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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8-31-22	\$ 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	2022/1									
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the en	es of the cable syste on the last day of the unting period.	m. e accounting period should su	bmit	1268					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				31268202	221					
				31268 2022	2/1					
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021									
С	INSTRUCTIONS: In line 1, give any business or trade names used to id									
	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	in space B.						
System	1 WAVE BROADBAND									
	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY  (Number, street, rural route, apartment, or suite number)									
	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 page 1h						
Area	with all communities.	orny the not comm	iamity convoca polow and roll	or on page 15						
Served	CITY OR TOWN	STATE								
First	SEATTLE	WA								
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda Alliance	MD 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: 2022/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31268 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. CH LINE UP SUB GRP# CITY OR TOWN STATE **SEATTLE** WA **First** Community See instructions for additional information on alphabetization. Add rows as necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

31268

### WAVE DIVISION HOLDINGS LLC

# 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 RATI	E		
Residential:							
<ul> <li>Service to first set</li> </ul>	2,686	\$	31.95				
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel	787	\$	3.37				
Commercial	652	\$	3.41				
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 1						BLOCK 2	
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE			F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>	\$	17.00	Motel, hotel				Refer to "Pg2 Section F -E	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial					
<ul> <li>Fire protection</li> </ul>			Pay cable					
<ul><li>Burglar protection</li></ul>			Pay cable-add'l channel					
Installation: Residential			Fire protection					
<ul> <li>First set</li> </ul>	\$	79.95	Burglar protection					
<ul><li>Additional set(s)</li></ul>	\$	30.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	40.00			
<ul> <li>Converter</li> </ul>			Disconnect					
			Outlet relocation					
			Move to new address					

# WAVE DIVISION HOLDINGS LLC - SEATTLE, WA

# Page 2 - Section F- Block 2

### Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	Retail 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		
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		
The Filipino Channel (TFC)	International Premium	\$	12.00		
TV Japan	International Premium	\$	24.95		
Installation: Residential First Set		\$	79.95		
Installation: Residential Addistional Set(s)		\$	30.00		
Other services: Reconnect		\$	40.00		

FORM SA3E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 31268 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 unde 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 5. BASIS OF 6. LOCATION OF STATION 2. B'CAST 3. TYPE 1. CALL 4 DISTANT? SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER (If Distant) **CBUT - CBC** Ν Yes 0 VANCOUVER, BC 2 **KBTC - PBS** 27 Ε No TACOMA, WA See instructions for additional information TACOMA, WA KCPQ - FOX 13 Ν No KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS Kids 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA 44.1 KFFV - MeTV Ν No SEATTLE, WA KFFVDT 2- Movies! Ν 44.2 No SEATTLE, WA KING - NBC 5 Ν Nο SEATTLE, WA KINGDT2 - JusticeNetwork Ν No SEATTLE, WA 5.2 KINGDT3 - Quest 5.3 N No SEATTLE, WA KIRO - CBS 7 N No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν Nο SEATTLE, WA KOMO - ABC 4 Ν No SEATTLE, WA KOMODT2 - CometTV 4.2 Ν No SEATTLE, WA KOMODT3 - Charge! 4.3 Ν No SEATTLE, WA **KONG** - Independent 16 No EVERETT, WA I **KONGDT2 - BounceTV** N 16.2 No **EVERETT, WA KONGDT3 - ThisTV** 16.3 Ν No EVERETT, WA KSTW-CW 11 N No TACOMA, WA KSTWDT2 - Decades 11.2 Ν No TACOMA, WA KTBW - TBN 20 Ν No SEATTLE, WA KVOS - Heroes & Icons Ν No BELLINGHAM, WA 12.1 **KVOSDT4- Decades** Ν No BELLINGHAM, WA 12.4 KWDK - Daystar 56 Ν No TACOMA, WA KWPX - ION 33 N No BELLEVUE, WA **KZJO - MyNetwork TV** 22 Ν No SEATTLE, WA KZJODT3 - Antenna TV 22.3 SEATTLE, WA No

