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

SA3E Long Form

Return completed workbook by email to:

<u>coplicsoa@loc.gov</u>

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

807 3700 MONTE VILLA PARKWAY BOTHELL W 98021 C System 1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND Mailing address of cable system: WAVE BROADBAND Mailing address of cable system: WAVE BROADBAND 2 IDENTIFICATION of cable system: WAVE BROADBAND BOTHELL W 98021 (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 City, town, state, zip code) D Area	807 720221 2022/1
Period 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 he 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 807 3700 MONTE VILLA PARKWAY BOTHELL W 98021 C system 1 IDENTIFICATION OF CABLE SYSTEM: WAVE BOTHELL W 98021 IDENTIFICATION OF CABLE SYSTEM: WAVE BOADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY BOTHELL W 98021 IDENTIFICATION OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY 2 IDENTIFICATION OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY 2 MALING ADDRESS OF CABLE SYSTEM: 3700 MONTE V	720221
B 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. 	720221
Owner rate tille 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 807 3700 MONTE VILLA PARKWAY BOTHELL W 98021 807 Image: System NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space System 1 DENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Nomber: street, ran space B. In line 2, give the mailing address of the system, if different from the address given in space System 1 DENTIFICATION OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Nomber: street, ran sould E system): 3700 MONTE VILLA PARKWAY (Nomber: street, ran sould E system): 3700 MONTE VILLA PARKWAY (Nomber: street, ran sould E nomber): BOTHELL W 98021 D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.	720221
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D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page with all communities.	
Area with all communities.	
	1b
Community	
Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) SU	3 GRP#
	1
Sample Alliance MD B	2
Gering MD B	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 sufficiency of the fling, a determination that would be made by a court of law.	

for Secondary Transmissions by Cable Systems (Long Form)

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

STATEMENT OF ACCOUNT

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8-31-22	\$ ALLOCATION NUMBER

SV3E	PAGE	1h	
SAJE.	PAGE	ID.	

FORM SA3E. PAGE 1b.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WAVE DIVISION HOLDINGS LLC			807				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings.							
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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]			
DUVALL	WA			First			
				Community			
				See instructions for additional information			
				on alphabetization.			
				Add rows as necessary.			
	_						

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										. PAGE		
Neme	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTE	EM ID		
Name	WAVE DIVISION HOLDI	NGS LLC								80		
E	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission s	ervice of th	ne cable				
		stem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information out other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary		• • •			•		hose existi	ng on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la svetam	broken				
scribers and	down by categories of secondary	•										
Rates	each category by counting the n											
	separately for the particular serv							-				
	Rate: Give the standard rate c	-	-	-			-					
	unit in which it is generally billed				ny standaro	d rate variations	s within a p	articular 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 ser								e that cable				
	systems most commonly provide	•		0								
	that applies to your system. Note											
	categories, that person or entity						•					
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the				
	Block 2: If your cable system h					service that are	different fr	om those				
	printed in block 1 (for example, t	-		-								
	with the number of subscribers a	and rates, in the	e right-ł	nand block. A tv	vo- or three	e-word descripti	on of the s	ervice is				
	sufficient.											
	BLU	OCK 1 NO. OF	-				BLOC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	R	ATE		
	Residential:											
	Service to first set		2,115	\$ 31.95								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel		~ ~ ~									
	Commercial		21	\$ 6.85								
	Converter Residential											
	Non-residential											
	• Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3							
-	In General: Space F calls for rat					your cable syst	tem's servi	ces that were				
F	not covered in space E, that is, t											
0	service for a single fee. There ar				•		• • • •					
Services Other Than	furnished at cost or (2) services amount of the charge and the un											
Secondary	enter only the letters "PP" in the		usuany	blied. If any fe			abie pei-pi	ogram basis,				
ransmissions:	Block 1: Give the standard rat	te charged by t										
Rates	Block 2: List any services that				-							
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.											
	BLOCK 1 BLOCC CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE							BLOCK 2	Б	ATE		
	Continuing Services:	NATE		ation: Non-res		NATE	CATEGO	DRI OF SERVICE		AIE		
	Pay cable	\$ 17.00		otel, hotel	iaentiai		Expande	ed Content	\$	79.		
	• Pay cable—add'l channel	· · · · · · · · · · · · · · · · · · ·	•	ommercial			Digital F		\$	13.0		
	• Fire protection		-	y cable			Digital V		\$.8.		
	•Burglar protection		-	y cable-add'l cl	nannel		Digital S		\$	12.0		
	Installation: Residential		-	e protection				able Pack	\$	32.		
	• First set	\$ 79.95		rglar protection			НВО		\$	19.0		
	 Additional set(s) 	\$ 30.00		services:			HBOMax	(\$	14.9		
	• FM radio (if separate rate)		• Re	connect		\$ 40.00	Showtim	ne/The Movie Cha	\$	19.0		
	• Converter		• Dis	sconnect			Cinemax	(\$	18.		
			• Ou	itlet relocation			Starz		\$	17.0		
			• Mc	ove to new addr	ess		Movieple	ex	\$	5.0		
	1	1	1				[·····					

