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						
3/2/2023	\$						
3/2/2023	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	A	CCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2022/2				
Period	+	C. (1)				
B Owner	rate	itructions:  Give the full legal name of the owner of the cable system. If the owner is a set title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner cingle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ss of the cable system on the last day of the counting period.	m. e accounting period should su		24224
	L	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		WAVE DIVISION HOLDINGS LLC				
					2422	420222
					24224	2022/2
		3700 MONTE VILLA PARKWAY BOTHELL W 98021				
С		STRUCTIONS: In line 1, give any business or trade names used to i				
C	na	mes already appear in space B. In line 2, give the mailing address o	f the system, if diff	erent from the address give	n in space	: В.
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	Ľ	WAVE BROADBAND				
	2	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)  BOTHELL W 98021				
		(City, town, state, zip code)				
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	
Area	wit	h all communities.				
Served		CITY OR TOWN	STATE			
First		DEPOE BAY	OR			
Community	E	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Alc		MD	Α		1
		iance	MD	В		2
	Ge	ring	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: 2022/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24224 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 filings. 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 CITY OR TOWN STATE SUB GRP# **DEPOE BAY OR First** Community See instructions for additional information on alphabetization. Add rows as necessary.

		_	
1			l l
1		1	l l
1			
	<b></b>		
1			
L			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

24224

# 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.

				DI COLLO				
BLC	OCK 1			Ш	BLOC	SK 2		
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
Service to first set	1,366	\$	31.95					
Service to additional set(s)								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	412	\$	3.21					
Commercial	14	\$	17.75					
Converter		ļ						
Residential								
Non-residential				11"				
				1 1		•		

## F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel			Expanded Content	\$	79.75
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			Digital Favorites	\$	13.00
Fire protection			Pay cable			Digital Variety	\$	8.25
Burglar protection			Pay cable-add'l channel			Digitial 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
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	40.00	Showtime/The Movie Cha	\$	19.00
Converter			Disconnect			Cinemax	\$	18.50
			Outlet relocation			Starz	\$	17.00
			Move to new address			Movieplex	\$	5.00
						HD Bonus Pack		\$7.00

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 24224 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 1. CALL 2. B'CAST 4. DISTANT? BASIS OF 6. LOCATION OF STATION CHANNEL SIGN CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) KATU - ABC PORTLAND, OR 2 N No KATUDT2 - MeTV 2.2 N No PORTLAND, OR See instructions for additional information KATUDT3 - Comet PORTLAND, OR 2.3 Ν No on alphabetization KATUDT4 - Stadium 2.4 Ν No PORTLAND, OR KGW - NBC 8 N No PORTLAND, OR KGWDT2 - Justice Network 8.2 N No PORTLAND, OR KGWDT4 - Quest 8.4 N PORTLAND, OR No KNMT - TBN 24 Ν No PORTLAND, OR **KOIN - CBS** 6 N Nο PORTLAND, OR KOINDT2 - getTV PORTLAND, OR 6.2 Ν No **KOINDT3 - SportsGrid** 6.3 PORTLAND, OR Ν Nο KOPB - PBS 10 Е PORTLAND, OR No KPDX - MyNetworkTV 49 Ν VANCOUVER, WA No KPDXDT2 - Court TV Mystery 49.2 Ν No VANCOUVER, WA **KPDXDT3 - Bounce TV** 49.3 N VANCOUVER, WA No KPDXDT4 - Grit VANCOUVER, WA 49.4 N No **KPTV - FOX** PORTLAND, OR 12 N No **KPTVDT2 - Cozi TV** 12.2 N No PORTLAND, OR **KPTVDT3 - Laff** 12.3 N No PORTLAND, OR KPTVDT4 - Dabl 12.4 No PORTLAND, OR N **KPWC - Azteca** 37.1 Ν No SALEM, OR **KPXG - ION** 22 N No SALEM, OR KRCW - CW 32 N No SALEM, OR KRCWDT2 - Antenna TV 32.2 N No SALEM, OR KRCWDT3 - Court TV 32.3 SALEM, OR N No KRCWDT4 - TBD 32.4 N SALEM, OR No **KWVT - Youtoo America** 17.1 SALEM, OR Ν No

