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.

OFFICE USE ONLY
AMOUNT
\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEM	ENT:		
Accounting Period	2022/2			
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the crate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the straight of the were different owners during the accounting period, only the assingle statement of account and royalty fee payment covering the ending of the conduction of the con	ne business of the cable syste the owner on the last day of the ntire accounting period. stem's ID number assigned by	m. e accounting period should su	bmit25544
				2554420222
				25544 2022/2
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021			
С	INSTRUCTIONS: In line 1, give any business or trade names in names already appear in space B. In line 2, give the mailing ac	,		
System	. IDENTIFICATION OF CABLE SYSTEM:	udiess of the system, if diff	erent nom the address give	II III space B.
Cystem	WAVE BROADBAND			
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b.	. Identify only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	CAMANO ISLAND CENTRAL	WA		
Community	Below is a sample for reporting communities if you report mu		i	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alliana	MD	A	1
	Alliance	MD MD	В	2 3
	Gering	MID		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: 25544 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# **CAMANO ISLAND CENTRAL** WA Α **First SEVEN LAKES** WA Α Community **BIG LAKE** WA Α **LA CONNER** WA Α **BAYVIEW** WA Α See instructions for additional information on alphabetization. Add rows as necessary.

		_	
1			l l
1		1	
1			
			
1			
L			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

25544

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

BLC	OCK 1		BLOCK 2				
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:				Ш			
Service to first set	5,888	\$	31.95				
Service to additional set(s)							
FM radio (if separate rate)				Ш			
Motel, hotel	123	\$	5.37	П			
Commercial	498	\$	9.56				
Converter		ļ					
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. **Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a

brief (two- or three-word) description and include the rate for each.

		BLO	CK 1			BLOCK 2			
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	E RATE		
Continuing Services:			Installation: Non-residential						
Pay cable	\$	17.00	Motel, hotel			Expanded Content	\$	77.38	
Pay cable—add'l channel			Commercial			Digital Favorites	\$	13.00	
Fire protection			• Pay cable			Digital Variety	\$	8.25	
•Burglar protection			Pay cable-add'l channel			Digital Sports	\$	12.00	
Installation: Residential			Fire protection			Digital Cable Pack	\$	32.75	
• First set	\$	79.95	Burglar protection			НВО	\$	19.00	
Additional set(s)	\$	30.00	Other services:			HBOMax	\$	14.99	
• FM radio (if separate rate)			Reconnect	\$ 40.00)	Showtime/The Movie 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.					ACCOUN	TING PERIOD: 2022/2				
LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID					
WAVE DIVISION HOLDINGS LL	С				25544	Name				
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) 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 the next paragraph. 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—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 sta cast stream as "WETA-2". Simulcast stream WETA-simulcast). Column 2: Give the channel number the	ation according ns must be rep	to its over-the	e-air designation. nn 1 (list each str	For example, rep eam separately; for	ort multi- or example					
its community of license. For example, WR on which your cable system carried the stat Column 3: Indicate in each case whether	ion. er the station is	a network sta	ition, an indepen	dent station, or a	noncommercial					
educational station, by entering the letter "N (for independent multicast), "E" (for noncom For the meaning of these terms, see page (Column 4: If the station is outside the lo	nmercial educat (v) of the gener ocal service are	tional), or "E-N al instructions a, (i.e. "distan	M" (for noncomm located in the put"), enter "Yes".	ercial educational aper SA3 form. f not, enter "No".	multicast).					
planation of local service area, see page (v Column 5: If you have entered "Yes" in cable system carried the distant station dur carried the distant station on a part-time ba For the retransmission of a distant multiof a written agreement entered into on or be the cable system and a primary transmitter tion "E" (exempt). For simulcasts, also ente explanation of these three categories, see p	column 4, you ing the account sis because of cast stream thatefore June 30, 2 or an associatir "E". If you car	must complete ting period. Index of activate the is not subject 2009, betweer on representing tried the chant	e column 5, stati dicate by enterin ted channel capa et to a royalty pay n a cable system ng the primary tra nel on any other	ng the basis on wl g "LAC" if your cal icity. ment because it i or an association ansmitter, enter th basis, enter "O." F	ble system is the subject representing te designa- For a further					
Column 6: Give the location of each sta FCC. For Mexican or Canadian stations, if a Note: If you are utilizing multiple channel lir	tion. For U.S. s any, give the na	stations, list thame of the cor	e community to munity to munity with whi	which the station in ch the station is id	s licensed by the					
		CHANN	EL LINE-UP	AA						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
CBUT - CBC	2	N	Yes	0	VANCOUVER, BC					
KBTC - PBS	28	E	No		TACOMA, WA	See instructions for				
KCPQ - FOX	13	N	No		TACOMA, WA	additional information on alphabetization.				
KCTS - PBS	9	E	No		SEATTLE, WA					
KCTSDT2 - PBS Kids	9.2	E	No		SEATTLE, WA					
KCTSDT3 - Create	9.3	E	No		SEATTLE, WA					
KFFV - MeTV	44.1	N	No		SEATTLE, WA					
KFFVDT 2- Movies!	44.2	N	No		SEATTLE, WA					
KING - NBC	5	N	No		SEATTLE, WA					
KINGDT2 - Justice Network	5.2	N	No		SEATTLE, WA					
KINGDT3 - Quest	5.3	N	No		SEATTLE, WA					
KIRO - CBS	7	N	No		SEATTLE, WA					
KIRODT2 - getTV	7.2	N	No		SEATTLE, WA					
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA					
KOMO - ABC	4	N	No		SEATTLE, WA					
KOMODT2 - CometTV	4.2	N	No		SEATTLE, WA					
KOMODT3 - Charge!	4.3	N	No		SEATTLE, WA					

