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:

coplicsoa@loc.gov

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

Α	A	CCOUNTING PERIOD COVERED BY THIS STA	ATEMENT:			
Accounting Period		2022/1				
B Owner	rat	tructions: Give the full legal name of the owner of the cable system. I e title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner cond If there were different owners during the accounting period, single statement of account and royalty fee payment covering Check here if this is the system's first filing. If not, enter the	ucts the business of the cable system only the owner on the last day of th the entire accounting period.	n. e accounting period should st		25544
	L		SYSTEM			
		WAVE DIVISION HOLDINGS LLC				
					2554	420221
					25544	2022/1
					23344	2022/1
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С		STRUCTIONS: In line 1, give any business or trade na mes already appear in space B. In line 2, give the maili				
System	1	IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND				
	2	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						41-
D Area		structions: For complete space D instructions, see pag h all communities.	ge rb. identity only the irst comm	lunity served below and rel	ist on page	D
Served	VVI	CITY OR TOWN	STATE			
First		CAMANO ISLAND CENTRAL	WA			
Community	F	Below is a sample for reporting communities if you repo	ort multiple channel line-ups in Sp	bace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alo	la	MD	А		1
		iance	MD	В		2
	Ge	ring	MD	В		3
form in order to pro numbers. By provi search reports pre	ocess ding F pared	ction 111 of title 17 of the United States Code authorizes the Copyrig your statement of account. PII is any personal information that can be II, you are agreeing to the routine use of it to establish and maintain a for the public. The effect of not providing the PII requested is that it r ements of account, and it may affect the legal suffciency of the fling,	e used to identify or trace an individual, s a public record, which includes appearing may delay processing of your statement o	uch as name, address and teleph in the Offce's public indexes and f account and its placement in the	one in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-31-22

Cable Systems (Long Form)

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

STATEMENT OF ACCOUNT for Secondary Transmissions by FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			SYSTEM ID# 25544	
Instructions: List each separate community served by the cable system. A "community' in FCC rules: "a separate and distinct community or municipal entity (including unincorporateas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	prated communitie t community that y	s within unincorpo ou list will serve a	rated	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	reported in paren	theses	
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 rel designated by a number (based on your reporting from Part 9).	e column blank. If	you report any sta	tions	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CAMANO ISLAND CENTRAL	WA	Α		First
SEVEN LAKES	WA	Α		Community
	WA	<u>A</u>		
	WA	<u>A</u>		
BAYVIEW	WA	A		
				See instructions for additional information
				on alphabetization.
				Add rows as necessary.
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	I											BE. PAGE 2.
Name	LEGAL NAME OF OWNER OF CABLE	SYSTEM:								S	YST	EM ID#
Name	WAVE DIVISION HOLDIN											25544
E Secondary Transmission Service: Sub- scribers 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											
	sufficient.	,	5									
	BLC	DCK 1 NO. OF							BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB			RATE	CATE	EGORY OF S	EF	RVICE	SUBSCRIBERS		RATE
	Residential:											
	Service to first set	;	5,888	\$	31.95							
	 Service to additional set(s) FM radio (if separate rate) 											
	Motel, hotel		123	\$	5.37							
	Commercial		498	\$	9.56							
	Converter											
	 Residential 											
	Non-residential											
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
		BLO	CK 1					T		BLOCK 2		
	CATEGORY OF SERVICE	RATE		SOR	Y OF SER	VICE	RATE	╈	CATEGO	DRY OF SERVICE		RATE
	Continuing Services:				n: Non-res	idential		T				
	• Pay cable	\$ 17.00			hotel					ed Content	\$	77.38
	Pay cable—add'l channel Eire protection				ercial ble				Digital F		\$ ¢	13.00
	 Fire protection Burglar protection 		• Pay		bie ble-add'l ch	annel			Digital V Digital S		\$ \$	8.25 12.00
	Installation: Residential		-		otection					able Pack	⊅ \$	32.75
	• First set	\$ 79.95		•	protection				HBO		.⊅ \$	19.00
	 Additional set(s) 		Other	•	•			"	HBOMax	(\$	14.99
	• FM radio (if separate rate)		• Red	conr	nect		\$ 40.00		Showtim	ne/The Movie Cha	\$	19.00
	• Converter		• Dis						Cinemax	(\$	18.50
					relocation				Starz Movienk		\$	17.00

Move to new address

5.00

7.00

\$

\$

Movieplex

HD Bonus Pack

FORM SA3E. PAGE 2.