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 24224 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2				
LEGAL NAME OF OWNER OWNER OF OWNER O					\$	3YSTEM ID# 24224	Name				
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i							
In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC0	C rules, regula	tions, or authorizations. F	or a further	Substitute				
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage: Special				
<ul> <li>During the accounting periodicast by a distant state</li> </ul>	-	r cable system	carry, on a substitute basi	ubstitute basis, any nonnetwork television program  'Yes XNo							
<b>Note:</b> If your answer is "No" log in block 2.	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the program	1					
2. LOG OF SUBSTITUTE	PROGRA	MS									
period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant statisgulations, o tion. Do no uccy" or "NE n was broad sign of the sidcast static adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation of the sidcast static adian station and in the second statis and the second sec	attach additional network televition and that your authorizations to use general of the same and the same at the s	al pages. sion program (substitute pur cable system substitute pur cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period.	rogram) that, if for the progress instruction "basketball".  o."  m. station is licer station is identify in the program. Use able system.  5 p.m. to 6:26 mming that you enter the letting instruction is identified in the program.	during the accounting ramming of another statins located in the paper List specific program ansed by the FCC or, in tified).  numerals, with the month list the times accurately 8:30 p.m. should be pur system was required for "P" if the listed pro	th /					
effect on October 19, 1976.	-										
S	UBSTITUT	E PROGRAM	ı		EN SUBSTITUTE 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					
					_						
					_						
					_						
					_						
					_						
					_						
					<u> </u>						
					<u> </u>						
					_						
						1					

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

	SAJE. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	VE DIVISION HOLDINGS LLC		24224	Name
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount young fructions: The figure you give in this space determines the form you fle and the amount young fructions for the system's second dentifed in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission servi mpute this amount, see	51,787.60	<b>K</b> Gross Receipts
• Con • Con • If you fee • If you accomp	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. applete block 2, showing whether your system carried any distant television stations. Sur system did not carry any distant television stations, leave block 3 blank. Enter the amount of block 1 on line 1 of block 4, and calculate the total royalty fee. Sur system did carry any distant television stations, you must complete the applicable par companying this form and attach the schedule to your statement of account.  Int 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	ts of the DSE Schedule	,	L Copyright Royalty Fee
▶ If pa 3 be ▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul			
	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	is 1.064 percent of the	51,787.60	
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.	\$	5,871.02	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must check		
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. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
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	\$	5,871.02	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	additional 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	\$	6,596.02	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.)	ee page (i) of the		

ACCOUNTING PERIOD: 2022/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WAVE DIVISION HOLDINGS LLC	24224
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station	ns
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable	27
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	334
	and nonbroadcast services	
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	Name Greg Russo Telephone 732	-580-6085
	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	. 1
0	CENTIFICATION (This statement of account must be certifed and signed in accordance with copyright office regulations	.,
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	n as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]	sin
	/s/ Parisa Salehani	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the b button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility	
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller  (Title of official position held in corporation or partnership)	
	Date: March 1, 2023	

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	24224	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 act lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	r the basic ot include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary t made by satellite carriers to satellite dish owners?	ransmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or upon an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	torost chargo)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further ass	istance 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 please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

**ACCOUNTING PERIOD: 2022/2** 

DSE SCHEDULE. PAGI	LEGAL NAME OF OWNER OF CABLE	E CVCTEM:			e,	STEM ID#							
1					3								
	WAVE DIVISION HOLDIN					24224							
	SUM OF DSEs OF CATEGOR		IS:										
	Add the DSEs of each station		a a la a di ila		0.00								
	Enter the sum here and in line	i oi pari 5 oi inis	s scriedule.		0.00								
2	Instructions:												
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3)												
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, give			40 1.0 , 101 0.	adii ildiidii di ildiiddii								
Category "O"	, 3		CATEGORY "O" STATION	IS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
				·									
Add rows as				ļ		<b></b>							
necessary.													
Remember to copy all													
formula into new													
rows.													
				·····									
				·		<b></b>							
				ļ									

Name		WNER OF CABLE SYSTEM:  ION HOLDINGS LLC					S	3YSTEM ID# 24224
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	at the call sign of all distan For each station, give the correspond with the inform For each station, give the Divide the figure in colur at least to the third decim For each independent st	e number of hation given in e total numbe nn 2 by the fiç al point. This ation, give the umn 4 by the f	nours your cable system space J. Calculate only or of hours that the statigure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the station y one DSE for each on broadcast over ive the result in de- value" for the stat For each network of give the result in co	n during the accounting p h station. the air during the accoun cimals in column 4. This ion. or noncommercial educat	ting period. figure must fional station, s than the	
Capacity		(	CATEGOR	Y LAC STATIONS	: COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			SE
			÷		=	x	=	
			÷		=	x x	=	
			_		=	x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		nedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effe  • Broadcast o space I).  Column 2: I at your option.  Column 3: I Column 4: I	e the call sign of each state by your system in substite ct on October 19, 1976 (an ene or more live, nonnetwore). For each station give the right of the figure should correspond to the figure in column this is the station's DSE (figure).	ution for a pross shown by the shown by the programs do number of live bond with the in the calendars 2 by the figu	gram that your system he letter "P" in column 7 he letter "P" in column 7 he letter "P" in column 7 he in column 8 he information in space 1 he in column 8	was permitted to d of space I); and ge (as shown by the carried in substitu I leap year. e the result in colur	elete under FCC rules ar e word "Yes" in column 2 of tion for programs that we mn 4. Round to no less th	re deleted	
		Sl	JBSTITUTE	E-BASIS STATION	NS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	•••••	=			<del>-</del>	=
		-				••••	-	=
		÷		=			+	=
		÷	•••••	=	-		<del>-</del>	=
	Add the DSEs of	OF SUBSTITUTE-BASIS	STATIONS:			0.00		
<b>5</b> Total Number of DSEs	number of DSEs  1. Number  2. Number	R OF DSEs: Give the amos applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedule	and add them to provide t	0.00 0.00 0.00	
	TOTAL NUMBE	·				,	•	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

