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 entire accounting the covering the entire accounting the entire accounti	es of the cable syste on the last day of the unting period.	m. e accounting period should su		61498
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	WAVE DIVISION HOLDINGS LLC				
				61498	320221
				61498	2022/1
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names used to id				
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diffe	erent from the address giver	n in space B	ł. ————————————————————————————————————
System	WAVE BROADBAND				
	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY  2 (Number, street, rural route, apartment, or suite number)				
	BOTHELL WA 98021 (City, town, state, zip code)				
D				-1	41-
Area	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify with all communities.	only the Irst comm	iunity served below and reli	st on page	ID
Served	CITY OR TOWN	STATE			
First	SOUTH SAN FRANCISCO	CA			
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	ľ	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	-	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: 61498 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 SOUTH SAN FRANCISCO** CA **First SAN FRANCISCO** CA Α Community **BURLINGAME** CA Α **DALY CITY** CA Α **REDWOOD CITY** CA Α **SAN MATEO** CA Α See instructions for additional information on alphabetization. Add rows as necessary.

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

Name

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

SYSTEM ID# 61498

# 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				BLOC	K 2	
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	3,546	\$	31.95				
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel	531	\$	1.90				
Commercial	293	\$	4.44				
Converter							
Residential							
Non-residential				1			
				1 I'''			1

# 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.

	BLO	CK 1			BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	\$ 17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			Refer to tab "Pg2 - Section
<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>	\$	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$	40.00	
Converter		Disconnect			
	 	Outlet relocation			
		Move to new address			

# WAVE DIVISION HOLDINGS LLC - SOUTH SAN FRANCISCO, CA

## Page 2 - Section F- Block 2

## Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Type Ret	
Expanded Content	Expanded Content	\$	79.75
Digital Favorites	Digital Tier Packages	\$	13.00
Digital Vartiety	Digital Tier Packages	\$	8.25
Digital Sports	Digital Tier Packages	\$	12.00
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
НВО	Premium	\$	19.00
HBO Max	Premium	\$	14.99
Showtime/The Movie Channel (TMC)	Premium	\$	19.00
Cinemax	Premium	\$	18.50
Starz	Premium	\$	17.00
Movieplex	Premium	\$	5.00
HD Bonus Pack	High Definition Package	\$	7.00
ART America - Arabic	International Premium	\$	12.95
CCTV4	International Premium	\$	12.00
Deutsche Welle International	International Premium	\$	9.95
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RAI Italia	International Premium	\$	9.95
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV5 Monde	International Premium	\$	9.95
TV Asia	International Premium	\$	14.95
TV Japan	International Premium	\$	29.95
Zee TV	International Premium	\$	12.00
Zhong Tian	International Premium	\$	12.00
Zhong Tian/ CCTV4	International Premium	\$	19.00