No

KONG - Independent

16

EVERETT, WA

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25544 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis 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 WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KONGDT2 - Boun	16.2	N	No		TACOMA, WA
KONGDT3 - ThisT	16.3	N	No		TACOMA, WA
KSTW - CW	11	N	No		TACOMA, WA
KSTWDT2 - Decad	11.2	N	No		TACOMA, WA
KTBW - TBN	20	N	No		SEATTLE, WA
KVOS - Heroes &	12.1	N	No		BELLINGHAM, WA
KVOS DT4- Decad	12.4	N	No		BELLINGHAM, WA
KWPX - ION	33	N	No		BELLEVUE, WA
KZJO - MyNetwor	22	N	No		SEATTLE, WA
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 25544 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	i PERIOD: 2022/2				
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			;	SYSTEM ID#					
WAVE DIVISION HOLD	INGS LLO	3				25544	Name				
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG								
substitute basis during the ac	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu			Program Log				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call: Column 4: Give the broathe 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 statis gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static add and atth and day ye "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional network televition and that your authorizations to use general cost Basketball: deast live, enterestation broadca on's location (the one, if any, the cowhen your system program carried listed program cost in effect du	al pages. sion program (substitute paur cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program are community to which the stem carried the substitute program was carried by your ceed by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, I for the program instruction "basketball". o." n. station is licentation is identrogram. Use able system. 5 p.m. to 6:20 mming that you enter the letters	during the accounting ramming of another stat ns located in the paper List specific program nsed by the FCC or, in tified). numerals, with the mon List the times accuratel 8:30 p.m. should be our system was required ter "P" if the listed pro	ion th y					
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON					
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	FOR DELETION					
	 										
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGA		OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name		
		ISION HOLDINGS LLC			25544			
Inst all a (as i page	ructions mounts identifed e (vii) of Gross r during t	CEIPTS Solution: The figure you give in this space determines the form you fle and the amount y (gross receipts) paid to your cable system by subscribers for the system's second in space E) during the accounting period. For a further explanation of how to conthe general instructions. Here accounting period.	dary tr	ansmission answission answission answission and the samou	on service unt, see 2,039,958.51	K Gross Receipts		
IMP	ORTAN	T: You must complete a statement in space P concerning gross receipts.		(Amount of	f gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	irt 8 or p k 3 belo	art 9, block A, of the DSE schedule was completed, the base rate fee should be w.	entere	d on line	1 of			
▶ If pa		ne DSE schedule was completed, the amount from line 7 of block C should be er	ntered o	on line 2 i	in block			
	rt 7 or p block 4	art 9, block B, of the DSE schedule was completed, the surcharge amount shoul below.	d be e	ntered on	line			
	least th system	JM FEE: All cable systems with semiannual gross receipts of \$527,600 or more e minimum fee, regardless of whether they carried any distant stations. This fee s gross receipts for the accounting period. Enter the amount of gross receipts from space K						
	1	Multiply the amount in line 1 by 0.01064 Enter the result here.		•				
		This is your minimum fee.	\$		21,705.16			
	space ("Yes" in • Did yo	TTELEVISION STATIONS CARRIED: Your answer here must agree with the in G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column this block. For cable system carry any distant television stations during the accounting periods—Complete the DSE schedule. No—Leave block 3 below blank and control of the carry and carry	n 4, you d?	u must ch	neck			
Block 3	Line 1.	BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	5,426.29			
	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	\$		5,426.29			
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		\$	21,705.16	Cable systems		
	Line 2.	SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under		
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	-	ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. es 1, 2 and 3 of block 4 and enter total here	\$		22,430.16	appropriate form for submitting the		
		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 pag	e (i) of th	е	additional fees.		

ACCOUNTING PERIOD: 2022/2
FORM SA3E PAGE 8

Name		STEM ID# 25544
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	<u> </u>
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	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)	
0	CERTIFICATION (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 as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /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 box and press the "F2 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.)" :
	Typed or printed name: Parisa Salehani	
	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.

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
WAVE DIVISION HOLDINGS LLC	25544	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section for more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	e basic clude sub- on 119." s in the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	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	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(intere	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** 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 Offor please list below the owner, address, first community served, accounting period, and ID number as given in the 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						VOTEL4 :5 "						
1	LEGAL NAME OF OWNER OF CABLI				S	YSTEM ID#						
•	WAVE DIVISION HOLDINGS LLC 255											
	SUM OF DSEs OF CATEGOR											
	Add the DSEs of each station	0.05										
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25							
2	Instructions:											
	In the column headed "Call S	Sign": list the call	signs of all distant stations i	dentified by th	e letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE"	: for each indepe	endent station, give the DSE	as "1.0": for e	ach network or noncom-							
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"			CATEGORY "O" STATION	IS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	CBUT - CBC	0.250										
Adding												
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												
Tows.												
						•						
						•						
												
		 				†						
		·										
		·										
		·										
		·										

Name		WNER OF CABLE SYSTEM:						SYSTEM ID#
Name	WAVE DIVIS	ION HOLDINGS LLC						25544
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	It the call sign of all distant static For each station, give the number correspond with the information of For each station, give the total Divide the figure in column 2 by at least to the third decimal poin For each independent station,	ber of hours you given in space number of hou y the figure in t. This is the "b give the "type-	our cable system J. Calculate only urs that the station column 3, and give pasis of carriage value" as "1.0." F	carried the station one DSE for each a broadcast over the the result in decivalue" for the static or each network or each network or the result in column to the result in column.	during the accour station. ne air during the a imals in column 4 on. r noncommercial of tumn 6. Round to	ccounting period. This figure must educational stationoless than the	n,
Capacity		CATE	GORY LAC	STATIONS:	COMPUTATIO	N OF DSEs		
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NU OI S1	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAGE VALUE	5. 7	ΓΥΡΕ /ALUE	6. DSE
			÷			x		
			÷			x x		=
			÷		=	x		=
			÷		=			
			÷					=
			÷			x x		
	Add the DSEs	OF CATEGORY LAC STATION of each station. m here and in line 2 of part 5 of					0.00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations of the space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each station list by your system in substitution foct on October 19, 1976 (as showne or more live, nonnetwork progrome ach station give the number This figure should correspond was the number of days in the colvide the figure in column 2 by this is the station's DSE (For mo	or a program the firm by the letter trams during the firm of live, nonned the the information the figure in content of th	at your system w "P" in column 7 c at optional carriag etwork programs c tion in space I. 365, except in a l lumn 3, and give	ras permitted to de of space I); and e (as shown by the carried in substitution eap year. the result in colum	word "Yes" in colur on for programs to an 4. Round to no	ules and regular- nn 2 of nat were deleted less than the thir	
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	OF C	NUMBER OF DAYS N YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRA	OF	MBER 4. DSE DAYS YEAR
		÷	:				÷	=
		÷ ÷					÷ ÷	
		÷					÷	=
		÷ ÷					÷	=
	Add the DSEs	OF SUBSTITUTE-BASIS STAT					0.00	-
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system. 1. Number of DSEs from part 2 ●							
	TOTAL NUMBE	R OF DSEs					>	0.25

