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 Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				647	420221					
				6474	2022/1					
	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	lentify the busines	s and operation of the syste	em unless t	hese					
System	IDENTIFICATION OF CABLE SYSTEM:	ule system, il ullie	erent from the address given	i iii space	<u> </u>					
Gyotom	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)									
	(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	1b					
Area Served	with all communities. CITY OR TOWN	STATE								
First	PORT ORCHARD	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	MD	Α		1					
	Alliance	MD MD	B B		3					
	Gering	IVID	5		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: 6474 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 PORT ORCHARD** WA **First BELFAIR** WA Α Community **ALLYN** WA Α **BANGOR NAVAL BASE** WA Α **HOLLY** WA Α **KEYPORT NAVAL BASE** WA Α See instructions for **NORTHSHORE** WA Α additional information on alphabetization. **HOOD CANAL** WA Α WA **SEABECK** Α **PUGET SOUND NAVAL BASE** WA Α JACKSON PARK NAVAL BASE WA Α Add rows as necessary.

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

Name

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

SYSTEM ID# 6474

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	12,884	\$ 31.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	244	\$ 2.44			
Commercial	577	\$ 4.88			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE		
Continuing Services:			Installation: Non-residential			Expanded Content	\$ 79.75
 Pay cable 	\$	17.00	Motel, hotel			Digital Favorites	\$ 13.00
 Pay cable—add'l channel 			Commercial			Digital Variety	\$ 8.25
 Fire protection 			Pay cable			Digital Sports	\$ 12.00
Burglar protection			 Pay cable-add'l channel 		Digital Cable Pack		\$ 32.75
Installation: Residential			Fire protection			НВО	\$ 19.00
 First set 	\$	80.00	Burglar protection			HBO Max	\$ 14.99
Additional set(s)	\$	30.00	Other services:			Showtime/The Movie Char	\$ 19.00
 FM radio (if separate rate) 			Reconnect	\$	40.00	Cinemax	\$ 18.50
 Converter 			Disconnect			Starz	\$ 17.00
			Outlet relocation			Movieplex	\$ 5.00
			Move to new address			HD Bonus Pack	\$ 7.00
						The Filipino Channel	\$ 12.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 6474 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 1. CALL 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) KBTC - PBS 27 Е No TACOMA, WA KCPQ - FOX TACOMA, WA 13 Ν No See instructions for additional information KCTS - PBS 9 Ε No SEATTLE, WA on alphabetization KCTSDT2 - PBS Kids SEATTLE, WA 9.2 Ε No KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA KFFVDT 2- Movies! Ν 44.2 No SEATTLE, WA KING - NBC 5 Ν Nο SEATTLE, WA KINGDT2 - JusticeNetwork 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA 7 KIRO - CBS Ν No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 N No 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 ı No **EVERETT, WA** KSTW - CW Ν TACOMA, WA 11 No KSTWDT2 - Decades 11.2 N No TACOMA, WA KTBW - TBN 20 Ν No SEATTLE, WA KVOS - Heroes & Icons 12.1 N No BELLINGHAM, WA **KVOS DT4- Decades** 12.4 Ν No BELLINGHAM, WA KWDK - Daystar TACOMA, WA Ν 56 No KWPX - ION 33 Ν No BELLEVUE, WA KZJO - MyNetwork TV 22 Ν No SEATTLE, WA KZJODT3 - Antenna TV 22.3 Ν No SEATTLE, WA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6474 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF	0 A D.I. E. 0.V.O.T									
WAVE DIVISION HOLD					s	SYSTEM ID# 6474	Name			
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i						
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.										
1. SPECIAL STATEMENT							Carriage:			
				s, any nonne	twork television program	1	Special Statement and			
• 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 "No"	, leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ust complete the progran	n				
log in block 2.										
2. LOG OF SUBSTITUTE In General: List each subst			te line. Llee abbreviations	wherever no	ssible if their meaning is					
clear. If you need more spa				wherever pos	ssible, if their meaning is					
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p							
period, was broadcast by a under certain FCC rules, re						ion				
SA3 form for futher informa										
titles, for example, "I Love L				"						
			r "Yes." Otherwise enter "N Isting the substitute progra							
Column 4: Give the broa	idcast static	n's location (th	ne community to which the	station is lice						
the case of Mexican or Can			community with which the tem carried the substitute p			th				
first. Example: for May 7 giv		which your sys	iem camed the substitute p	orogram. Osc	, numerals, with the mon	uı				
			gram was carried by your			y				
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program cam	ed by a system from 6.0 r.	15 p.m. to 6.2	20.30 p.m. snould be					
Column 7: Enter the lette			was substituted for progra			t				
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.	-	that your syste	em was permitted to delete	under i CC i	rules and regulations in					
				14/115						
S	UBSTITUT	E PROGRAM	 		EN SUBSTITUTE IAGE OCCURRED	7. REASON				
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION				
1. THEE OF TROOTON	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					
					_					
					_					
					_					
					_					
·										
l										
					<u> </u>					
					_					

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama				
WA	VE DIVISION HOLDINGS LLC		6474	Name				
Inst all a (as i page	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary trar	smission service is amount, see 4,919,992.11	K Gross Receipts				
IIVIP	ORTANT: You must complete a statement in space P concerning gross receipts.	((Amount of gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be e k 3 below.	entered	on line 1 of					
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent- low.	ered 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.	be ent	ered on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 4,919,992.11					
	Enter the result here.							
	This is your minimum fee.	\$	52,348.72					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and column 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	4, you r ?	must check					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	-	\$ 52,348.72	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. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	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	\$	53,073.72	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.)	e page	(i) of the	additional fees.				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	6474
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable	28
	system carried television broadcast stations	20
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	328
	and nonbroadcast services	320
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to Be Contacted		
for Further	Name Greg Russo Telephone 7	732-580-6085
Information		
	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)	
	Email gregory.russo@astound.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	itions)
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.
	(Which dilet than corporation of partnership) Fain the owner of the cable system as normine if or space b, t	J1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys	tem 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 identifed as owner in line 1 of space B.	of the cable system
		arain.
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	en en i
	[18 U.S.C., Section 1001(1986)]	
	/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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compati	
	Typed or printed name: Parisa Salehani	
	- Outlie May Booth (C) (II	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	Date: August 31, 2022	

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LEGAL NAME OF OWNE				SYSTEM ID#	Name
WAVE DIVISION	HOLDIN	GS LLC		6474	
The Satellite Hom lowing sentence: "In determ service of	ne Viewer A nining the to providing s	concerning gross Rict of 1988 amended Title 17, sect tal number of subscribers and the econdary transmissions of primar collected from subscribers received.	tion 111(d)(1)(A), of the Copyr e gross amounts paid to the ca y broadcast transmitters, the s	ble system for the basic ystem shall not include sub-	P Special Statement
For more informa paper SA3 form.	ition on whe	n to exclude these amounts, see	the note on page (vii) of the go	eneral instructions in the	Concerning Gross Receipts Exclusion
		did the cable system exclude any satellite dish owners?	y amounts of gross receipts fo	r secondary transmissions	
X NO					
YES. Enter th	ne total here	e and list the satellite carrier(s) be	low		
Name			Name		-
Mailing Address			Name Mailing Address		
			····		
INTEREST AS	SESSME	NTS			
•		sheet for those royalty payments t assessment, see page (viii) of th			Q
TOT AIT EXPLANATION	iii oi iiiteres	t assessment, see page (viii) of the	ie general instructions in the p	aper OAS form.	
Line 1 Enter the	amount of	late payment or underpayment			Interest Assessment
				х	
Line 2 Multiply li	ne 1 by the	interest rate* and enter the sum h	nere	<u> </u>	
				xdays	
Line 3 Multiply li	ne 2 by the	number of days late and enter the	e sum here	-	
				x 0.00274	
. ,	•	0274** enter here and on line 3, b			
S	space L, (pa	age 7)		(interest charge)	
* To view the	interest rate	e chart click on www.copyright.go	v/licensing/interest-rate.pdf. Fo		
		ivision at (202) 707-8150 or licen	,	or range assistance product	
** This is the	decimal equ	uivalent of 1/365, which is the inte	rest assessment for one day la	ate.	
· ·	-	orksheet covering a statement of address, first community served, a	•		
Owner					
Address					
Eirot as marrows 14	on to d				
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 sufficiency 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#			
I	WAVE DIVISION HOLDIN	NGS LLC				6474			
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00				
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or not mercial educational station, give the DSE as ".25."								
Category "O"	, 3		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.									

ļ	 	P	~ · · · · · · · · · · · · · · · · · · ·	

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC	:					SYSTEM ID# 6474	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This 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 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 SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL SIGN 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE OF HOURS OF HOURS OF HOURS								
	SIGN	CARRIE	ED BY	OF HOURS STATION	CARRIAC VALUE		VALUE		
		SYSTE	ivi ÷	ON AIR	=	x	=		
			÷		=	x	=		
			÷		=	x x			
			÷		=	x	=		
			÷		=	x	=		
			÷		<u> </u>	x x			
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of page		hedule,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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 SA3 form).								
		SI	UBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF DSE	s		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRA	OF I	MBER 4. DSE DAYS /EAR	
			÷				÷	=	
			÷	=			÷	=	
			÷	=			÷	=	
			÷ ÷	=			÷	=	
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa					0.00		
5		R OF DSEs: Give the am		boxes in parts 2, 3, and	4 of this schedule	and add them to pr	ovide the total		
Total Number	1. Number	of DSEs from part 2 ●				-	0.00		
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00		
	3. Number	of DSEs from part 4 ●				-	0.00		
	TOTAL NUMBE	R OF DSEs					•	0.00	