FORM SA3E. PAGE 3.  LEGAL NAME OF OWNER OF CABL  WAVE DIVISION HOLDII					SYSTEM ID# 61498	Name	
PRIMARY TRANSMITTERS: TELEV							
In General: In space G, identify ev		station (includi	ng translator sta	tions and low pow	ver television stations)	_	
carried by your cable system durin	ng the accountir	ng period, exc	ept (1) stations o	arried only on a p	part-time basis under	G	
FCC rules and regulations in effec 76.59(d)(2) and (4), 76.61(e)(2) ar	t on June 24, 1 nd (4), or 76.63	981, permittin (referring to 7	g the carriage of 6.61(e)(2) and (	f certain network p (4))]: and (2) certa	programs [sections ain stations carried on a	Primary	
substitute program basis, as expla	ined in the next	paragraph.				Transmitters	
Substitute Basis Stations: W basis under specifc FCC rules, rec			tions carried by y	our cable system	on a substitute program	Television	
Do not list the station here in spa	ice G—but do li		(the Special Sta	atement and Prog	ram Log)—if the		
station was carried only on a su		tation was car	ried hoth on a si	uhetituta hasis and	d also on some other		
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 of	call sign. Do no	t report origina	ation program se	rvices such as HF	BO ESPN etc. Identify		
each multicast stream associated	with a station a	ccording to its	over-the-air des	signation. For exar	mple, report multi-		
cast stream as "WETA-2". Simulci WETA-simulcast).	ast streams mu	ist be reported	d in column 1 (lis	t each stream sep	parately; for example		
Column 2: Give the channel no							
its community of license. For examon which your cable system carrie		hannel 4 in W	ashington, D.C.	This may be diffe	erent from the channel		
Column 3: Indicate in each cas	se whether the						
educational station, by entering the (for independent multicast), "E" (fo							
For the meaning of these terms, se	ee page (v) of t	the general ins	structions located	d in the paper SA3	3 form.		
Column 4: If the station is outs planation of local service area, see							
Column 5: If you have entered	l "Yes" in colum	n 4, you must	complete colum	nn 5, stating the ba	asis on which your		
cable system carried the distant st carried the distant station on a par					if your cable system		
For the retransmission of a dist	tant multicast st	ream that is n	ot subject to a re	oyalty payment be			
of a written agreement entered into the cable system and a primary tra							
tion "E" (exempt). For simulcasts,	also enter "E".	If you carried	the channel on a	ny other basis, en	nter "O." For a further		
explanation of these three categor Column 6: Give the location of							
FCC. For Mexican or Canadian sta							
Note: If you are utilizing multiple c							
		CHANN	EL LINE-UP	AA		1	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. EGGATION OF GTATION		
	NUMBER	STATION		(If Distant)			
KAXT - Decades	22	l	No		SAN FRANCISCO, CA	_	
KBCW - CW	44	N	No		SAN FRANCISCO, CA	See instructions for	
KCNS - Independent	38	I	No		SAN FRANCISCO, CA	additional informati	
KDTV - Univision	14	N	No		SAN FRANCISCO, CA	on alphabetization.	
KEMO - Azteca	50.1	N	No		FREMONT, CA		
KFSF - UniMas	66	N	No		VALLEJO, CA		
KFSFDT2 - Bounce TV	66.3	N	No		VALLEJO, CA	1	
KFSFDT4 - Grit	66.4	N	No		VALLEJO, CA	1	
						1	
KFSFDT5 - True Crime	66.5	N N	No		VALLEJO, CA	+	
KGO TV- ABC	7	N 	No 		SAN FRANCISCO, CA		
KGODT2 - Localish	7.2	N	No		SAN FRANCISCO, CA	4	
KGODT3 - This TV	7.3	N	No		SAN FRANCISCO, CA		
KICU - KTVU Plus	36	<u> </u>	No		SAN JOSE, CA	-	
KICUDT2 - KEMS/KBS Wo	36.2	<u> </u>	No		SAN JOSE, CA	4	
KICUDT3 - CGTN	36.3		No		SAN JOSE, CA		
KKPX - ION	65	N	No		SAN JOSE, CA		
KMTP - Independent	32	<u> </u>	No		SAN FRANCISCO, CA		
KNTV - NBC	11	N	No		SAN JOSE, CA		
KNTVDT2 - Cozi	11.2	N	No		1		
	11 E				SAN JOSE, CA		
KNTVDT5 - Lx	11.5	N	No		SAN JOSE, CA SAN JOSE, CA		
	20	l	No No				
KOFY - Independent	20	l	No		SAN JOSE, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS	20 5	l N	No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV	20 5 5.2	I N N	No No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent	20 5 5.2 27	I N N	No No No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS	20 5 5.2 27 9	I N N I E	No No No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus	20 5 5.2 27 9 9.2	I N N I E	No No No No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World	20 5 5.2 27 9 9.2 54.3	I N N I E E	No No No No No No		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids	20 5 5.2 27 9 9.2 54.3	I N N I E E E	NO		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQEL - TLN	20 5 5.2 27 9 9.2 54.3 54.4	I N N I E E N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV	20 5 5.2 27 9 9.2 54.3 54.4 8	I N N I E E N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV	20 5 5.2 27 9 9.2 54.3 54.4	I N N I E E N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV	20 5 5.2 27 9 9.2 54.3 54.4 8	I N N I E E N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2		No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2	I	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3	I N N N I N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN MATEO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48	I N N N N N N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN MATEO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2	I N N N N N N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN MATEO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2 68	I N N N N N N N N N N N N N N N N N N N	NO N		SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN MATEO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEDDT3 - World KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48.2 68 68.2	I N N N N N N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA		
KNTVDT5 - Lx  KOFY - Independent  KPIX - CBS  KPIXDT2 - Start TV  KPJK - Independent  KQED - PBS  KQEDDT2 - KQED Plus  KQEDDT3 - World  KQEHDT4 - Kids  KQSL - TLN  KRON - MyNetworkTV  KRONDT2 - AntennaTV  KRONDT3 - SportGrid  KRONDT4 - Quest  KRONDT5 - Shop LC  KSTS - Telemundo  KSTSDT2 - TeleXitos  KTLN - Heroes & Icons  KTLNDT2 - MeTV  KKNDT2 - MeTV  KKNDT2 - MeTV	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2 68 68.2 42	I N N N N N N N N N N N N N N N N N N N	No N		SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN KTSF - Independent	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2 68 68.2 42 26	I N N N N N N N N N N N N N N N N N N N	No		SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN KTSF - Independent KTVU - FOX	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2 68 68.2 42 26 2	I N N N N N N N N N N N N N N N N N N N	No		SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA SAN FRANCISCO, CA		
KOFY - Independent KPIX - CBS KPIXDT2 - Start TV KPJK - Independent KQED - PBS KQEDDT2 - KQED Plus KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetworkTV KRONDT2 - AntennaTV KRONDT3 - SportGrid KRONDT4 - Quest KRONDT5 - Shop LC KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN	20 5 5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 4.5 48 48.2 68 68.2 42 26	I N N N N N N N N N N N N N N N N N N N	No		SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA SAN FRANCISCO, CA		