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

25544

FORM	SA3E.	PAGE 3.

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

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

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

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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.

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		CHANN	IEL 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	
CBUT - CBC	2	N	Yes	0	VANCOUVER, BC	
KBTC - PBS	28	E	No		TACOMA, WA	
KCPQ - FOX	13	N	No		TACOMA, WA	additional information
KCTS - PBS	9	E	No		SEATTLE, WA	
KCTSDT2 - PBS Kids	9.2	E	No		SEATTLE, WA	
KCTSDT3 - Create	9.3	E	No		SEATTLE, WA	
KFFV - MeTV	44.1	N	No		SEATTLE, WA	
KFFVDT 2- Movies!	44.2	N	No		SEATTLE, WA	
KING - NBC	5	N	No		SEATTLE, WA	
KINGDT2 - Justice Network	5.2	N	No		SEATTLE, WA	
KINGDT3 - Quest	5.3	N	No		SEATTLE, WA	
KIRO - CBS	7	N	No		SEATTLE, WA	
KIRODT2 - getTV	7.2	N	No		SEATTLE, WA	
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA	
KOMO - ABC	4	N	No		SEATTLE, WA	
KOMODT2 - CometTV	4.2	N	No		SEATTLE, WA	
KOMODT3 - Charge!	4.3	N	No		SEATTLE, WA	
KONG - Independent	16	1	No		EVERETT, WA	

WAVE DIVISION		STEM:			SYSTEM ID#	
	N HOLDING	S LLC			25544	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station • the station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licenss on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the station planation of local servi Column 5: If you has	ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine tations: With r C rules, regula here in space only on a substant and also in space only on a substant and also in space only on a substant formation conc rm. h station's call associated with -2". Simulcast : e channel numb e. For example stem carried the in each case v entering the le east), "E" (for no se terms, see p ation is outside ce area, see pa ave entered "Ye	ne accounting in June 24, 198 4), or 76.63 (ru d in the next p respect to any ations, or auth G—but do list titute basis. Ince I, if the stat erning substit sign. Do not r in a station acc streams must ber the FCC h e, WRC is Cha e station. whether the stat tter "N" (for ne pnocmmercial bage (v) of the the local serv age (v) of the es" in column	period, except i 31, permitting th eferring to 76.61 baragraph. distant stations orizations: t it in space I (the tion was carried ute basis station eport origination cording to its ow be reported in or as assigned to t annel 4 in Wash ation is a netwo etwork), "N-M" (f educational), o e general instructi 4, you must con accounting period	(1) stations carrie e carriage of cert l(e)(2) and (4))]; a carried by your of e Special Statem l both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco titons located in the nplete column 5, so d. Indicate by em	es". If not, enter "No". For an ex-	G Primary Transmitters: Television
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carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KONGDT2 - Boun KONGDT3 - ThisT KSTW - CW KSTWDT2 - Decar KTBW - TBN KVOS - Heroes &	ion of a distant entered into or a primary transmisimulcasts, also ree categories, e location of ear canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16.2 16.3 11 11.2 20 12.1	multicast stree n or before Ju mitter or an as o enter "E". If y see page (v) ch station. Fo ns, if any, give neel line-ups, i CHANN 3. TYPE OF STATION N N N N N	eam that is not s ne 30, 2009, be ssociation repres you carried the o of the general i r U.S. stations, I e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No	ubject to a royalty tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AB 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION TACOMA, WA TACOMA, WA TACOMA, WA SEATTLE, WA BELLINGHAM, WA 	
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Name	LEGAL NAME OF (SYSTEM ID# 25544
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate	t every radio s whose signals of ctions Concer of it is carried by monitoring, to ormation about aper SA3 form dentify the call State whether the f the radio stati this by placing	tation ca were "ge ming All the syst be receive t the the sign of e ne statio on's sigr a check	rried on a separate and discre nerally receivable" by your cat -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processed mark in the "S/D" column.	ole system during copyright Office re the system's hea ystem's FM anter n this point, see p ed by the cable sy	the accountin egulations, an idend, and (2) nna, during cer page (vi) of the ystem as a sep	g period FM sign it can be rtain stat genera genera	I. al is generally e expected, ted intervals. Il instructions nd discrete
				on (the community to which the he community with which the s			or, in th	ne case of
			0/0				0/5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