	WNER OF CABLE S						S	YSTEM ID# 24224	Name
	ck A must be comp	leted.							
n block A: If your answer if " schedule.	'Yes," leave the rer	mainder of pa	art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	8, (page 16) of the		6
If your answer if "	'No," complete bloc	cks B and C t							Computation
. 41 1-1 1				TELEVISION MA		# 70 F -4 FO	0	#1 1	Computation of 3.75 Fee
ffect on June 24,	•	itside of all m	ajor and small	er markets as defin	ied under sec	1101 76.5 01 FC	C rules and regula	luons in	
			O NOT COMP	LETE THE REMAII	NDER OF PA	RT 6 AND 7.			
X No—Comp	olete blocks B and (	C below.							
		BLO	CK B: CARE	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pric e DSE Sched	or to June 25, 1 dule. (Note: Th	oart 2, 3, and 4 of ti 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	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathered instructions fo E Carried pursus *F A station prev	les and reguled pursuant to on as defined all educational station (76.6 r DSE schedunt to individuciously carried HF station wield produced produce	ations cited be to the FCC mare in 76.5(kk) (76 I station [76.59 is) (see paragrule). all waiver of FC d on a part-tim thin grade-B c	e or substitute basi ontour, [76.59(d)(5]	e in effect on a .57, 76.59(b), .57, 76.63(a), .3(a) referring stitution of grads sprior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)] andfathered star	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 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				
ne 1: Enter the	total number of	DSEs from լ	oart 5 of this	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.		0.00	
ine 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3					-	carriage? If yes, see par 9 instructions
ine 7: Multinly li	ine 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 24224 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 stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Worksheet for 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage 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 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: 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** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs** 

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	551,787.60	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 defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 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 DSI		
	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		
Section 4a	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 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	<b>=</b>	
	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		

Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	١ ١	WAVE DIVISION HOLDINGS LLC	24224								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here									
	D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$  E. Subtract 4.000 from the total DSEs (the figure on line C in										
		section 2) and enter here									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge	<u></u> .								
•	Instruc	<b>ctions:</b> ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of par	rt								
8	6 was checked "Yes," use the total number of DSEs from part 5.										
	• In blo	ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.									
Computation	• If you	r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of	1 -	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	w								
Base Rate Fee	blank.										
		s 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									
		pocated 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.									
	361 1100	, area, see page (v) or the general instituctions.									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?									
		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	Enter the amount of gross receipts from space K (page 7) ▶ \$ 551,787	.60_								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"									
		use the total number of DSEs from part 5.).	0.00								
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	<u>-</u>								
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 3,868.03									
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here	<u>-</u>								
		E. Add lines A, and D. This is your base rate fee. Enter here									
		and in block 3, line 1, space L (page 7)									
		Base Rate Fee	<u>-</u>								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	SYSTEM ID# 24224	Name
Section	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)  **State Control of the Indian Control of the Ind	_	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		
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
In Gen receipt exclusi First: I station DSEs a	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee is from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for some stations. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	o the same	Computation of Base Rate Fee 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 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ition you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the 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 sys	tem's subscriber	
• Identi	section: 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 albers in the group.	ll of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	in parts 2, 3, and	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	block B,	
• Add t	ne 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 is paper SA3 form.	instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestal	at is, the total	

LEGAL NAME OF OWNE						\$	24224	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA DEPOE BAY			COMMUNITY/ AREA 0				<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
						-		Surcharge
								for
								Partially
								Distant
								Stations
					·······	-		
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 551	,787.60	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			<u>.</u>					
			<u> </u>					
			<u>-</u>					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•			<u> </u>	•			
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Dana Data Francisco	- h	. fana fan ar all ar de a	h - u - uu · · · ·		ala avea			
Base Rate Fee: Add the Enter here and in block			bei group as	SHOWN IN THE DOXES &	ibuve.	\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						S	24224	Name
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  O				9
COMMUNITY/ AREA DEPOE BAY			Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 55	1,787.60	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fourth Group \$		\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes	above.	\$	0.00	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 24224 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 9 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 ☐ First 50 major television market ☐ Second 50 major television market 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. 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 **Exclusivity** 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 computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown