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	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		2022/2				
Period						
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a setitle 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 coingle statement of account and royalty fee payment covering the entire accounts.  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		36835
	L	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		WAVE DIVISION HOLDINGS LLC				
					3683	520222
					36835	2022/2
		3700 MONTE VILLA PARKWAY				
		BOTHELL W 98021				
	+					
С		STRUCTIONS: In line 1, give any business or trade names used to i mes already appear in space B. In line 2, give the mailing address o				
System	$\vdash$	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>		<u> </u>	
Gyoto	1	WAVE BROADBAND				
	-	MAILING ADDRESS OF CABLE SYSTEM:				
		3700 MONTE VILLA PARKWAY				
	2	The state of the s				
		BOTHELL W 98021 (City, town, state, zip code)				
D	1	American Formanda and Distriction of the Health			:_4	- 41-
ט		structions: For complete space D instructions, see page 1b. Identify	only the first comm	nunity served below and rei	ist on page	a 1D
Area Served	wit	h all communities.	lozuze			
	-	CITY OR TOWN	STATE			
First Community		WHIDBEY ISLAND	WA			
Community	L	Below is a sample for reporting communities if you report multiple ch	1	i		
	A.	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Alc	iance	MD MD	A B		2
		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 sufficiency 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: 36835 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# WHIDBEY ISLAND WA **First** Community See instructions for additional information on alphabetization. Add rows as necessary.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 36835 WAVE DIVISION HOLDINGS LLC

# Ε

#### Secondary **Transmission** Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		Π	BLOCK 2				
	NO. OF			Π		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				П				
<ul> <li>Service to first set</li> </ul>	2,018	\$	31.95	П				
<ul> <li>Service to additional set(s)</li> </ul>				П				
<ul> <li>FM radio (if separate rate)</li> </ul>				П				
Motel, hotel		ļ		П				
Commercial	9	\$	15.98	П				
Converter				П				
<ul> <li>Residential</li> </ul>				П				
Non-residential		ļ		П				
		·····		1 ŀ		•		

# 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
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
						HDBonus Pac		\$7.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 36835 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 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER STATION (If Distant) CBUT - CBC VANCOUVER, BC 2 Yes 0 KBTC - PBS 27 Ε No TACOMA, WA See instructions for additional information **KCPQ - FOX** 13 Ν No TACOMA, WA on alphabetization KCTS - PBS Ε 9 No SEATTLE, WA KCTSDT2 - PBS K 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Е No SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA KING - NBC 5 Ν Nο SEATTLE, WA KINGDT2 - Justice 5.2 N No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA KIRO - CBS 7 Ν No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 N No SEATTLE, WA KOMO - ABC 4 Ν No SEATTLE, WA KOMODT2 - Come 4.2 N No SEATTLE, WA Ν KOMODT3 - Char 4.3 No SEATTLE, WA KONG - Independ 16 No **EVERETT, WA** ı KSTW - CW 11 Ν Nο TACOMA, WA KSTWDT2 - Decad 11.2 N No TACOMA, WA KTBW - TBN 20 N No SEATTLE, WA **KVOS - Heroes &** 12.1 Ν No BELLINGHAM, WA KVOSDT4- Decad 12.4 Ν No BELLINGHAM, WA KWDK - Daystar 56 Ν No TACOMA, WA KWPX - ION 33 Ν No **BELLEVUE, WA** KZJO - MyNetwor 22 N No SEATTLE, WA **KZJODT3 - Anten** 22.3 Ν SEATTLE, WA No

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 36835 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION S/D

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			;	SYSTEM ID#	
WAVE DIVISION HOLD	INGS LLO					36835	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG				ı
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spec	cific present and former FC0	rules, regula	tions, or authorizations. F	or a further	Substitute
1. SPECIAL STATEMENT				general mond	ictions located in the pap	er oas ioiii.	Carriage:
<ul> <li>During the accounting per broadcast by a distant state</li> </ul>	iod, did you			s, any nonnet		X No	Special Statement and Program Log
<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			Program Log
2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title 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 progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv 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 ons in effect du	al pages. sion program (substitute paur cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls."  "Yes." Otherwise enter "N sting the substitute programe community to which the stommunity with 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	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	SA3E. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:  VE DIVISION HOLDINGS LLC		SYSTEM ID# 36835	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission s	service	<b>K</b> Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss receipts)	
Instru Com Com If yo fee t If yo acco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. uur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. uur system did carry any distant television stations, you must complete the applicable parompanying this form and attach the schedule to your statement of account.	rts of the DSE Sche	dule	Copyright Royalty Fee
▶ If pa	k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be elelow.  Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou			
2 in	block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more	are required to pay	at	
1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064	is 1.064 percent of	692,474.42	
	Enter the result here. This is your minimum fee.	\$	7,367.93	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule.	n 4, you must check	(	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>	
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	\$	7,367.93	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,092.93	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the		auditional lees.