	CABLE SYST	EM:			5	SYSTEM ID#	
WAVE DIVISION HOLD	INGS LLC					25544	Name
SUBSTITUTE CARRIAGE				•			
				•			1
In General: In space I, identi							•
substitute basis during the ac explanation of the programm							Substitute
1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				Carriage: Special
During the accounting period		ir cable system	carry, on a substitute bas	is, any nonne			Statement and
broadcast by a distant stat Note: If your answer is "No"		rost of this nor	no blank. If your answor is '	"Voc " vou mi		⊠No "	Program Log
log in block 2.	, leave the	rest of this pag	je blank. Il your answer is	res, you mu			
2. LOG OF SUBSTITUTE							
In General: List each subst clear. If you need more space				wherever pos	ssible, if their meaning is	6	
	of every no	nnetwork televi	ision program (substitute p			tion	
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the gen	eral instruction	ons located in the paper		
SA3 form for futher informatititles, for example, "I Love L				"basketball"	List specific program		
Column 2: If the program	n was broad	lcast live, ente	r "Yes." Otherwise enter "N				
			asting the substitute progra ne community to which the		nsed by the FCC or. in		
the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is ider	ntified).	46	
first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, with the mor	ונח	
Column 6: State the time to the nearest five minutes.			gram was carried by your o			у	
stated as "6:00–6:30 p.m."							
Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			d	
gram was substituted for pro	ogramming						
effect on October 19, 1976.							
S					EN SUBSTITUTE	7. REASON	
		E PROGRAM	I	CARR	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		IAGE OCCURRED		
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR	

FORM SA3E. PAGE 5.

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
WA	VE DIVISION HOLDINGS LLC		25544	Name					
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary transm	ission service mount, see	K Gross Receipts					
IMP	during the accounting period. \$ 2,141,640.67 IPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
 Instruction Common Common If yo fee for the second s	 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 k 3 below.	entered on I	ne 1 of						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered on line	e 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	d be entered	l on line						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		cent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		2,141,640.67						
	Enter the result here. This is your minimum fee.	\$	22,787.06						
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 X Yes—Complete the DSE schedule. 	n 4, you mus d?	t 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	\$	5,696.76						
	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	\$	5,696.76						
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	\$	22,787.06	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	\$	725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	23,512.06	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) o	of the						

FORM SA3E. PAGE 7.

ACCOUNTING FERM	FORM	1 SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Greg Russo Telephone 732-580-6085	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton NJ, 08540 (City, town, state, zip) Email gregory.russo@astound.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Image: Section 1.1 Image: Section 1.1 Image: Section 1.1 Image: Section 1.1 Image: Section 1.1 Section 1.1 I	'F2"
form in order to proc numbers. By providi search reports prepa	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this iccess 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 ding 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 pared 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 of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.	

U.S. Copyright Office

VAVE DIVISION HOLDINGS LLC		SYSTEM ID# 25544	Name
The Satellite Home Viewer Act of 1988 amen lowing sentence: "In determining the total number of su service of providing secondary transm scribers and amounts collected from s For more information on when to exclude the paper SA3 form. During the accounting period did the cable sy made by satellite carriers to satellite dish own X NO	NG GROSS RECEIPTS EXCLUSIONS inded Title 17, section 111(d)(1)(A), of the Copyright ubscribers and the gross amounts paid to the cable nissions of primary broadcast transmitters, the syste subscribers receiving secondary transmissions purs ese amounts, see the note on page (vii) of the gene system exclude any amounts of gross receipts for se ners?	system for the basic em shall not include sub- suant to section 119." eral instructions in the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
-	royalty payments submitted as a result of a late pay ee page (viii) of the general instructions in the pape		Q
Line 1 Enter the amount of late payment or	underpayment	x	Interest Assessment
	nd enter the sum here	xdays	
Line 4 Multiply line 3 by 0.00274** enter her	e late and enter the sum here	- x 0.00274	
* To view the interest rate chart click on w contact the Licensing Division at (202) 7	www.copyright.gov/licensing/interest-rate.pdf. For fi	(interest charge) urther assistance please	
	ng a statement of account already submitted to the mmunity served, accounting period, and ID number		
Owner Address			
First community served			