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

LEGAL NAME OF O							S	YSTEM ID# 25544	Name
Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if "	Yes," leave the re	mainder of pa	·	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
,	, ,			TELEVISION MA	ARKETS				Computation of
	1981?	schedule—D0	•	er markets as defin LETE THE REMAII			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARE	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pric e DSE Schec	or to June 25, 1 Iule. (Note: Th	part 2, 3, and 4 of t 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 Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station prev	les and regulated pursuant to on as defined all educational station (76.6 r DSE schedunt to individuatiously carried HF station wield production will be desired to station will be desired to individuatiously carried HF station will be desired to station will be de	ations cited be to the FCC mar in 76.5(kk) (76 I station [76.59 5) (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), (1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] indfathered 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 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
CBUT - CB	D	0.25							
								0.25	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this	schedule				0.25	
Line 2: Enter the	sum of permittee	d DSEs from	ı block B abo	ve				0.25	
Line 3: Subtract l (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter suı	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	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 25544 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 X Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE **CBUT - CBC** 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs **TOTAL DSEs**

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,039,958.51	7
Section 2	A. Enter the total DSEs from block B of part 7	0.25	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	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.		
4a	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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	-	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544						
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		E. Subtract 4.000 from the total DSEs (the figure on line C in							
		section 2) 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	ctions:							
8	You m	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 checked "Yes," use the total number of DSEs from part 5.	t						
0	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation of	1	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov	v						
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							
	service	e area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	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)	51_						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"							
		use the total number of DSEs from part 5.)	0.25						
	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). \$ 5,426.	29_						
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 14,300.11							
		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	·						
		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	5,426.29						
			i						

DSE SCH	EDULE. PAGE 17. ACCOUNTING	PERIOD: 2022/
LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
WAVI	E DIVISION HOLDINGS LLC 25544	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 Finter 0.04004 of more receipts	8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **State of the image	_
	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) \Discrete*	
	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	
instead Space 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	9 Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
First: I station DSEs a	divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of nd 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.	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, sable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located 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.)	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each per 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.	
Compu	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
	section:	
• Give	by the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the opers in the group.	

- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 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 block B, part 6 of this schedule.
- $\bullet \ \mathsf{Add} \ \mathsf{the} \ \mathsf{DSEs} \ \mathsf{for} \ \mathsf{each} \ \mathsf{station}. \ \mathsf{This} \ \mathsf{gives} \ \mathsf{you} \ \mathsf{the} \ \mathsf{total} \ \mathsf{DSEs} \ \mathsf{for} \ \mathsf{the} \ \mathsf{particular} \ \mathsf{subscriber} \ \mathsf{group}. \\$
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

LEGAL NAME OF OWNE						\$	25544	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA	CAMAN	IO ISLAND CENT	RAL, BIG	COMMUNITY/ ARE	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
	<u></u>							
			····				·····	
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,03	9,958.51	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	JP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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 G	Froun	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Necelpts Tillia C	, oup	<u> </u>	0.00	TOTOGS (Necelpts Pou	aar Group	y	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group as	s shown in the boxes a	above.		0.00	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H			•			•	25544	Name
-	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO			SECONE	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	CAMAI	NO ISLAND CEN	TRAL, BIG	COMMUNITY/ ARE	0	9 Computatio		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,03	9,958.51	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 GRO)UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
		_				_		
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Fou	rτn Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Raso Pato Foo: Add th	e hase rat	e fees for each subsc	criber group a	s shown in the boxes	above.			

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 25544 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown