera Dead Foot Onite 2400						
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)						
	Princeton, NJ 08540 (City, town, state, zip)						
	(,,,						
	Email bernadette.kokolus@astound.com Fax (optional)						
	OFFICIATION /This statement of sound make a stiff of and simplify a statement of the control of the statement of the statemen						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)						
0							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corneration or partnership) I am the currer of the coble system as identified in line 1 of cases Dr or						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden in line 1 of space B and that the owner is not a corporation or partnership; or	ified					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B.	system					
	In line 1 of space B.						
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein						
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
	[10 0.3.C., Section 1001(1900)]						
	V (4/ Parker Orlandar)						
	/s/ Parisa Salehani						
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.						
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and p						
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings	i.					
	Typed or printed name: Parisa Salehani						
	ryped of printed name. I dita datemani						
	Title: Senior Vice President, Controller						
	(Title of official position held in corporation or partnership)						
	Date: February 28, 2022						

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 sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION	I HOLDINGS LLC	10744	Name
The Satellite Hor lowing sentence: "In determ service of scribers a For more informate paper SA3 form. During the account made by satellite	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the total number of subscribers and the gross amounts paid to the cable system for the foreign providing secondary transmissions of primary broadcast transmitters, the system shall not in and amounts collected from subscribers receiving secondary transmissions pursuant to section on when to exclude these amounts, see the note on page (vii) of the general instructions are carriers to satellite dish owners? The total here and list the satellite carrier(s) below	e basic nclude sub- on 119." s in the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
You must comple	ete this worksheet for those royalty payments submitted as a result of a late payment or unde on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply li	ine 2 by the number of days late and enter the sum here	.00274	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	st charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
•	filing this worksheet covering a statement of account already submitted to the Copyright Offe the owner, address, first community served, accounting period, and ID number as given in the	·	
Owner Address			
First community s Accounting perio			

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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE					01	CTEM ID#				
1	LEGAL NAME OF OWNER OF CABLE				5	YSTEM ID#				
•	WAVE DIVISION HOLDIN	NGS LLC				10744				
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:							
	• Add the DSEs of each station.									
	Enter the sum here and in line		0.00							
						<u>l</u>				
	Instructions: In 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).	igii . list tile cal	i signis or all distant stations i	identified by the	e letter O ili colullii 3					
Computation	In the column headed "DSE":	for each indepe	endent station, give the DSE	as "1.0"; for e	ach network or noncom-					
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O" CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as		_								
necessary.										
Remember to copy all formula into new										
rows.										

		ļ		 						
										
				<u> </u>						
		L				 				

	 P	7	

Name		WNER OF CABLE SYSTEM: ON HOLDINGS LLC					S	10744
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	at the call sign of all distants. For each station, give the correspond with the information of the correspond with the information of the correspond with the information of the column of the column of the column of the column of the call of the	ne number of I mation given in the total number mn 2 by the final point. This station, give the fumn 4 by the	hours your cable system space J. Calculate or of hours that the statement of the column 3, and significant is the "basis of carriage "type-value" as "1.0."	m carried the stat hly one DSE for e ion broadcast ove give the result in o e value" for the si For each networ	ion during the accounting ach station. The the air during the accounting the acc	nting period. figure must ational station,	
Capacity		(CATEGOR	Y LAC STATIONS	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEN	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	-	6. DS	Ε
			÷			x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	X	=	
			÷		=	x x		
			÷		=	x	=	
Computation of DSEs for Substitute-Basis Stations	tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation of DSEs for Substitute- The was carried by your system was permitted to delete under 1 oct thes are tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were).
		Sl	JBSTITUTE	E-BASIS STATION	NS: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	ER 4. DSE YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=		÷		=
		-		=		÷		=
			÷	=	1	÷		=
		4	+	=		÷		=
	Add the DSEs of	÷ OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa	S STATIONS:		▶	0.00]	=
5		R OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●				-	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				>	0.00	
]
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	OWNER OF CABLE S						S	YSTEM ID# 10744	Name
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.									
	-		BLOCK A:	TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pridue DSE Sched	ntions listed in porto June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	nis schedule t planation of p	hat your syster ermitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to								
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 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	
			ļ	1		ļļ		0.00	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from բ	oart 5 of this s	chedule				-	
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve				-	
				of DSEs subject t of this schedule)		ate.	,	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	ฮ เกรน นับเบกร.

ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 10744 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	WAVE DIVISION HOLDINGS LLC	10744	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		İ
Section 1	Enter the amount of gross receipts from space K (page 7)	3,063,053.31	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.		
	SECTION 3: TOP 50 TELEVISION MARKET		1
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	=	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		1
	A. Enter 0.00599 of gross receipts (the amount in section1)		1
	B. Enter 0.00377 of gross receipts (the amount in section 1)		l
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		l
	· · · · · · · · · · · · · · · · · · ·	_	l
	D. Multiply line B by line C and enter here		l
	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.		1
	A. Enter 0.00599 of gross receipts (the amount in section 1)		İ
	B. Enter 0.00377 of gross receipts (the amount in section 1)		İ
	C. Multiply line B by 3.000 and enter here		1
	D. Enter 0.00178 of gross receipts (the amount in section 1)		l
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		l
	F. Multiply line D by line E and enter here		l
	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		1
	SECTION 4: SECOND 50 TELEVISION MARKET		İ
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		l
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		1
	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)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		1
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		1
	D. Multiply line B by line C and enter here		1
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		1
	Syndicated Exclusivity Surcharge		1

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744						
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). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge.							
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "located"	part						
	• Did y	1 Enter the amount of gross receipts from space K (page 7)							
	Section 3	use the total number of DSEs from part 5.). If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). \$ B. Enter 0.00701 of gross receipts (the amount in section 1). \$ 21,472.00 C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. \$ E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

	IAME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC SYSTEM ID# 10744	Namo
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	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 \$	Dase Nate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) * \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall d be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
In Gen	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude as from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this ion, you must:	ot
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 7. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Base Rate Fee and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must ompute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	b Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
_	n section:	
• Give	ify the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, t 6 of this schedule.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	ulate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions e paper SA3 form.	
page. DSEs	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

LEGAL NAME OF OWNER WAVE DIVISION H						S	10744	Name
E				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU on, Woodburn, Po		COMMUNITY/ AREA	SECOND SUBSCRIBER GROUP OMMUNITY/ AREA 0			9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
						CALL SIGN		Base Rate F
						<u> </u>		and
								Syndicate
	<u>.</u>							Exclusivit
				-		H		Surcharge for
								Partially
								Distant
								Stations
						<u> </u>		
						H		
					••••	 		
						·		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun	\$ 3,063	,053.31	Gross Receipts Seco	and Group	\$	0.00	
ross recorpts r list of	oup	* 0,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gross receipts deed	та огоар			
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
				-		H		
						H		
				-		 		
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION F						\$	10744	Name
				TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
FIRST SUBSCRIBER GROUP						SECOND SUBSCRIBER GROUP		
COMMUNITY/ AREA	Silverto	on, Woodburn, P	ortland, §	COMMUNITY/ AREA	A		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
	<u></u>						······	Partially
			····				······	Distant Stations
								Stations
	 							
			···					
otal DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,06	3,053.31	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURT	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th	ne base rate	e fees for each subso	criber group a	II as shown in the boxes	above.			
Enter here and in block			J ,			\$	0.00	

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 10744 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee 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 and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

No	I	1.00	0
Yes	N	0.25	Ε
	E	0.25	LAC
	I-M	1.00	
	N-M	0.25	
	E-M	0.25	