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

	OWNER OF CABLE S						S	YSTEM ID# 6474	Name	
Instructions: Bloo	ck A must be comp							V-11-T		
schedule.		•		of the DSE schedu	ıle blank and	complete part	8, (page 16) of the		6	
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation of	
•	Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?									
	plete part 8 of the		O NOT COMP	LETE THE REMAIN	NDER OF PA	RT 6 AND 7.				
	BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN	FCC rules and re instructions for th	of distant sta gulations price of DSE Scheo	ntions listed in porto June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	nis schedule t planation of p	that your syster permitted station	ns, see the	j		
Column 2: BASIS OF PERMITTED CARRIAGE	BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to									
Column 3:		e stations 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		
	•	<u> </u>				<u> </u>				
			21.001/.0.01	NADLITATION CO	- 0.75.555			0.00		
		<u> </u>	SLOCK C: CC	OMPUTATION OF	3./5 FEE					
Line 1: Enter the	total number of l	DSEs from p	part 5 of this s	chedule						
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve				<u> </u>		
				of DSEs subject t of this schedule)		ate.		0.00		
Line 4: Enter gro	Line 4: Enter gross receipts from space K (page 7)								Do any of the DSEs represent	
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially	
Line 6: Enter tota	al number of DSE	Es from line	3				х		nonpermitted carriage? If yes, see part	
Line 7: Multinly li	ine 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	9 instructions.	

ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 6474 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	WAVE DIVISION HOLDINGS LLC	6474	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		1
Section 1	Enter the amount of gross receipts from space K (page 7)	4,919,992.11	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		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 DSE		1
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	-	1
	A. Enter 0.00599 of gross receipts (the amount in section1)		İ
	B. Enter 0.00377 of gross receipts (the amount in section 1)		l
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		l
		_	l
	D. Multiply line B by line C and enter here		l
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		1
	A. Enter 0.00599 of gross receipts (the amount in section 1)		1
	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)		İ
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		İ
	F. Multiply line D by line E and enter here		İ
	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
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		l
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		1
	C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		İ
	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)		İ
	Syndicated Exclusivity Surcharge		ı

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474				
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 bloe If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	art				
	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)	0.00				
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	<u>-</u>				

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

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC 6474	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
	on, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 3. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must empute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
	oldentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.	
	n section:	
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	
2) any	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
•	· 6 of this schedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	e paper SA3 form.	
 Compage. DSEs f 	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

LEGAL NAME OF OWNE						5	SYSTEM ID# 6474	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP_	_
COMMUNITY/ AREA	PORT	ORCHARD, BELF	AIR, ALL'	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSFs			0.00	Total DCCs			0.00	
Total DSEs Gross Receipts First G	roun	s 4 919	0.00	Total DSEs 0.00 Gross Receipts Second Group \$ 0.00			0.00	
Cross rescipts i list C	ТОЦР	4,510	,,002.11	Cross receipts occ	ona Group	<u>*</u>	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	P 0	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMONT IT AREA				COMMONT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSFs			0.00	Total DCCs			0.00	
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00			0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	F	·		l state in the sta	vap	*		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				••				
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# 6474	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP	SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA	PORT (ORCHARD, BELF	AIR, ALL	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
			····					Exclusivity
			····					Surcharge for
	····		····					Partially
								Distant
								Stations
			<mark></mark>					
Total DSEs			0.00	Total DSEs 0.00				
Gross Receipts First G	roup	\$ 4,91	9,992.11	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 Fou	irth Group	\$	0.00		
	_							
Base Rate Fee Third (∂roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$	0.00	
and here and in bioci	vo, illie I, S	pace L (page 1)				Ψ	0.00	

ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6474 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

C	Cable Worksheet		Total amount of remittance					
			Date of remittance	_ □Check	□EFT	□FILING	G FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewed by		Date examination completed	Allocation number				
Space A Accounting Period								
	□Januar	y 1 - June 30, 2017]July 1 - Decemb	per 31, 2017			
	Letter	sent	Г	☐Information rec	eived			
	□Accept	ed	Г	☐Phone call/Date	e/Contact			
Space B Owner								
	Letter	sent	С	☐Information rec	eived			
	□Accept	ed	С	Phone call/Date	e/Contact			
Space D Area Served								
	Letter	sent	Г	☐Information rec	eived			
	□Accept	ed	Г	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter	sent	Г	☐ Information received				
and Rates	□Accept	ed	Г	☐ Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	Letter	sent	[☐Information red	ceived			
	□Accept	ed]	Phone call/Date	e/Contact			
Space H Primary Transmitters:								
Radio	□Accept	ed		☐Phone call/Date	e/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	