U.S. Copyright Office

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61498 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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
WAVE DIVISION HOLDINGS LLC 61498	Namo							
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	_							
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.	Substitute							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	Carriage: Special							
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
broadcast by a distant station?  Note: If your answer is "Yes," you must complete the program								
log in block 2.	<u> </u>							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is								
clear. If you need more space, please attach additional pages.								
Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting								
period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper								
SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program								
titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."								
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.								
Column 4: Give the broadcast 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). <b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with the month								
first. Example: for May 7 give "5/7."								
Column 6: State the times when the substitute program was carried by your cable system. List the times accurately								
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be								
stated as "6:00–6:30 p.m."								
stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required								
<b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro								
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Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE  SUBSTITUTE PROGRAM  CARRIAGE OCCURRED  7. REASON FOR								
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE  7. REASON								
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LEGA	IL NAME OF OWNER OF CABLE SYSTEM:  VE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
GRO Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	you pay. Enter the total of ndary transmission service	K Gross Receipts
Instru Con Con If yo fee If yo acco If pa bloo If pa	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account. Int 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be ellow.  Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou	entered on line 1 of	L Copyright Royalty Fee
2 in	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.	are required to pay at	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting periodic Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and continuous control of the control	n 4, you must check d?	
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  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$ -	
	schedule. If none, enter zero  Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	<ul> <li>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</li> <li>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.</li> </ul>	\$ 17,379.17 0.00	Cable systems submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 725.00	Section 111(d)(7) should contact the Licensing additional fees.
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 18,104.17 See page (i) of the	Division for the appropriate form for submitting the additional fees.
	general instructions located in the paper SA3 form for more information.)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Name		1498
		_
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Gildillicis	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 IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Individual to		
Be Contacted for Further	Name Greg Russo Telephone 732-580-6085	
Information	Name Greg Russo Telephone 732-580-6085	
	OFO Callege Book Foot Oaks 0400	
	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)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than 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)]	
	[16 0.3.0., Section 1001(1960)]	
	/s/ Parisa Salehani	
	<u> </u>	
	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 settings.	
	Typed or printed name: Parisa Salehani	
	Till Conian Vice Buckident Contactles	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	(	
	Date: August 21, 2022	
	Date: August 31, 2022	

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

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID# 61498	Name
The Satellite Hon lowing sentence: "In determ service of scribers a	nining the total number of subscribers and the gross amounts paid to the cable soft providing secondary transmissions of primary broadcast transmitters, the system and amounts collected from subscribers receiving secondary transmissions pursu	ystem for the basic n shall not include sub- ant to section 119."	Special Statement Concerning
paper SA3 form.	ation on when to exclude these amounts, see the note on page (vii) of the genera unting period did the cable system exclude any amounts of gross receipts for seco		Gross Receipts Exclusion
X NO	the total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payn on of interest assessment, see page (viii) of the general instructions in the paper	• •	Q
Line 1 Enter the	e amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum here	x days	
Line 3 Multiply li	ine 2 by the number of days late and enter the sum here	x 0.00274	
. ,	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur Licensing Division at (202) 707-8150 or licensing@loc.gov.	ther assistance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
	filling this worksheet covering a statement of account already submitted to the C the owner, address, first community served, accounting period, and ID number a		
Owner Address			
First community s 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)