\$

7.00

HD Bonus Pack

ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTE WAVE DIVISION HOLDINGS I					SYSTEM ID# 807	Name		
PRIMARY TRANSMITTERS: TELEVISION					001			
In General: In space G, identify every tel	evision station	including tran	slator stations a	nd low power tele	vision 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								
substitute program basis, as explained in			rried by your cal	ale system on a si	ibstitute program	Transmitters Television		
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:								
 Do not list the station here in space G– station was carried only on a substitut 		space I (the S	pecial Statemen	t and Program Lo	g)—if the			
List the station here, and also in space		vas carried bo	th on a substitut	e basis and also o	on some other			
basis. For further information concern in the paper SA3 form.	ing substitute b	asis stations,	see page (v) of t	the general instruc	tions located			
Column 1: List each station's call sign			-		-			
each multicast stream associated with a cast stream as "WETA-2". Simulcast stre								
NETA-simulcast).					•			
Column 2: Give the channel number ts community of license. For example, W		•		-				
on which your cable system carried the s	station.							
Column 3: Indicate in each case whe educational station, by entering the letter								
(for independent multicast), "E" (for nonc	ommercial educ	ational), or "E	-M" (for noncom	mercial education				
For the meaning of these terms, see pag Column 4: If the station is outside the					. For an ex-			
planation of local service area, see page Column 5: If you have entered "Yes"					which your			
cable system carried the distant station of	-			-	-			
carried the distant station on a part-time For the retransmission of a distant mu					it is the subject			
of a written agreement entered into on or	before June 30	, 2009, betwe	en a cable syste	em or an associati	on representing			
he cable system and a primary transmitt ion "E" (exempt). For simulcasts, also er			• • •		•			
explanation of these three categories, se	e page (v) of the	e general insti	ructions located	in the paper SA3	orm.			
Column 6: Give the location of each s FCC. For Mexican or Canadian stations,								
Note: If you are utilizing multiple channel								
		CHANN	EL LINE-UP	AA				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				
CBUT - CBC 2 N Yes O VANCOUVER, BC								
KBTC - PBS 28 E No TACOMA, WA								
	28	Е		0		See instructions for		
	28 13	E N		0		additional informati		
KBTC - PBS KCPQ - FOX KCTS - PBS	•		No	0	TACOMA, WA	See instructions for additional informati on alphabetization.		
KCPQ - FOX KCTS - PBS	13	N	No No	0	TACOMA, WA TACOMA, WA	additional informati		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids	13 9	N E	No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA	additional informati		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create	13 9 9.2	N E E	No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA	additional informati		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV	13 9 9.2 9.3	N E E	No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informati		
KCPQ - FOX	13 9 9.2 9.3 44.1	N E E E N	No No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informati		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC	13 9 9.2 9.3 44.1 44.2	N E E E N N	No No No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informat		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - JusticeNetwork	13 9 9.2 9.3 44.1 44.2 5	N E E N N N	No No No No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informat		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - JusticeNetwork KINGDT3 - Quest	13 9 9.2 9.3 44.1 44.2 5 5.2	N E E N N N N	No No No No No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informat		
KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - JusticeNetwork KINGDT3 - Quest KING - CBS	13 9 9.2 9.3 44.1 44.2 5 5.2 5.2 5.3	N E E N N N N	No No No No No No No No No	0	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional informati		
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U.S. Copyright Office