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 25544								
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.25								
2 Computation		for each indepe	ndent station, give the DSE						
Computation of DSEs for In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or nor mercial educational station, give the DSE as ".25." Category "O" CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CATEGORY O STATION CALL SIGN	DSES	CALL SIGN	DSE			
Stations	CBUT - CBC	0.250	CALL SIGN	DOL	CALL SIGN	DOL			
Add rows as necessary. Remember to copy all									
formula into new rows.									
				[

		T	
		L	

										JLE. PAGE 12.
Name		WNER OF CABLE SYSTEM:							S	*YSTEM ID 25544
	WAVE DIVISION HOLDINGS LLC									
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2: figure should co Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	the call sign of all distar For each station, give the prespond with the inforr For each station, give the Divide the figure in colur at least to the third decim For each independent s alue as ".25." Multiply the figure in colu- point. This is the station's	e number of nation given e total numb mn 2 by the f nal point. This tation, give th umn 4 by the DSE. (For m CATEGOR R	hours your c in space J. C er of hours tl igure in colu s is the "basis ne "type-valu figure in col ore informati	cable syster Calculate or hat the stati mn 3, and <u>c</u> s of carriage s of carriage e" as "1.0." umn 5, and tion on round <u>CATIONS:</u> ER	n carried the stati ly one DSE for ea on broadcast ove ive the result in d e value" for the st For each network give the result in	in during the a ach station. In the air during lecimals in col- ation. In or noncomm column 6. Rou iii) of the gene	uthe accoun umn 4. This ercial educat und to no les ral instructio	ting period. figure must ional station, s than the ns in the paper 6. DS	SE
	_	CARRIE		STATI	ON	VALUE				
		SYSTEM		ON AI						
			÷			=	x		=	
			÷ ÷			=	x			
							x x			
			÷			=	x		=	
			÷			=	x		=	
			÷			=	x		=	
			÷			=	X		=	
	Add the DSEs of	OF CATEGORY LAC ST f each station. n here and in line 2 of pa		hedule,				0.00		
4 Instructions: Computation of DSEs for Substitute-Basis Stations Column 1: Give the call sign of each station listed in space I (particle in the space) of the space I). Computation of DSEs for Substitute-Basis Stations Column 2: For each station give the number of live, nonnetwork programs during that space I). Column 3: Enter the number of days in the calendar year: 36 Column 4: Divide the figure in column 2 by the figure in column decimal point. This is the station's DSE (For more information or the space).					your system in column 7 ptional carri rk programs in space I. , except in a n 3, and giv rounding, se	was permitted to ' of space I); and age (as shown by t s carried in substi a leap year. e the result in col ee page (viii) of th	delete under the word "Yes" i tution for prog lumn 4. Round ne general inst	FCC rules and n column 2 of rams that we to no less the ructions in th	ere deleted).
						IS: COMPUTA				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	. DSE	1. CALL SIGN	2. NUMI OF PROG	GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=				÷		=
		÷ ÷		=				÷ ÷		
		•						• +		Ē
		÷		=				÷		=
		÷		=				÷		=
	Add the DSEs of	DF SUBSTITUTE-BASIS f each station. n here and in line 3 of pa						0.00		
5		R OF DSEs: Give the amo applicable to your system		e boxes in pai	rts 2, 3, and	4 of this schedule	and add them	to provide the	e total	
Total Number	1. Number o	of DSEs from part 2●					•		0.25	
of DSEs		of DSEs from part 3●					▶		0.00	
		of DSEs from part 4 ●							0.00	
	TOTAL NUMBER	TOTAL NUMBER OF DSEs								0.25