1 1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC							
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line		0.00	61498				
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompared to the column headed "DSE" in the column headed "DSE" in the column headed "DSE".							
Category "O"			CATEGORY "O" STATION	IS: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as necessary.								
Remember to copy all formula into new								
rows.								
		<u> </u>		L	LJ	1		

	 P	p	<del></del>

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  61498							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried Part interest be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper								
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	-	·Ε	
			÷		=	<u>x</u>			
			÷ ÷		=	x x	=		
			÷		=	x	=		
			÷		=	x	=		
			÷		=	x	=		
			÷ ÷		=	x x	=		
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-	BASIS STATION	IS: COMPUTA	ATION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-				+		=	
		-		=		+		=	
		-		=				=	
		4	+	=		4	-	=	
	Add the DSEs	oF SUBSTITUTE-BASI of each station. m here and in line 3 of pa	S STATIONS:	edule,		0.00	]	=	
5		ER OF DSEs: Give the ames applicable to your system		oxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total		
Total Number	1. Number	of DSEs from part 2 ●				<b>&gt;</b>	0.00		
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 NUMBE	R OF DSEs				<b>&gt;</b>		0.00	

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

	OWNER OF CABLE S						s	YSTEM ID# 61498	Name
								01400	
Instructions: Bloom block A:	ck A must be comp	oleted.							•
<ul> <li>If your answer if schedule.</li> </ul>	• 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							6	
• If your answer if	"No," complete blo	cks B and C I		TEL EL (1010N1N4	A DIVETO				Computation of
le the cable eveter	m located wholly o	itside of all m		TELEVISION MA er markets as defin		tion 76.5 of EC	C rules and regula	tions in	3.75 Fee
effect on June 24,	•	uiside of all fil	ajoi and smail	ei iliaikeis as ueilii	ed under sec	11011 70.3 01 1 0	C rules and regula	uons m	
Yes—Com	plete part 8 of the	schedule—D	O NOT COMP	LETE THE REMAIN	NDER OF PA	RT 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	/ITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re instructions for the	egulations pric ne DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted station	ns, see the	,	
Satellite Television Extension and Localism Act of 2010.)  Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station.  (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(d)]  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]									
	instructions fo E Carried pursua *F A station pre	r DSE schedo ant to individu viously carrie IHF station wi	ule). lal waiver of F0 d on a part-time thin grade-B co	e or substitute basis ontour, [76.59(d)(5)	s prior to Jun	e 25, 1981			
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		<u> </u>	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from p	part 5 of this s	chedule				-	
ine 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve					
				of DSEs subject t of this schedule)		ate.		0.00	
_ine 4: Enter gro	oss receipts from	space K (pa	ige 7)						Do any of the
ine 5: Multiply li	ine 4 by 0 0275 a	nd enter our	n here				x 0.03	375	partially permited/
_me o. wwwpy n	ine 4 by 0.0375 a	mu enter sur	11 11016				Х		partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	If yes, see part 9 instructions.
l ine 7: Multinly li	ine 6 by line 5 an	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

**ACCOUNTING PERIOD: 2022/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 61498 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,633,380.51	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		1
	SECTION 3: TOP 50 TELEVISION MARKET		İ
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 4.00 or less and the section 2 is 4.00 or less.	E	
	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)		1
	B. Enter 0.00377 of gross receipts (the amount in section 1)		İ
	C. Subtract 1.000 from total permitted DSEs (the figure on		İ
	line C in section 2) and enter here		İ
	D. Multiply line B by line C and enter here		l
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		İ
	B. Enter 0.00377 of gross receipts (the amount in section 1)		İ
	C. Multiply line B by 3.000 and enter here		İ
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _		1
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		1
	F. Multiply line D by line E and enter here		1
	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		1
0 "	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		1
Section 4a	▼ Yes—Complete part 9 of this schedule.   ■ No—Complete the applicable section below.		İ
	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)		İ
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		1
	D. Multiply line B by line C and enter here		İ
	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		1

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498							
<b>7</b> Computation	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) ▶ \$								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$								
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								
8 Computation of Base Rate Fee	You mi 6 was 6 In blo If you If you blank What i	Instructions:  You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.  In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below 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	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
	L	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.								
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	1	Enter the amount of gross receipts from space K (page 7)	.51_							
	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.).	0.00							
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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>-</u>							
		B. Enter 0.00701 of gross receipts  (the amount in section 1)								
		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	<u>-</u>							
		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	<u> </u>							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	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.		
A. Enter 0.01064 of gross receipts  (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)  * **  **  **  **  **  **  **  **  **		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b>&gt;</b> \$		2400 1440 1 00
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 <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	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your ba receipts from subscribers located within the station's local service area, from your system's total gross receipts exclusion, you must:		Computation of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that an station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base in Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your s	Determine the number of rate fee for each group.	Base Rate Fee and Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block if your cable 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  Step 1: For each community served, determine the local service area of each wholly distant and each partially carried to that community.	distant station you	for Partially Permitted Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribe outside the station's local service area. A subscriber located outside the local service area of a station is distant the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they a subscriber group must consist entirely of subscribers who are distant to exactly the same complement of station system will have only one subscriber group when the distant stations it carried have local service areas that coil	ns. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each or groups.	of your system's subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is d subscribers in the group.</li> </ul>	listant to all of the	
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you don't this schedule; or,</li> </ul>	ou gave it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.	gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.	e general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sched page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribe DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You actual calculations on the form.</li> </ul>	r group (that is, the total	

LEGAL NAME OF OWNE						\$	61498	Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FIRST SUBSCRIBER GROUP  SECOND SUBSCRIBER GROUP							9		
COMMUNITY/ AREA	South	San Francisco, Sa	n Franci	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for Partially	
								Distant Stations	
								Stations	
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts First G	roup	\$ 1,633,380.51		Gross Receipts Sec	ond Group	\$	0.00		
Bass Bats Fas First O			0.00	Bass Bats Fac Court			0.00		
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Sec		\$	0.00		
COMMUNITY/ AREA	THIKD	SUBSCRIBER GROU	0	COMMUNITY/ AREA	FOURTH SUBSCRIBER GROUP  IITY/ AREA  0				
	T	II	T		T	II			
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			ber group a	s shown in the boxes a	above.	\$	0.00		

LEGAL NAME OF OWNE			-			:	SYSTEM ID# 61498	Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FIRST SUBSCRIBER GROUP  SECOND SUBSCRIBER GROUP								9		
COMMUNITY/ AREA	South	San Francisco, S	an Franci	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially Distant		
								Stations		
Total DSEs	•		0.00	Total DSEs	•		0.00			
Gross Receipts First G	roup	\$ 1,633,380.51		Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco	-	\$ SUBSCRIBER GRO	0.00			
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA						
				- COMMONT IT TO THE			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	s	0.00			
	-, 1, 3	' (L~2~ , )				<u> </u>				

ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 61498 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		ble	Total amount of	Numbe	r of SAs rec'd	rec'd Initials			
	Ma	rkshoot	remittance						
	VVOI	INSTILL		_					
			Date of remittance	□Check	□EFT	□FILING	G FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocation r	umber				
Space A Accounting Period									
	□Janua	ary 1 - June 30, 2017		July 1 - December 3	31, 2017				
	□Letter	r sent		☐Information receive	d				
	□Accep	oted		Phone call/Date/Co	ntact				
Space B Owner									
	Letter	r sent	]	☐Information receive	d				
	□Accep	oted	Phone call/Date/Contact						
Space D Area Served									
	Letter	r sent	]	☐Information receive	d				
	□Accep	oted	]	Phone call/Date/Co	ntact				
Space E Secondary Transission									
Service Subscribers:	□Letter	r sent		☐ Information received					
and Rates	□Accep	oted		Phone call/Date/Co	ntact				
Space G Primary Transmitters:									
Television	□Letter	r sent		Information receive	ed				
	□Accep	oted	[	☐ Phone call/Date/Co	ntact				
Space H Primary Transmitters:									
Radio	□Accep	oted	]	☐Phone call/Date/Co	ntact				

		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	