**ACCOUNTING PERIOD: 2022/1** FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31268 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 Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2022/1

TORWI SAJE, TAGE 3.						ACCOUNTING	11 LINIOD. 2022/1		
WAVE DIVISION HOLD						31268	Namo		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì					
In General: In space I, ident substitute basis during the acexplanation 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	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:		
During the accounting per broadcast by a distant stat		ır cable system	ı carry, on a substitute bas	s, any nonne	etwork television progra		Special Statement and Program Log		
<b>Note:</b> 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	PROGRA	MS							
In General: List each subst				wherever po	ssible, if their meaning	s			
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting				
period, was broadcast by a						ation			
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the ger	eral instructi	ons located in the pape				
SA3 form for futher informa titles, for example, "I Love L	tion. Do no	ot use general ( RA Baskethall:	categories like "movies", oi - 76ers vs. Bulls "	"basketball"	. List specific program				
			r "Yes." Otherwise enter "N	lo."					
	0		asting the substitute progra						
the case of Mexican or Can			ne community to which the						
			tem carried the substitute			nth			
first. Example: for May 7 giv				1. 1 4	13.44	L.			
to the nearest five minutes.			gram was carried by your o			ery			
stated as "6:00-6:30 p.m."	·	. 0	•	·	·				
			was substituted for progra			ed			
to delete under FCC rules a gram was substituted for pr									
effect on October 19, 1976.	-	and your open	on nuo ponimiou to uoioto		. a. ee a. ee a. ee galaaleel ee ee				
				14/11/	EN CURCUITUTE		<u> </u>		
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE BIAGE OCCURRED	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#							
WA	VE DIVISION HOLDINGS LLC		31268	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)										
IIVIF	ONTANT. Tou must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)							
• Con • Con • If yo fee t • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the amount of the lock 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parts of this form and attach the schedule to your statement of account.			Copyright Royalty Fee						
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\epsilon$ k 3 below.	entere	d on line 1 of							
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered o	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 e	ntered on line							
Block 1	<b>MINIMUM FEE:</b> 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.		4 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		\$ 1,357,238.86							
	Enter the result here. This is your minimum fee.	\$	14,441.02							
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 X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the property of the pr	า 4, yoเ d?	u must check							
Block 3	Line 1. <b>BASE RATE FEE:</b> 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		\$ 3,610.26							
	Line 2. <b>3.75 Fee:</b> 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	\$	3,610.26							
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		\$ 14,441.02	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 zero.		0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact 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	\$	15,166.02	appropriate form for submitting the						
	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 pag	ge (i) of the	additional fees.						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	WAVE DIVISION HOLDINGS LLC	31268								
	TOWN DIVISION THE EDITION LES									
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	i								
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
	Enter the total number of channels on which the cable	29								
	system carried television broadcast stations									
	2. Enter the total number of activisted channels									
	Enter the total number of activated channels     on which the cable system carried television broadcast stations									
	and nonbroadcast services	351								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
Individual to	we can contact about this statement of account.)									
Be Contacted										
for Further	Name Greg Russo Telephone 732-5	80-6085								
Information	Name Greg Russo Telepnone 732-5									
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)									
	Princeton, NJ 08540 (City, town, state, zip)									
	(Oily, town, state, 21)									
	Email gregory.russo@astound.com Fax (optional)									
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	ı								
0										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(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 in line 1 of space B and that the owner is not a corporation or partnership; or	identified								
	in line 1 of space b and that the owner is not a corporation of parties hip, of									
	(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)]									
	V Want and I									
	/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 press the "F2"								
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se									
	Typed as printed name: Daries Salahani									
	Typed or printed name: Parisa Salehani									
	Title: Senior Vice President, Controller									
	(Title of official position held in corporation or partnership)									
	Date: August 31, 2022									
	Date. August 01, 2222									

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 OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	YSTEM ID# 31268	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	ic e sub- 9." ne	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	ons	
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	Q
Line 1 Enter the amount of late payment or underpayment	_	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 4	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance pl	0 /	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origining.	ginal	
Owner Address  First community served Accounting period ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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: 2022/1** 

DSE SCHEDULE. PAGE	11. (CONTINUED)								
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#			
ı	WAVE DIVISION HOLDINGS LLC								
	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	Instructions: In the column headed "Call S	ian": list the call	signs of all distant stations i	identified by the	e letter "O" in column 5				
	of space G (page 3).	- <b>9</b>	9						
Computation	In the column headed "DSE":			as "1.0"; for ea	ach network or noncom-				
of DSEs for	mercial educational station, give	e the DSE as ".2							
Category "O"	0.411.01011		CATEGORY "O" STATION		T 0411 01011	T 505			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBUT - CBC	0.250				<mark></mark>			
Add rows as		ļ							
necessary.		<b> </b>							
Remember to copy all									
formula into new									
rows.									
						···			
						······································			
						······································			
						<mark></mark>			
						<mark></mark>			
						<mark></mark>			
						<del></del>			
						<del>-</del>			
				<b></b>		<mark></mark>			
		ļ							
		ļ							

	 P	p	<del> </del>	

Name		WAVE DIVISION HOLDINGS LLC SYSTEM: SYSTEM ID#  31268								
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:	t the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in colu- at least to the third decime For each independent stalue as ".25."	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 or of hours that the statement of the column 3, and going the "basis of carriage e"type-value" as "1.0."	m carried the state of the state of the carried the case of the ca	ion during the accounting ach station.  er the air during the accoudecimals in column 4. This	nting period. ifigure must ational station, ss than the			
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 OI CARRIAC VALUE	GE VALUI	6. DS	E		
			÷			x				
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x x	=			
			÷		=	x	=			
			÷		=	x	=			
	Add the DSEs of	OF CATEGORY LAC Soft each station.  The here and in line 2 of parts.		hedule,		0.00				
Computation of DSEs for Substitute-Basis Stations	space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							).		
		Sl	JBSTITUTE	E-BASIS STATION	NS: COMPUTA	ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=		÷		=		
		-		=		÷		=		
			÷	=		-		=		
		=	+	=		÷		=		
	Add the DSEs of	• OF SUBSTITUTE-BASI f each station. n 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 ●				<b>-</b>	0.25			
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00			
	3. Number	of DSEs from part 4 ●				<b>-</b>	0.00			
	TOTAL NUMBER	R OF DSEs						0.25		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF ON							s	YSTEM ID# 31268	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 MARKETS									6
,	,			TELEVISION MA	ARKETS				Computation
effect on June 24, Yes—Comp	1981?	schedule—D0	•	er markets as defin			C rules and regula	ations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of the 981. For further explored letter M below reference to to of 2010.)	planation of p	ermitted statio	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regula ed pursuant to on as defined al educationa I station (76.6 r DSE schedu ant to individu viously carried HF station wi	ations cited be the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragrule). al waiver of FC d on a part-time thin grade-B co	e or substitute basis ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), 7 (1), 76.63(a) r 8(a) referring to stitution of gran	lune 24, 1981. 76.61(b)(c), 76 eferring to 76. to 76.61(d)] editable of the standard	.63(a) referring to 61(e)(1) tions in the	I	
Column 3:		stations ider	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of 3. DSE	
SIGN CBUT - CBO	BASIS D	0.25	SIGN	BASIS		SIGN	BASIS		
CDO1 - CDC		0.23							
		<u> </u>			······	<u> </u>		0.25	
			BLOCK C: CC	MPUTATION OF	3.75 FEE		L	0.23	
Line 1: Enter the total number of DSEs from part 5 of this schedule 0.25									
Line 2: Enter the sum of permitted DSEs from block B above 0.25									
				of DSEs subject to of this schedule)		te.		0.00	
Line 4: Enter gross receipts from space K (page 7)  x 0.0375								Do any of th DSEs represe partially	
ne 5: Multiply lir	ne 4 by 0.0375 a	nd enter sun	n here				x		permited/ partially nonpermitte
ne 6: Enter tota	l number of DSE	s from line 3	3					<u>-</u>	carriage? If yes, see pa 9 instructions
ine 7: Multiply lir	ne 6 by line 5 and								

**ACCOUNTING PERIOD: 2022/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 31268 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? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** 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) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE **CBUT - CBC** 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,357,238.86	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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	_	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC								
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. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.							
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.  book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers coated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	ow						
	[	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • 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 Section 2	Enter the amount of gross receipts from space K (page 7)	0.25						
	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).  B. Enter 0.00701 of gross receipts  (the amount in section 1).  \$\\$							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/1

	AME OF OWNER OF CABLE SYSTEM:  E DIVISION HOLDINGS LLC	31268	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , 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		Communitation
	(the amount in section 1) \$		Computation of
	(*** **** *** *** *** *** *** *** *** *		Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>\$</b>		
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	F . Outhors 4.4.000 from Astal DOF:		
	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 <b>\$</b>		
	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	
	Base Rate Fee ▶ \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann	•	9
		o to ovoludo	
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation
	on, you must:	3	of Base Rate Fee
<b>-</b> . , -			and
	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determin		Syndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo		Exclusivity
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		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 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B babbe system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant sta	ation you	Permitted Stations
carried	to that community.	laon you	Gtationo
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were I the station's local service area. A subscriber located outside the local service area of a station is distant to that she token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note t will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
groups			
	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	III of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it s schedule; or,	in parts 2, 3, and	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
• Comp page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (to that group's complement of stations and total gross receipts from the subscribers in that group). You do not necalculations on the form.	nat is, the total	

LEGAL NAME OF OWNE WAVE DIVISION H						\$	31268	Name
		: COMPUTATION O SUBSCRIBER GROL		ATE FEES FOR EAC		IBER GROUP  SUBSCRIBER GROU	UP_	_
COMMUNITY/ AREA SEATTLE				COMMUNITY/ AREA 0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
T			0.00	T			0.00	
Total DSEs  Gross Receipts First G	roup	e 135	7,238.86		Total DSEs 0.00 Gross Receipts Second Group \$ 0.00			
Gioss Receipts Filst G	ioup	ş 1,33 <i>1</i>	,230.00	Gloss Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP <b>0</b>	
COMMONTT // AICLA								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H			-				31268	Name
		COMPUTATION C		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA SEATTLE				COMMUNITY/ AREA	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN			of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$ 1,35	7,238.86	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			criber group a	as shown in the boxes	above.	•	0.00	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 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 

	Cable Worksheet		Total amount of remittance	Number of S	Initials				
	Woi	rksheet							
			Date of remittance	Check □El	FT	□FILING	FEES		
Cable ID #					,	Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocation numb	er				
Space A Accounting Period									
	□Janua	ry 1 - June 30, 2017		July 1 - December 31, 201	.7				
	□Letter	sent	Г	☐ Information received					
	□Accep	ted	Ε						
Space B Owner									
	Letter	sent	]	Information received					
	□Accep	ted		Phone call/Date/Contact					
Space D Area Served									
	Letter	sent		Information received					
	□Accep	ted		Phone call/Date/Contact					
Space E Secondary Transission									
Service Subscribers:	□Letter	sent	☐Information received						
and Rates	□Accep	ted	☐Phone call/Date/Contact						
Space G Primary Transmitters:									
Television	□Letter	sent	]	Information received					
	□Accep	ted	[	Phone call/Date/Contact					
Space H Primary Transmitters:									
Radio	□Accep	ted	[	Phone call/Date/Contact					

		Space I Substitute Carriage
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□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 Fees
☐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	