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										
				648	120221						
				6481	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										
System	IDENTIFICATION OF CABLE SYSTEM:	, , ,		'							
	WAVE BROADBAND										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)										
	BOTHELL WA 98021 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	anly the fret comm	nunity conved below and rali	ot on nogo	1h						
Area	with all communities.	only the irst confin	iurilly served below and rein	st on page	ID						
Served	CITY OR TOWN	STATE									
First	PORT ANGELES	WA									
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#						
Sample	Alda Alliance	MD MD	A B		2						
	Gering	MD	В		3						

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

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6481 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 ANGELES** WA Α **First SEQUIM** WA Α Community See instructions for additional information on alphabetization. Add rows as necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6481

WAVE DIVISION HOLDINGS LLC

Ε

Secondary

Transmission

Service: Subscribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2				
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	5,335	\$	31.95					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	488	\$	2.92					
Commercial	614	\$	4.48					
Converter								
Residential								
Non-residential								
		l		l I'''		1	T	

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 SERVI		CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel			Expanded Content	\$	79.75
 Pay cable—add'l channel 			Commercial			Digital Favorites	\$	13.00
 Fire protection 			Pay cable			Digital Variety \$		8.25
Burglar protection			 Pay cable-add'l channel 			Digital Sports	\$	12.00
Installation: Residential			Fire protection			Digital Cable Pack	\$	32.75
 First set 	\$	79.95	 Burglar protection 			НВО	\$	19.00
 Additional set(s) 	\$	30.00	Other services:			HBOMax	\$	14.99
 FM radio (if separate rate) 			Reconnect	\$	40.00	Showtime/The Movie Chai	\$	19.00
 Converter 			Disconnect			Cinemax	\$	18.50
			 Outlet relocation 			Starz	\$	17.00
			 Move to new address 			Movieplex	\$	5.00
						HD Bonus Pack		\$7.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6481 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5 BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) **CBUT - CBC** 0 VANCOUVER, BC 2 Ν Yes VICTORIA, BC CHEK - Independent 6 No Т See instructions for additional information CKVU - Citytv Vancouver 10 Yes 0 VANCOUVER, BC n alphabetization **KBTC - PBS** 27 Ε No TACOMA, WA KCPQ - FOX 13 Ν No TACOMA, WA KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS Kids Е SEATTLE, WA 9.2 No KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA SEATTLE, WA KFFVDT 2- Movies! 44.2 Ν No KFFVDT 4 -Decades 44.4 N No SEATTLE, WA KING - NBC 5 Ν No SEATTLE, WA KINGDT2 - JusticeNetwork 5.2 Ν SEATTLE. WA No KINGDT3 - Quest 5.3 Ν No SEATTLE, WA KIRO - CBS 7 Ν No SEATTLE. WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KOMO - ABC 4 N No SEATTLE, WA **KOMODT2 - CometTV** 4.2 Ν No SEATTLE, WA KOMODT3 - Charge! 4.3 Ν No SEATTLE, WA KONG - Independent 16 **EVERETT, WA** ı No **KONGDT2 - BounceTV** 16.2 Ν No EVERETT, WA KONGDT3 - ThisTV 16.3 Ν **EVERETT, WA** No KSTW - CW 11 Ν TACOMA, WA No KSTWDT2 - Decades 11.2 Ν No TACOMA, WA KVOS - Heroes & Icons 12.1 Ν No BELLINGHAM, WA KWPX - ION 33 Ν No BELLEVUE, WA KZJO - MyNetwork TV 22 Ν SEATTLE, WA No **KZJODT3 - Antenna TV** 22.3 No SEATTLE, WA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6481 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					5	SYSTEM ID# 6481	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	;			_
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT					·		Carriage:
During the accounting per	_			is, any nonne	etwork television progran	n	Special Statement and
broadcast by a distant stat						X No	Program Log
Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the prograr	n	
log in block 2.							•
2. LOG OF SUBSTITUTE In General: List each subst			ite line. Use abbreviations	wherever po	ssible if their meaning is	.	
clear. If you need more spa	ce, please	attach addition	al pages.				
Column 1: Give the title period, was broadcast by a			ision program (substitute p			tion	
under certain FCC rules, re							
SA3 form for futher informa				"basketball"	. List specific program		
titles, for example, "I Love L			ୀତers vs. Bulls." r "Yes." Otherwise enter "N	lo "			
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.			
Column 4: Give the broathe case of Mexican or Can			ne community to which the				
			tem carried the substitute			ith	
first. Example: for May 7 giv		1 64 4					
to the nearest five minutes.			gram was carried by your ed by a system from 6:01:			У	
stated as "6:00-6:30 p.m."							
Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			d	
gram was substituted for pr							
effect on October 19, 1976.							
				WHI	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM	I		IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					_		
					_		
					_		
					_		
					_		
					_		

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	N				
WA	VE DIVISION HOLDINGS LLC		6481	Name				
Inst all a (as i page	PSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	dary tr	ansmission service this amount, see \$ 2,310,834.67	K Gross Receipts				
IMP	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 ϵ k 3 below.	entere	d on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered o	on line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be ei	ntered 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.		4 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 2,310,834.67					
	Enter the result here. This is your minimum fee.	\$	24,587.28					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and co	4, you 1?	u must check					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 24,587.28					
	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	\$	24,587.28					
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$ 24,587.28	Cable systems				
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	25,312.28	appropriate form for submitting the				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee pag	e (i) of the	additional fees.				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	6481
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station	ns
01	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable	
	system carried television broadcast stations	29
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	343
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
IN	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	
	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	5.)
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	Common states and the potation of parameters, provided the common states and common states and the common states are common states are common states and the common states are c	
	(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 legal entity identified as owne	e 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)]	
	/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 bo	y and proce the "E2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility	
	Typed or printed name: Parisa Salehani	
	· yp p	
	Title: Senior Vice President, Controller	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	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: SYS	TEM ID#	
WAVE DIVISION	I HOLDINGS LLC	6481	Name
The Satellite Hon lowing sentence: "In determ service of scribers a For more informa paper SA3 form. During the accoumade by satellite	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the foliationing the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sulfund amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions in the continuous period did the cable system exclude any amounts of gross receipts for secondary transmissions of carriers to satellite dish owners?		Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	Q
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply li	ine 2 by the number of days late and enter the sum here	-	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please Licensing Division at (202) 707-8150 or licensing@loc.gov.	е	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
-	filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the original	d	
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)

DSE SCHEDULE. PAGE						/OTEM 10 //					
1	LEGAL NAME OF OWNER OF CABLE				51	SYSTEM ID#					
-	WAVE DIVISION HOLDIN	GS LLC				6481					
	SUM OF DSEs OF CATEGORY	"O" STATION	IS:								
	 Add the DSEs of each station. 										
	Enter the sum here and in line 1	of part 5 of this	schedule.		1.00						
	Instructions:			·							
2	In the column headed "Call Si	gn": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5						
	of space G (page 3).										
Computation	In the column headed "DSE":			as "1.0"; for e	ach network or noncom-						
of DSEs for	mercial educational station, give	the DSE as ".2									
Category "O"											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CKVU - Citytv Vancouve	1.000									
Add rows as											
necessary.											
Remember to copy all											
formula into new											
rows.											

				<u> </u>							
											
				<u> </u>							

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

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC					S	YSTEM ID# 6481		
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.									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	-	E		
			÷ ÷ ÷ ÷ ÷ ÷		= = = = =	x x x x x	= = = = = =			
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of pa			= = b	x x	<u> </u>			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: Fat your option. Column 3: EColumn 4: I	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs dur number of live, spond with the ir in the calendar in 2 by the figure	ram that your system letter "P" in column 7 ing that optional carri- nonnetwork programs formation in space I. year: 365, except in a in column 3, and giv	was permitted to 7 of space I); and age (as shown by t s carried in substi a leap year. we the result in col	ograms) if that station: delete under FCC rules is the word "Yes" in column 2 is tution for programs that w umn 4. Round to no less the general instructions in the	of vere deleted than the third).		
		SI	JBSTITUTE-	BASIS STATION	NS: COMPUTA	ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		- -		=		-		=		
		÷	÷	=		-		=		
		÷		=		-		=		
		+	÷	=		-	•	=		
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		dule,		0.00				
5		R OF DSEs: Give the amo		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 ●				<u> </u>	1.00			
of DSEs		of DSEs from part 3 ● of DSEs from part 4 ●				<u> </u>	0.00			
	TOTAL NUMBE	R OF DSEs						1.00		

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

LEGAL NAME OF O							S	YSTEM ID# 6481	Name
In block A: If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	•	of the DSE schedu	ule blank and	complete part	3, (page 16) of the		6
	-			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	BEs			
Column 1: CALL SIGN	FCC rules and re	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	•	
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	
CKVU - City	y D	1.00							
	-						-		
								1.00	
		I	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from բ	part 5 of this s	chedule				1.00	
ine 2: Enter the	sum of permitted	d DSEs from	block B abo	ve			,	1.00	
				of DSEs subject t of this schedule		ate.		0.00	
Line 4: Enter gross receipts from space K (page 7)x 0.0375								Do any of the DSEs represen partially	
_ine 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				X	<u>-</u>	nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 bv 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** 6481 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE DSE CKVU - Cityty V 1.00 CKVU - Citytv V 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 64	ID# 181	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	.67	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	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 any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6481					
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.						
8 Computation of Base Rate Fee	You more for the following of the following the following the following for the foll	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. pock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. pur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. pur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	w					
	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). 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.). 1	.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). B. Enter 0.00701 of gross receipts (the amount in section 1). \$\frac{24,587}{5}\$ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. \$\frac{-}{5}\$ E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	_					

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

DOL 001	Nessettine	0 1 LIII 0 D 1 LULL
	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC 6481	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.	_
4	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	Dase 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
In Gen receipt	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 of
exclusi	on, you must:	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
NOTE:	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 impute 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
How to	oldentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
Step 1 carried	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each liber 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.	
• lf:		
4 of thi	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions appear SA3 form.	
page. 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# 6481	Name
		: COMPUTATION OF		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		ANGELES, SEQUI		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 DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,310),834.67	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ADEA	THIRD	SUBSCRIBER GROU	IP 0	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA				COMMONT T/ ARE	H			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				.				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes	above.	\$	0.00	

EGAL NAME OF OWNE						,	SYSTEM ID# 6481	Name
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP) SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	PORT /	ANGELES, SEQU	IIM	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
			<u>.</u>					Exclusivity
								Surcharge for
								Partially
			····					Distant Stations
			····					
Fotal DSEs		Ш	0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	s 2,310	0,834.67	Gross Receipts Second Group \$ 0.00				
	'				,	·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA				
OWINIONIT I/ AINLA				COMMONT I/ AIL	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
Total DSEs	1		0.00	Total DSEs		-11	0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$	0.00	

ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6481 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 Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 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 Workshe		Total amount of remittance	Number of SAs rec'd		d II	Initials		
			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	Ε	☐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 received					
	□Accept	ed]	Phone call/Date	e/Contact				
Space H Primary Transmitters:									
Radio	□Accept	ed		☐Phone call/Date/Contact					

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