H PRIMARY TRANSMITTERS: RADIO In General: List every ratio station carried on a separate and discrete basis and list hose FM stations carried on an alb-band basis whose signals were "generally recovariable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Capyight Offser regulations. an FM depail is generally recovariable (17) is carried by the system whenever its increded and experime is headed. and (2) can be expected, one the basis of monitoring to be received at the beadend, with the system: FM antenna, during central instructions for deplate information about the the Capyight Offser regulations on this point, see page (vi) of the general instructions for deplate information about the Capyight Offser regulations on this point. Column 2: Statis whether the station is fand in the "SOD column." Column 2: Statis whether the station is fand in the "SOD column. Column 2: Statis whether the station is fand information signal, incluste this by placing a check mark in the "SOD column." Column 4: Check tation's fand in the "SOD column. Colum 4: Statis value in the station is laterate signal, incluste this by placing a check mark in the "SOD column. Column 4: Check tation's fand for the "SOD column. Column 4: Statis whether the station is laterate signal, incluste this by placing a check mark in the "SOD column. Colum 4: Statis value the station is laterate signal, incluste this by placing a check mark in the "SOD column. Column 4: Check tation's factores the statis is located by the CCC or, in the case of Mexican or Canaden stations, if any, the community with which the station is identified). Colum 4: Check tation is dentified Column 4: Check tation is ide	YSTEM ID# 807	SYS							LEGAL NAME OF (Name	
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF S IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		PRIMARY TRANSMITTERS: RADIO 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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									
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1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Carriag • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Statement	FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 202
WAYE DIVISION HOLDINGS LLC 807 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program to go in block? Yes No 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Yes No Column 1: Give the tille of every nonnetwork television program (substitute program) that, during the accounting period, was breadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 5: Give the month and day when your system carried by your cable system. List the tim	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:			:	SYSTEM ID#	
In General: In space I, identify every nonetwork 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 CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute brogram 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. Town and the your cable system carry is "Yes," you must complete the program 1. Set Substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. 2. LOG OF SUBSTITUTE PROGRAMS 1. Golum 3: Give the time of every nonnetwork television program. Colum 4: Give the time value addition and that your cable system substitute program. Colum 5: Give the time additions, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, frany, the community with which the station is identified). Colum 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: a program carried by a system from 6:01:15 p.m. to 6:28:00 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "R" if the listed pro	WAVE DIVISION HOLE	DINGS LLC	C				807	Name
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1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARKINGE Speci 1: During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program or roadcast by a distant station? Speci Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2. Image: Comparison of the program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Speci Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station ander certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program ittes, for example, "I Love Lovo?" or "NBA Basketball". Teres vs. Bulls." Column 3: Give the condcast stations is identified). Column 6: Give the month and day when your system carried the substitute program. Substitute program. Column 6: State the times when the substitute program was carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Substitute for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the liste								Substitut
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program invoadcast by a distant station? Statement Program Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2. Image: Comparison of the program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please attach additional pages. Image: Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting their or authorizations. See page (w) of the general instructions located in the paper sA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program teles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 1: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the canadian stations, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian staticus, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian staticus, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian staticus, if any, the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian staticus, if any, the community	. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				Carriage Special
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og in block 2. 2. LOG OF SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper GA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the boadcast station's location (the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in Seare of Mexican or Canadian stations, if any, the community with which the station is located. Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month irst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately o the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that yo	2		rost of this pa	ao blank. If your answor is '				Program I
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
WA	VE DIVISION HOLDINGS LLC	807	Name
Inst all a (as i	DSS RECEIPTS ructions : The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secor dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 702,802.96 (Amount of gross receipts)	
 Instruction Common Common If yo fee for the second s	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the am- rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 702,802.96	
	Enter the result here. This is your minimum fee.	\$ 7,477.82	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule. 	n 4, you must check d?	
Block	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	\$-	
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	\$ 7,477.82	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 8,202.82	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	

FORM SA3E. PAGE 7.

ACCOUNTING PERM	10: 2022/1	FORM SA3E. PAGE 8.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 807							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	stations 29							
	on which the cable system carried television broadcast stations and nonbroadcast services	343							
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual we can contact about this statement of account.)								
for Further Information	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip)								
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or 								
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B. 								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have examined the statements. [18 U.S.C., Section 1001(1986)] Yer 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa Typed or printed name: Parisa Salehani	the box and press the "F2"							
Privacy Act Notice	Senior Vice President, Controller (Title of official position held in corporation or partnership) Date: August 31, 2022 Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this							
	ess vour statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, a								

normation that can be used to identify or trace and 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 Office'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.

SAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYS	EM ID# 807 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receip Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
1	WAVE DIVISION HOLDIN	IGS LLC				807		
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station. Enter the sum here and in line 1				0.00			
2	of space G (page 3).	the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5						
	In the column headed "DSE": mercial educational station, give			as "1.0"; for e	ach network or noncom-			
Category "O"			CATEGORY "O" STATION	IS: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
Add rows as necessary.								
Remember to copy all								
formula into new								
rows.								
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		L	

								ULE. PAGE 12.
Name	LEGAL NAME OF 0	OWNER OF CABLE SYSTEM:					Ş	SYSTEM ID#
Name	WAVE DIVIS	SION HOLDINGS LLC						807
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 be carried our Column 5 give the type- Column 6	st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the 4: Divide the figure in colu t at least to the third decim 5: For each independent s avalue as ".25." 5: Multiply the figure in col point. This is the station's	ne number of mation given ne total number mn 2 by the final point. This tation, give the umn 4 by the DSE. (For me CATEGOR R	hours your cable syst in space J. Calculate er of hours that the sta igure in column 3, and is the "basis of carria ne "type-value" as "1.0 figure in column 5, ar	em carried the stat only one DSE for e ation broadcast over give the result in uge value" for the s ." For each networ ad give the result in unding, see page (ion during the accounting each station. er the air during the accound decimals in column 4. This tation. rk or noncommercial educ in column 6. Round to no le viii) of the general instruct CON OF DSES F 5. TYPE	nting period. s figure must ational station, ess than the ions in the paper 6. DS	5E
		CARRIE		STATION	VALUE			
		SYSTEM	N	ON AIR				
			÷		=	x	=	
			÷ ÷		-	x		
			•		-	x x		
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	s OF CATEGORY LAC ST of each station. um here and in line 2 of pa		hedule,		0.00)	
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ve the call sign of each sta d by your system in substi ect on October 19, 1976 (a one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (tution for a pr as shown by t ork programs o number of live pond with the in the calend n 2 by the fig	ogram that your syste the letter "P" in columr during that optional car e, nonnetwork progra b information in space lar year: 365, except in ure in column 3, and g	m was permitted to n 7 of space I); and rriage (as shown by ms carried in subst I. n a leap year. give the result in co	o delete [°] under FCC rules I the word "Yes" in column 2 titution for programs that v olumn 4. Round to no less	of vere deleted than the third	n).
		SL	JBSTITUTI	E-BASIS STATIC	NS: COMPUT	ATION OF DSEs	1	1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			+	=
		÷					•	=
				=		······································	- -	
		· · · · · · · · · · · · · · · · · · ·	•	=			• •	=
		÷		=		-	÷	=
	Add the DSEs	• OF SUBSTITUTE-BASIS of each station. um here and in line 3 of pa				0.00)	
5		ER OF DSEs: Give the among applicable to your system		boxes in parts 2, 3, ar	nd 4 of this schedule	e and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2●				•	0.00	
of DSEs		r of DSEs from part 3 ●				▶ <u></u>	0.00	
		of DSEs from part 4 ●				►	0.00	
		•						1
	TOTAL NUMBE	ER OF DSEs						0.00

	WNER OF CABLE S						S	YSTEM ID# 807	Name
Instructions: Bloo In block A:	ck A must be comp	leted.							G
 If your answer if schedule. 	"Yes," leave the re	mainder of pa	rt 6 and part 7	of the DSE schedu	ile blank and o	complete part	8, (page 16) of the		6
 If your answer if 	"No," complete blo	cks B and C b							Computation of
Is the cable system	n located wholly ou	itside of all m		ELEVISION M/		ion 76 5 of EC	C rules and regula	tions in	3.75 Fee
effect on June 24,	1981?						o ruico ana regula		
	plete part 8 of the solete blocks B and			ETE THE REMAIN	IDER OF PAP	R1 6 AND 7.			
						_			
Column 1:				IAGE OF PERM					
CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below refu ct of 2010.)	planation of p	ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regula ed pursuant to	ations cited bel the FCC mark	is on which you cai ow pertain to those aet quota rules [76.	e in effect on J 57, 76.59(b),	lune 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station prev	al educational station (76.6 r DSE schedu ant to individua /iously carried HF station wit	l station [76.59 5) (see paragra Ile). al waiver of FC d on a part-time thin grade-B co	e or substitute basis ontour, [76.59(d)(5)	(a) referring t stitution of grad	o 76.61(d)] ndfathered sta e 25, 1981	tions in the		
Column 3:		stations iden	tified by the let	parts 2, 3, and 4 of ter "F" in column 2			ksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of I	DSEs from p	art 5 of this s	chedule				-	
Line 2: Enter the	sum of permittee	d DSEs from	block B abov	/e				-	
	line 2 from line 1 eave lines 4–7 bl					ite.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sun	n here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line 3	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	, block 3, space L	(page 7)			0.00	

DSE SCHEDULE. PAGE 13.

Name

Worksheet for

Computating

the DSE

Schedule for Permitted

Part-Time and Substitute Carriage

7

Computation of the Syndicated Exclusivity Surcharge

	IER OF CABLE SYSTEM				SYSTEM ID#
AVE DIVISIO	N HOLDINGS LLC				807
tations carried price Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Finder of the finder A-Part-time sp B-Late-night price S-Substitute carries Column 5: Indicate Column 6: Compare	or to June 25, 1981, unc call sign for each distant the DSE for this station the accounting period a the basis of carriage or CC rules and regulation ecialty programming: Car 76.59(d)(1),76.61(e)(1), ogramming: Carriage u 76.61(e)(3)). arriage under certain FC general instructions in the the station's DSE for the	e current accounting period in columns 2 and 5 and list	ning part-time and substituter "F" in column 2 of part iod, occurring between Ja ge and DSE occurred (e.g. ied by listing one of the fo se in effect on June 24, 1 s, of specialty programmin 1(e)(1)). 6.59(d)(3), 76.61(e)(3), or thorizations. For further ex-	ute carriage.) 6 of the DSE schedule. Inuary 1, 1978 and June 5 I., 1981/1). Ilowing letters: 981.) ng under FCC rules, secti 76.63 (referring to cplanation, see page (vi) of 3, and 4 of this schedule.	6 (i.e., those 30, 1981. ons of the
PORTANT The	information you give in	columns 2 3 and 1 must h	e accurate and is subject	to verifcation from the de	signated
atement of accou	nt on fle in the Licensing PERMITTED DSE	g Division. FOR STATIONS CARRIE			
atement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
atement of accou	nt on fle in the Licensing PERMITTED DSE	g Division. FOR STATIONS CARRIE			
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
atement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	g Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	9 Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	9 Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	nt on fle in the Licensing PERMITTED DSE 2. PRIOR	9 Division. FOR STATIONS CARRIE 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
tatement of accou	PERMITTED DSE 2. PRIOR DSE	B and C, below.	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED

BLOCK B: C	BLOCK B: Carriage of VHF/Grade B Contour Stations				BLOCI	K C: Compu	itation of Exempt DSEs	5
commercial VHF station or in part, over the call X Yes—List each st	commercial VHF station that places a grade B contour, in whole				nity served by the cabl to former FCC rule 76.	e system pr 159) ation below w	of part 7 carried in any of rior to March 31, 1972? /ith its appropriate permitt p part 8.	(refer
CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE
		TOTAL DSEs	0.00				TOTAL DSEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 807	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	702,802.96	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		
	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?	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_	
	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 DSI is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2022/1

DSE SCH	EDULE.	PAGE	16

		DSE SCHEDULE. PAGE 10
Name		IE OF OWNER OF CABLE SYSTEM: SYSTEM ID# VAVE DIVISION HOLDINGS LLC 807
7 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. S. D. Enter 0.00089 of gross receipts (the amount in section 1). F. Multiply line D by line E and enter here. S. 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. A. Enter 0.00300 of gross receipts (the amount in section 2) and enter here. A. Enter 0.00300 and enter here. A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 1). A. Enter 0.00089 of gross receipts (the amount in section 2). A. Enter 0.00089 of gross receipts (the amount in section 2). A. Enter 0.00089 of gros
8 Computation of Base Rate Fee	6 was o • In blo • If you • If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
	[BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Dur 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)
	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)

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
WAVI	E DIVISION HOLDINGS LLC 80	Namo
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) S	
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of thi on, you must:	of
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Exclusivity Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mus	for Partially
also co	mpute 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.	•
	Identify a Subscriber Group for Partially Distant Stations	Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compo groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscribe	r
•	a section:	
	fy the communities/areas represented by each subscriber group.	
subscr	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:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, an	-
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, an 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.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. DSEs f	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 WAVE DIVISION H						S	YSTEM ID# 807	Name
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	P	║	SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA	DUVAL	L		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
	<mark></mark>							
Total DSEs	<u> </u>	Ц	0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$ 702	,802.96	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		.		•			
	•••		+					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group as	s shown in the boxes abo	ove.	\$	0.00	

LEGAL NAME OF OWNER WAVE DIVISION H						ę	SYSTEM ID# 807	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	DUVALL			. COMMUNITY/ AREA			0	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 Gr	roup	\$ 702,	802.96	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
	<mark></mark>							
	<mark></mark>							
	···				•••			
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group a	ns shown in the boxes at	oove.	\$	0.00	
		/						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Name	WAVE DIVISION HOLDINGS LLC 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	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:
of	First 50 major television market Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: 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 this schedule. 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$ Second Group \$
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE
	SURCHARGE Third Group

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

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