U.S. Copyright Office

ACCOUNTING PERIOD: 2022/2

Name		36835
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable	$\neg$
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations  330	
	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 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)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(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 "F button will avoid enabling Excel's Lotus compatibility settings.	=2"
	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:  WAVE DIVISION HOLDINGS LLC  3683	Namo
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-	P Special
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address	<b></b>
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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

**ACCOUNTING PERIOD: 2022/2** 

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CABLE	: SYSTEM:			27	YSTEM ID#								
1														
	WAVE DIVISION HOLDIN					36835								
	SUM OF DSEs OF CATEGOR		IS:											
	Add the DSEs of each station.     Enter the sum here and in line 1 of part 5 of this schedule.													
	Enter the sum here and in line 1	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													
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			as 1.0 , 101 e	actification of fioricom-									
Category "O"	moroiai oddoddonai otadon, give	5 ti 10 B 0 L d 0 . L	CATEGORY "O" STATION	IS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE								
l														
Add rows as														
necessary.														
Remember to copy all				·										
formula into new														
rows.														
				·										
				·····										
				ļ										
				ļ										
				<b>†</b>										
						<b>†</b>								

Name		WNER OF CABLE SYSTEM:					S	36835
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	It the call sign of all distant: For each station, give the correspond with the information: For each station, give the Divide the figure in colurat least to the third decimation for each independent station.	e number of hation given in e total numbe nn 2 by the fiç al point. This ation, give the turn 4 by the f	nours your cable system is pace J. Calculate on er of hours that the stat gure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the station yone DSE for each on broadcast over live the result in dee value" for the state For each network	n during the accounting path station.  the air during the accourting the air during the accourting the accourting the accourting the accourting the accourting the account account at a column 4. This account a column 6. Round to no less the account accoun	nting period. figure must tional station, s than the	
Capacity		(	CATEGOR	Y LAC STATIONS	: COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		βE
			÷		=	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,	▶	0.0	D	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe     Broadcast o space I).     Column 2: I at your option. Tolumn 3: I Column 4: I	e the call sign of each state by your system in substite to no October 19, 1976 (and one 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 in column this is the station's DSE (figure in substitution).	ution for a pross shown by the programs do number of live bond with the in the calendar 2 by the figu	ogram that your system the letter "P" in column a letter "P" in column a letter "B" in column a letter "B" in column a letter "B" in column a letter in column a lett	was permitted to of space I); and age (as shown by the carried in substitute a leap year.	delete under FCC rules at e word "Yes" in column 2 out on for programs that we mn 4. Round to no less the	f ere deleted nan the third	
		Sl	JBSTITUTE	E-BASIS STATIO	NS: COMPUTA	ATION 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
		÷		<u> </u>			÷	=
		-		=		••••	<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 amo 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	1 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

	OWNER OF CABLES						S	YSTEM ID# 36835	Name
n block A:	ck A must be comp		ort 6 and part 7	of the DSE schedu	ule blank and	complete part t	3, (page 16) of the		6
If your answer if	"No," complete blo	cks B and C b		FEL EVIOLON M	ADVETO				Computation of
effect on June 24, Yes—Com	m located wholly ou 1981? nplete part 8 of the	schedule—D0	ajor and small		ned under sect		C rules and regula		3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 Jule. (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 statio	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 Grandfathered instructions fo E Carried pursue *F A station prev	les and reguled pursuant to on as defined all educationa I station (76.6 r DSE scheduant to individuationsly carried the station wi	ations cited be to the FCC mare in 76.5(kk) (76). I station [76.59,5) (see paragrule). all waiver of FCd 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), .67, 76.63(a) .63(a) referring the stitution of gradus prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:	*(Note: For those this schedule to c	e stations ider letermine the	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	mplete the wor	. J		
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	e total number of	DSEs from բ	part 5 of this	schedule					
ne 2: Enter the	e sum of permitted	d DSEs from	ı block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl			•		ate.		0.00	
ne 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply l	line 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
ne 6: Enter tot	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see page 9 instructions
ne 7: Multiply I	line 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 36835 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	36835	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	692,474.42	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
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	E	
	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)		
	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.		
10	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSI is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	Ξ	
	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	36835
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 Syndicated		A. Enter 0.00300 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	
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	6 was c In blocation If your If your If your blank. What is	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
		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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	42_
	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.)	.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)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1)	
		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	<u></u> ! ¦

		G PERIOD: 2022/2
	AME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Name
WAVI	E DIVISION HOLDINGS LLC 36835	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	8
	A. Enter 0.01064 of gross receipts  (the amount in section 1)  ▶\$	J
	B. Enter 0.00701 of gross receipts (the amount in section 1)   ▶ \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)	
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here▶	
	F. Multiply line D by line E and enter here <b>▶</b> \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation 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 and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each 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 empute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	b 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 station you to that community.	for Partially Permitted Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me 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 iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
	n section:	
• Give	ify the communities/areas represented by each subscriber group.  the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If:		
4 of thi 2) any	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apparer SA3 form.	

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

• 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						\$	36835	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA WHIDBEY ISLAND			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
							·····	Exclusivity
	···		•••••					Surcharge
								for
								Partially
								Distant
								Stations
	<del> </del>							
	<del></del>							
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 69	2,474.42	Gross Receipts Sec	ond Group	\$	0.00	
							<u> </u>	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA	NITY/ AREA		0		COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>			-				
	<del></del>						·····	
				-				
			·····					
	···		•••••				····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,	•				r	<u>·</u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add th	e <b>base rat</b> e	e fees for each subsc	criber group as	s shown in the boxes a	ibove.			
Enter here and in block			3. Jup u			\$	0.00	

Nonpermitted 3.75 Stations

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE de Rate Face Second Group S 0.00  THIRD SUBSCRIBER GROUP S 0.00  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMU	LEGAL NAME OF OWNE WAVE DIVISION H			•			•	36835	Name
CALL SIGN DSE COSS Receipts Third Group 3 0.000 Signs Rece		BLOCK A	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		· · · · · ·
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE date Fair And CALL SIGN DSE SARIE Fair And CALL SIGN DSE C		FIRST	SUBSCRIBER GRO	)UP		SECONE	SUBSCRIBER GRO	UP	_
CALL SIGN	COMMUNITY/ AREA WHIDBEY ISLAND			COMMUNITY/ AREA 0				_	
olal DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Syndicated Exclusivity Surcharge for Partially Distant Stations  Cotal DSEs 0.00 \$ Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA 0 COMMUNI		··· <del>·</del>							
Colal DSEs 0.00 Total DSEs 0.00 Sase Rate Fee First Group \$ 0.00 Sease Rate Fee First Group \$ 0.00 COMMUNITY/ AREA 0 COM		····							
Surcharge Partially Distant Stations									
Partially Distant Stations  Oral DSEs									
Cotal DSEs  Cotal									for
Stations  Statio									Partially
Total DSEs  O.00  Sase Rate Fee First Group  Total DSEs  O.00  Total DSEs  Gross Receipts First Group  S  O.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									Stations
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN		<u>.</u>		<u>.</u>				······	
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN	Total DSEs		Ш	0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA	Gross Receipts First G	roup	\$ 69		Gross Receipts Sec	ond Group	\$	0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA									
COMMUNITY/ AREA  COMMUNITY/ AREA  COMMUNITY/ AREA  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN	Base Rate Fee First G	•			Base Rate Fee Sec				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN		THIRD	SUBSCRIBER GRO	DUP	FOURTH SUBSCRIBER GROUP				
Total DSEs	COMMUNITY/ AREA	UNITY/ AREA		0		COMMUNITY/ AREA		0	
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		···-		····					
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		····		·····				······	
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00		····		·····					
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
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Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Γotal DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third Group \$ 0.00			Gross Receipts Fourth Group \$ 0.00			0.00	-	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
lase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
inter here and in block 3, line 1, space L (page 7)	3ase Rate Fee: Add th	ne base rat	te fees for each subse	criber group a	s 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 36835 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 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