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
WAVE DIVISIO	N HOLDINGS	LLC						25544	Name	
Instructions: Bloc In block A:	k A must be comp	leted.							•	
 If your answer if " schedule. 	'Yes," leave the re	mainder of pa	rt 6 and part 7	of the DSE schedu	le blank and o	complete part	8, (page 16) of the		6	
 If your answer if " 	No," complete blo	cks B and C b	elow.							
			BLOCK A: 1	ELEVISION MA	ARKETS				Computation of 3.75 Fee	
effect on June 24,	Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?									
Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. X No—Complete blocks B and C below.										
X No—Comp	lete blocks B and (C below.								
		BLO	CK B: CARR	AGE OF PERM	ITTED DS	Es				
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 ule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below refo .ct of 2010.)	planation of pe	ermitted station	ns, see the	-		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rul A Stations carrie 76.61(b)(c)] B Specialty statio	les and regula ed pursuant to on as defined	ations cited bel the FCC mark in 76.5(kk) (76	is on which you car ow pertain to those (et quota rules [76.1 (59(d)(1), 76.61(e))	e in effect on J 57, 76.59(b), 7 (1), 76.63(a) r	une 24, 1981. 76.61(b)(c), 76 eferring to 76.	5.63(a) referring to			
	D Grandfathered instructions for E Carried pursual	l station (76.6 r DSE schedu ant to individua	5) (see paragra ile). al waiver of FC	(c), 76.61(d), 76.63 aph regarding subs C rules (76.7) o or substitute basis	titution of gran	ndfathered sta	tions in the			
	M Retransmissio	on of a distant	multicast strea				ring to 76.61(e)(5)]			
Column 3:		stations iden	tified by the lef	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of		
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE		
SIGN CBUT - CBO	BASIS D	0.25	SIGN	BASIS		SIGN	BASIS			
		0.20								
	<u></u>		1			1				
								0.25		
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE					
Line 1: Enter the	total number of [DSEs from p	art 5 of this s	chedule				0.25		
Line 2: Enter the	sum of permitted	d DSEs from	block B abov	/e				0.25		
				of DSEs subject to of this schedule)		te.		0.00		
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent	
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sun	n here						partially permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSE	s from line 3	3				X	-	carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space L	(page 7)			0.00		

DSE SCHEDULE. PAGE 13.

							DSE SCHEDULE. PAGE 14.					
Nama	LEGAL NAME OF OWN	IER OF CABLE SYSTEM	:				SYSTEM ID#					
Name	WAVE DIVISION	N HOLDINGS LLC					25544					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spe 7 B—Late-night pr 7 S—Substitute ca 2 Column 5: Indicate t Column 6: Compare in t	r to June 25, 1981, und call sign for each distant the DSE for this station the accounting period a the basis of carriage or CC rules and regulation ecialty programming: C 76.59(d)(1),76.61(e)(1) ogramming: Carriage u 76.61(e)(3)). urriage under certain F(general instructions in t the station's DSE for th the station's DSE for the the DSE figures listed block B, column 3 of pa	te current accounting pe I in columns 2 and 5 and ourt 6 for this station. columns 2, 3, and 4 mu	verning part-time a letter "F" in colum period, occurring t riage and DSE oc arried by listing or those in effect on asis, of specialty p 5.61(e)(1)). s 76.59(d)(3), 76.6 authorizations. For riod as computed i list the smaller of	and substitute carria n 2 of part 6 of the I between January 1, curred (e.g., 1981/1 ne of the following le June 24, 1981.) programming under 61(e)(3), or 76.63 (re or further explanation in parts 2, 3, and 4 of the two figures here	ge.) DSE schedule. 1978 and June 3). tters: FCC rules, section eferring to n, see page (vi) of of this schedule. e. This figure sho	30, 1981. ons of the uld be entered					
1	1. CALL	2. PRIOR	FOR STATIONS CAR 3. ACCOUNTING	4. BASIS		PRESENT	6. PERMITTED					
	SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS		DSE	6. PERMITTED					
	SIGN	DGL	FERIOD	CARRIA	GL	DGL	DSL					
					I							
7	Instructions: Block A	must be completed.										
		In block A:										
Computation	If your answer is "Yes," complete blocks B and C, below.											
of the	If your answer is	"No," leave blocks B a	nd C blank and complete	e part 8 of the DSE	schedule.							
Syndicated			BLOCK A: MAJO	R TELEVISION	I MARKET							
Exclusivity												
Surcharge	 Is any portion of the c 	able system within a to	p 100 major television ma	arket as defned by	section 76.5 of FCC	rules in effect Jur	ne 24, 1981?					
	X Yes—Complete	blocks B and C .		No-P	roceed to part 8							
					·	parto						
		arriage of VHF/Grade	R Contour Stationa			utation of Evam	nt DCCa					
	BLUCK B. C	arriage of VHF/Grade	B Contour Stations		BLOCK C: Computation of Exempt DSEs							
		block B of part 6 the p		,	Was any station listed in block B of part 7 carried in any commu-							
		on that places a grade	B contour, in whole		nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)							
	or in part, over the cat	-			,							
		ation below with its appro	opriate permitted DSE		ist each station below		e permitted DSE					
	No—Enter zero a	nd proceed to part 8.		No—Er	nter zero and proceed	to part 8.						
		n – n		-,∥,		п						
	CALL SIGN		LL SIGN DSE	CALL		CALL SIG	IN DSE					
	CBUT - CBC	0.25		CBUT - C	CBC 0.25							
		<mark></mark>										
		<u> </u>										
		тот	AL DSEs 0.2	5		TOTAL DS	Es 0.25					
				-		L	0.20					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,141,640.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.25	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	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 DSE		
	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		
Q	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 DSE 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)		
	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: 2022/1

