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 Period		2022/2						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	-	WAVE DIVISION HOLDINGS LLC						
					6149 61498	820222 2022/2		
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021						
С	IN:	STRUCTIONS: In line 1, give any business or trade names used to mes already appear in space B. In line 2, give the mailing address of	identify the busines	ss and operation of the systement from the address give	em unless en in space	these B.		
System	1	IDENTIFICATION OF CARLE SYSTEM	<u> </u>		<u> </u>			
	2	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	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on pag	e 1b		
Area Served	wit	th all communities. CITY OR TOWN	STATE					
First		SOUTH SAN FRANCISCO	CA					
Community	E	Below is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·	-	1			
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	B GRP#		
Sample	Alc		MD	A		1		
		iance	MD	В		3		
	Ge	ring	MD	В		3		

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

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61498 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# **SOUTH SAN FRANCISCO** CA Α **First** SAN FRANCISCO CA Α Community **BURLINGAME** CA Α **DALY CITY** CA Α **REDWOOD CITY** CA Α **SAN MATEO** CA Α See instructions for additional information on alphabetization. Add rows as necessary.

		_	
1			l l
1		1	l l
1			
			
1			
L			

FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61498 WAVE DIVISION HOLDINGS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Ε

Secondary **Transmission** Service: Subscribers and Rates

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

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

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

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

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

BL	OCK 1			BLOCK 2
	NO. OF			NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:				
Service to first set	3,546	\$	31.95	
Service to additional set(s)				
• FM radio (if separate rate)		ļ		
Motel, hotel	531	\$	1.90	
Commercial	293	\$	4.44	
Converter		ļ		
Residential		ļ		
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.

	BLOCK 1					BLOCK 2
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RAT	E	CATEGORY OF SERVICE RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	17.00	Motel, hotel			
Pay cable—add'l channel			Commercial			
 Fire protection 			• Pay cable			Refer to tab "Pg2 - Sectio
Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
First set	\$	79.95	Burglar protection			
 Additional set(s) 	\$	30.00	Other services:			
 FM radio (if separate rate) 			• Reconnect	\$ 4	0.00	
Converter			Disconnect			
			Outlet relocation			
			Move to new address			

WAVE DIVISION HOLDINGS LLC - SOUTH SAN FRANCISCO, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Expanded Content	Expanded Content	\$	79.75
Digital Favorites	Digital Tier Packages	\$	13.00
Digital Vartiety	Digital Tier Packages	\$	8.25
Digital Sports	Digital Tier Packages	\$	12.00
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
НВО	Premium	\$	19.00
HBO Max	Premium	\$	14.99
Showtime/The Movie Channel (TMC)	Premium	\$	19.00
Cinemax	Premium	\$	18.50
Starz	Premium	\$	17.00
Movieplex	Premium	\$	5.00
HD Bonus Pack	High Definition Package	\$	7.00
ART America - Arabic	International Premium	\$	12.95
CCTV4	International Premium	\$	12.00
Deutsche Welle International	International Premium	\$	9.95
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RAI Italia	International Premium	\$	9.95
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV5 Monde	International Premium	\$	9.95
TV Asia	International Premium	\$	14.95
TV Japan	International Premium	\$	29.95
Zee TV	International Premium	\$	12.00
Zhong Tian	International Premium	\$	12.00
Zhong Tian/ CCTV4	International Premium	\$	19.00

LEGAL NAME OF OWNER OF CABI						SYSTEM ID#	Name
WAVE DIVISION HOLDI						61498	
PRIMARY TRANSMITTERS: TELEV				.4-4			
In General: In space G, identify carried by your cable system dur							G
FCC rules and regulations in effe	ect on June 24,	, 1981, permit	ting the carriage	e of certain netwo	rk programs [sections		_
76.59(d)(2) and (4), 76.61(e)(2) a				d (4))]; and (2) cei	rtain stations carried on a		Primary
substitute program basis, as exp Substitute Basis Stations: V	vained in the ne Vith respect to	ext paragrapn any distant st	i. ations carried b	y your cable syste	em on a substitute program		Transmitters Television
basis under specifc FCC rules, r	egulations, or a	authorizations					
Do not list the station here in special station was carried only on a			e I (the Special	Statement and P	rogram Log)—if the		
station was carried only on a List the station here, and also i			carried both on a	a substitute basis	and also on some other		
basis. For further information							
in the paper SA3 form.	s call sign. Do n	ot roport oria	ination program	convises such as	LIPO ESPN etc Identify		
Column 1: List each station's each multicast stream associate							
cast stream as "WETA-2". Simul							
WETA-simulcast). Column 2: Give the channel	number the EC	C hae accian	ed to the televie	ion station for his	adcasting over the air in		
ts community of license. For exa							
on which your cable system carr	ied the station.		-	-			
Column 3: Indicate in each c educational station, by entering							
(for independent multicast), "E" (
or the meaning of these terms,							
Column 4: If the station is out planation of local service area, s							
Column 5: If you have entere							
cable system carried the distant	station during t	the accounting	g period. Indicat	te by entering "LA			
carried the distant station on a p For the retransmission of a di					t herause it is the subject		
of a written agreement entered in							
the cable system and a primary	transmitter or a	n association	representing th	e primary transmi	itter, enter the designa-		
tion "E" (exempt). For simulcasts explanation of these three cated	s, also enter "E'	. If you carrie	d the channel o	n any other basis	, enter "O." For a further		
Column 6: Give the location						Э	
FCC. For Mexican or Canadian s	stations, if any,	give the nam	e of the commu	nity with which the	e station is identifed.		
Note: If you are utilizing multiple	channel line-u	ps, use a sep	arate space G f	or each channel I	line-up.		
		CHANN	EL LINE-UP	AA			
1.0411	2 P'CAST	2 TVDE	4 DISTANTS	5. BASIS OF	6 LOCATION OF STATIO	NI .	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	CARRIAGE	6. LOCATION OF STATIO	14	
	NUMBER	STATION	(.55 51 140)	(If Distant)			
KAXT - Decades	22	1	No	(SAN EDANCISCO CA	\	
					SAN FRANCISCO, CA		
KBCW - CW	44	N	No		SAN FRANCISCO, CA	\	See instructions for
KCNS - Independent	38	I	No		SAN FRANCISCO, CA	\	additional information on alphabetization.
KDTV - Univision	14	N	No		SAN FRANCISCO, CA	١	on alphabetization.
KEMO - Azteca	50.1	N	No		FREMONT, CA		
KFSF - UniMas	66	N			VALLEJO, CA		
			No 				
KFSFDT2 - Bounce TV	66.3	N	No		VALLEJO, CA		
KFSFDT4 - Grit	66.4	N	No		VALLEJO, CA		
KFSFDT5 - True Crime	66.5	N	No		VALLEJO, CA		
KGO TV- ABC	7	N	No		SAN FRANCISCO, CA	\	
KGODT2 - Localish	7.2	N	No		SAN FRANCISCO, CA		
KGODT3 - This TV	7.3	N	No		SAN FRANCISCO, CA		
		·····				.	
KICU - KTVU Plus	36	I	No		SAN JOSE, CA		
KICUDT2 - KEMS/KBS Wo	36.2	l	No		SAN JOSE, CA		
KICUDT3 - CGTN	36.3	I	No		SAN JOSE, CA		
KKPX - ION	65	N	No		SAN JOSE, CA		
KMTP - Independent	32	ı	No		SAN FRANCISCO, CA	·······	
KNTV - NBC	11	N	No		SAN JOSE, CA		
KNTVDT2 - Cozi	11.2	N	No	.	SAN JOSE, CA		
KNTVDT5 - Lx	11.5	N	No		SAN JOSE, CA		
KOFY - Independent	20	ı	No		SAN FRANCISCO, CA	١	
KPIX - CBS	5	N	No		SAN FRANCISCO, CA		
KPIXDT2 - Start TV	5.2	N	No		SAN FRANCISCO, CA		
						•	
KPJK - Independent	27	<u> </u>	No		SAM MATEO, CA		
KQED - PBS	9	E	No	.	SAN FRANCISCO, CA	\	
KQEDDT2 - KQED Plus	9.2	E	No		SAN FRANCISCO, CA	\	
KQEHDT3 - World	54.3	E	No		SAN JOSE, CA		
KQEHDT4 - Kids	54.4	Е	No		SAN JOSE, CA		
KQSL - TLN	8	N -	No		FORT BRAGG, CA		
				 			
KRON - MyNetworkTV	4	N	No		SAN FRANCISCO, CA		
KRONDT2 - AntennaTV	4.2	N	No		SAN FRANCISCO, CA		
KRONDT3 - SportGrid	4.3	N	No		SAN FRANCISCO, CA	\	
KRONDT4 - Quest	4.4	N	No		SAN FRANCISCO, CA	١	
KRONDT5 - Shop LC	4.5	N	No		SAN FRANCISCO, CA		
	48	N	No	1	SAN JOSE, CA		
KSTS - Telemundo	48.2	N	No		SAN JOSE, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos					PALO ALTO, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos	68	N	No				
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons		N N	No No		PALO ALTO, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV	68	·····			PALO ALTO, CA CONCORD, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN	68 68.2 42	N N	No No		CONCORD, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN KTSF - Independent	68 68.2 42 26	N N I	No No No		CONCORD, CA SAN FRANCISCO, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN KTSF - Independent KTVU - FOX	68 68.2 42 26 2	N N I N	No No No No		CONCORD, CA SAN FRANCISCO, CA OAKLAND, CA		
KSTS - Telemundo KSTSDT2 - TeleXitos KTLN - Heroes & Icons KTLNDT2 - MeTV KTNC - SBN KTSF - Independent KTVU - FOX KTVUDT2 - LATV	68 68.2 42 26	N N I	No No No		CONCORD, CA SAN FRANCISCO, CA		

U.S. Copyright Office

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 61498 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					61498	Name
SUBSTITUTE CARRIAGE	: 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 mone	ionono iodated in the pap	C1	Carriage:
 During the accounting per broadcast by a distant state 	iod, did you			s, any nonnet		X No	Special Statement and Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
period, was broadcast by a under certain FCC rules, resA3 form for futher informatitles, for example, "I Love L Column 2: If the progran 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."	itute progra ce, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static addian statio th and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	m on a separa attach additional network televion and that your authorizations to use general cost live, enterestation broadca on's location (thins, if any, the cowhen your system substitute 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." 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	th y	
	LIRSTITLIT	E PROGRAM	1		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	
					<u> </u>		
					_		
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					_		
							
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	VE DIVISION HOLDINGS LLC	61498	Nama			
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 secondentifed 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. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service	K 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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of						
bloc	k 3 below.					
3 be						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	lld be entered on line	_			
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K					
	Line 1. Either the amount or gross receipts from space R Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	Ψ 1,470,311.72				
	This is your minimum fee.	\$ 15,731.36				
	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. No—Leave block 3 below blank and column at the page 10 period of the page 11 period of the page 12 period	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	\$ -				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00				
	Line 3. Add lines 1 and 2 and enter here	\$ -				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 15,731.36	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)	0.00	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 16,456.36	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	additional lees.			

ACCOUNTING PERIOD: 2022/2
FORM SA3E PAGE 8

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTI	EM ID#
Name	WAVE DIVISION HOLDINGS LLC	61498
	CHANNELS	
M	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	1. Enter the total number of shannels an which the cable	
	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	
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to		
Be Contacted for Further Information	Name Greg Russo Telephone 732-580-6085	
51111411011	Address 650 College Bood Foot Suite 2400	
	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 identifed in line 1 of space B; or	
	Combination of the combination o	
	(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 The statement of account and hereby declare under penalty of law that all statements of fact contained herein 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	
	73/1 ansa Galeriani	
	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	
	Types of princes manner of arrow external in	
	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#	Name
WAVE DIVISION HOLDINGS LLC	61498	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 additional 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction 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	he basic include sub- tion 119."	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 uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete this worksheet for those royalty payments submitted as a result of a late payment or uncomplete.		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	<u>-</u>	
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)\$	-	
(inte	rest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 O please list below the owner, address, first community served, accounting period, and ID number as given in 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						
1	LEGAL NAME OF OWNER OF CABLE				S	YSTEM ID#
'	WAVE DIVISION HOLDIN	IGS LLC				61498
	SUM OF DSEs OF CATEGOR		NS:			
	Add the DSEs of each station. The start be asset to and in line of the start because the start of the start because the start of the start because the start of the				0.00	
	Enter the sum here and in line	of part 5 of this	s schedule.	<u>.</u>	0.00	
2	Instructions:					
	In the column headed "Call S	ign": list the cal	I 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 indepe	endent station, give the DSE	as "1.0"; for ea	ch network or noncom-	
of DSEs for	mercial educational station, give		5."			
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as				ļ		
necessary.						
Remember to copy all						.
formula into new				<u>.</u>		
rows.				<u>-</u> -		
				<u>-</u>		
				-		
				-		
				-		
				 		
				 		
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						••••••
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1		l		1		I

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC							**************************************	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTATION	ON OF DSI	 Es			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE	
			÷		=	x		=		
			÷		=	x x		=		
			÷		=	x		=		
			÷		= =	x x		=		
					=					
			÷		=	х		=		
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		nedule,			0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer tions in effer space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each star I by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (I	ution for a pro s shown by the k programs do number of live bond with the in the calenda n 2 by the figu	gram that your system was letter "P" in column 7 uring that optional carriage, nonnetwork programs information in space I. ar year: 365, except in a re in column 3, and give	was permitted to dof space I); and ge (as shown by the carried in substitution leap year. the result in colur	elete under F0 e word "Yes" in tion for progra mn 4. Round t	CC rules and column 2 of ms that were on o less tha	e deleted n the third		
		Sl	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	TION OF D	SEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMI OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-		=			÷		=	
		-					÷		=	
				=			÷		=	
		-		=			÷		=	
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa					0.00			
5		ER OF DSEs: Give the among applicable to your system		boxes in parts 2, 3, and	4 of this schedule a	and add them	to provide the			
Total Number		of DSEs from part 2 •			!			0.00		
of DSEs		of DSEs from part 3 ● of DSEs from part 4 ●			!			0.00		
	o. Humber	c. Does nom part 4					Г	<u> </u>		
	TOTAL NUMBE	R OF DSEs							0.00	

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

	WNER OF CABLE S ON HOLDINGS						S	YSTEM ID# 61498	Name
In block A: If your answer if 'schedule.	ck A must be comp "Yes," leave the rer "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part t	3, (page 16) of the		6
	, ,			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	List the call signs FCC rules and re instructions for th Satellite Televisic Enter the appropr (Note the FCC ru A Stations carrier 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev	BLOO of distant sta gulations price e DSE Schee on Extension a riate letter ind les and regul- ed pursuant to on as defined al educationa I station (76.6 or DSE schee on to individu	CK B: CARR Itions listed in port to June 25, 1 Idule. (Note: The and Localism A icating the base ations cited be to the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragrule). al waiver of FC don a part-time	is on which you cal low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs	MITTED DS this schedule to the	Es hat your syster ermitted station mpt multicast station. June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered station.	m was permitted to ns, see the tream as set forth) 6.63(a) referring to 61(e)(1) tions in the	carry under in the	3.75 Fee
Column 3:	*(Note: For those this schedule to d	each distant s e stations ider	tation listed in ntified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2		mplete the wor	. J	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from բ	oart 5 of this s	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve				-	
				of DSEs subject 7 of this schedule		ate.		0.00	
ine 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tota	al number of DSE	s from line	3					<u>-</u>	If yes, see part 9 instructions
ine 7: Multinly li	ine 6 by line 5 an	d enter here	and on line	2. block 3. space	I (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 61498 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Worksheet for Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs**

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,478,511.72	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 DS	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)		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498						
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 Surcharge		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Juicharge		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge							
8 Computation of Base Rate Fee	6 was of In blood In blood In blood In blood In blank What in were lood	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. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	N						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	1	Enter the amount of gross receipts from space K (page 7)	.72_						
	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 <u></u>						
	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)	<u>-</u>						
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 10,364.37							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	!! 						

DSE SCH	IEDU	ILE. PAGE 17.				ACCOUNTING	G PERIOD: 2022/2
LEGAL N	AME	OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	Name
WAVI	E DI	VISION HOLDINGS LLC				61498	Ivallie
Section	If the	e figure in section 2 is more than 4.000 , compute your ba	se rate fee her	e and leave section 3 blank.			
4							8
	A.	Enter 0.01064 of gross receipts					0
		(the amount in section 1)		<u> </u>			
	В.	Enter 0.00701 of gross receipts					Computation
		(the amount in section 1)	▶ \$				of
							Base Rate Fee
	C.	Multiply line B by 3.000 and enter here		<u> </u>			
	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		<u> </u>	\$		
	G	Add lines A, C, and F. This is your base rate fee.		Г			
	Ο.	Enter here and in block 3, line 1, space L (page 7))				
		Base Rate Fee		>	\$	0.00	
						,	
		IT: It is no longer necessary to report television sign	,	· ·		~	
Space		reported on a community-by-community basis (subs	scriber groups	s) ii the cable system repor	rtea muitipie channi	ei iine-ups in	9
•		: If any of the stations you carried were partially dist	ant, the statu	te allows you, in computin	g your base rate fee	e, to exclude	Computation
receipt	s fro	m subscribers located within the station's local servi	,	, ,	0 ,	<i>'</i>	of
exclusi	on, y	ou must:					Base Rate Fee

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give 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 subscribers 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.
- ullet Add the DSEs for each station. This gives you the total DSEs for the particular subscriber 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.

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

U.S. Copyright Office

LEGAL NAME OF OWNE						S	61498	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU			JP	0		
COMMUNITY/ AREA	South S	San Francisco, Sa	n Franci	COMMUNITY/ ARE	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>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,478	,511.72	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u>-</u>					
						-		
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					P	<u> </u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Page Pote For Add 46	o hase ==+	food for each subsection	hor group s	a chown in the barrer	hovo			
Base Rate Fee: Add the Enter here and in block			bei group as	shown in the doxes a	buve.	\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H			-			•	61498	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO			SECONE	SUBSCRIBER GRO		۵
COMMUNITY/ AREA	South	San Francisco, S	an Franci	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>							and
								Syndicated
								Exclusivity
								Surcharge
								for
	<u></u>							Partially
								Distant Stations
	<u> </u>							Stations
			···					
			····					
								
	<u>-</u>							
	···		••••					
Γotal DSEs			0.00	Total DSEs	<u>'</u>		0.00	
Gross Receipts First G	roup	\$ 1,47	8,511.72	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/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>						······	
	<u></u>		<u> </u>					
			····					
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	<u>-</u>							
	<u> </u>							
	1							
	<u> </u>							
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subso	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 61498 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