	LEGAL NAM		ULE. PAGE 16. SYSTEM ID#					
Name	WAVE DIVISION HOLDINGS LLC 25							
7	Section 4b							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)						
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here						
		D. Enter 0.00089 of gross receipts (the amount in section 1)						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)						
		Syndicated Exclusivity Surcharge	<u></u>					
8 Computation of	You mi 6 was o • In blo • If you	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. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below						
Base Rate Fee	blank							
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did yo	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?						
	[Yes—Complete part 9 of this schedule. X No—Complete the following sections.						
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	7					
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	25					
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.						
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>6</u>					
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 15,012.90						
		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	5,696.76					

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM II	
WAVE	E DIVISION HOLDINGS LLC 2554	4 Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ► \$	_
	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.	1
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha	11
instead Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of the on, you must:	of
		Base Rate Fee and
	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 o	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Exclusivity Surcharge
	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 mu	for st Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howeve cable system is wholly located outside all major television markets, complete block A only.	
	Identify a Subscriber Group for Partially Distant Stations	Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber 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.	
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscrib	er
	a section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, a s schedule; or,	na
, ,	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, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on 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 you calculations on the form.	ır

LEGAL NAME OF OWNER WAVE DIVISION H						S	SYSTEM ID# 25544	Name
I	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA CAMANO ISLAND CENTRAL, BIG COMMUNITY/ AREA						0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<mark></mark>							Distant
								Stations
	<mark></mark>							
	<mark></mark>							
	<mark></mark>		 					
						•		
						•		
Total DSEs	- <u>I</u>	<u></u>	0.00	Total DSEs		···	0.00	
Gross Receipts First G	roup	<u>\$</u> 2,141	,640.67	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secor	nd 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	
	<mark></mark>							
	···							
						•••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th			ber group as	s shown in the boxes ab	oove.			
Enter here and in block	3, iine 1, s	pace L (page /)				\$	0.00	

LEGAL NAME OF OWNE						S	3YSTEM ID# 25544	Name	
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	- SUBSCR	IBER GROUP			
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	-	
COMMUNITY/ AREA	CAMAN	NO ISLAND CENTRAL, BIC					0	0 9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
						•		for	
								Partially Distant	
	•••	+	••• •••••			•		Stations	
								otations	
	•••		<mark></mark>			1			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 2,14 [,]	1,640.67	Gross Receipts Seco	nd Group	\$	0.00		
	loup	<u> </u>	1,040.07			¥	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			···						
	···	+	··· ·····						
		•				•			
		+	<mark></mark>						
	•••	+	•••		••••				
		•	<mark></mark>						
		<u> </u>	<u> </u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
				11					
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	bove.	\$	0.00		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HOLDINGS LLC	25544						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you 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 of	First 50 major television market	Second 50 major television market						
Base Rate Fee	INSTRUCTIONS:							
and Syndicated	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							
Exclusivity Surcharge for	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter a Step 3: In line 3, subtract line 2 from line 1. This is the total number of 	zero. DSEs used to compute the surcharge.						
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the fo schedule. In making this computation, use gross receipts figure 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 total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge computation	subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	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 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	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge computation	subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE						
	Third Group	Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7							

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials	
		Date of remittance	Check	□FILING FEES	
Cable ID #				Amount Initials	
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period					
	□ January 1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter sent		Information received		
			Phone call/Date/Contact		
Space B Owner					
	Letter sent		Information received		
			Phone call/Date/Contact		
Space D Area Served					
	Letter sent		Information received		
			Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:			Information received		
and Rates			Phone call/Date/Contact		
Space G Primary Transmitters:					
Television	Letter sent		Information received		
			Phone call/Date/Contact		
Space H Primary Transmitters:					
Radio			Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑ Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	