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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

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				
8/31/23	\$				
0/31/23	ALLOCATION NUMBER				

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2023/1								
Period									
B	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								
				140522023					
				14052 2023/1					
	3700 MONTE VILLA PARKWAY								
	BOTHELL W 98021								
	INSTRUCTIONS: In line 1, give any business or trade names used to i	identify the husine	ess and operation of the sys	tem unless these					
С	names already appear in space B. In line 2, give the mailing address o								
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3700 MONTE VILLA PARKWAY								
	2 (Number, street, rural route, apartment, or suite number) BOTHELL W 98021								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b					
Area	with all communities.	, e,		suct on page 12					
Served	CITY OR TOWN	STATE							
First	ROCKLIN	CA							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	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.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2023/1				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			14052					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses								
below the identified city or town.	o obonnol lino un	for all) than aithe	or accopiate					
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
ROCKLIN	CA			First				
				Community				
				See instructions for				
				additional information				
				on alphabetization.				
				Add rows as necessary.				

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC

SYSTEM ID# 14052

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			BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	7,054	\$	33.95				
 Service to additional set(s) 		Ī					
 FM radio (if separate rate) 				ľ			
Motel, hotel	659	\$	2.08				
Commercial	1,445	\$	4.12	ľ			
Converter				ľ			
Residential				ľ			
Non-residential				ľ			
ſ	-	•		ľ		 	•

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 2					
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE				
Continuing Services:			Installation: Non-residential			
 Pay cable 	\$	17.00	Motel, hotel			
 Pay cable—add'l channel 			Commercial		see details on section F E	
Fire protection			Pay cable			
•Burglar protection			 Pay cable-add'l channel 			
Installation: Residential			Fire protection			
First set	\$	79.95	Burglar protection			
 Additional set(s) 	\$		Other services:			
• FM radio (if separate rate)			Reconnect	\$ 40.00		
Converter	• Converter		Disconnect			
		Outlet relocation			·····	
			Move to new address			·····

WAVE DIVISION HOLDINGS LLC - ROCKLIN, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Ref	tail Rate
Preferred TV	Expanded Content	\$	81.67
Premiere TV-Entertainment	Digital Tier Packages	\$	13.00
Premiere TV-Variety	Digital Tier Packages	\$	8.25
Premiere TV-Sports	Digital Tier Packages	\$	12.00
Premiere TV (includes Premiere TV-Entertainment, 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 Tier	High Definition Package	\$	7.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00

LEGAL NAME OF OWNER OF CABLE SYSTEM	M:				SYSTEM	Namo
WAVE DIVISION HOLDINGS LI	LC				140	52 Name
PRIMARY TRANSMITTERS: TELEVISION						
n General: In space G, identify every tele carried by your cable system during the ar FCC rules and regulations in effect on Jur 76.59(d)(2) and (4), 76.61(e)(2) and (4), o substitute program basis, as explained in Substitute Basis Stations: With respe	ccounting period ne 24, 1981, per or 76.63 (referrin the next paragra	d except (1) s mitting the ca g to 76.61(e) aph	stations carried of arriage of certair (2) and (4))]; an	only on a part-time n network prograr d (2) certain statio	e basis under ns [section: ons carried on :	Primary Transmitters: Television
asis under specifc FCC rules, regulations Do not list the station here in space G—I			necial Statemen	t and Program Lo	og) if the	
station was carried only on a substitute	e basis.	, , ,		•	•	
List the station here, and also in space I, basis. For further information concernir						
in the paper SA3 form. Column 1: List each station's call sign.				•		
ach multicast stream associated with a s	tation according	to its over-th	ne-air designatio	on. For example, r	eport multi	
ast stream as "WETA-2". Simulcast strea /ETA-simulcast).	ams must be rep	orted in colu	mn 1 (list each s	stream separately	r; for example	
Column 2: Give the channel number the		-		-		
s community of license. For example, Wf n which your cable system carried the sta	ation.	•		•		
Column 3: Indicate in each case wheth ducational station, by entering the letter '						
for independent multicast), "E" (for nonco	mmercial educa	ational), or "E	-M" (for noncom	mercial education		
for the meaning of these terms, see page Column 4: If the station is outside the l					". For an ex	
lanation of local service area, see page (Column 5: If you have entered "Yes" ir					which you	
able system carried the distant station du	uring the accoun	nting period. I	ndicate by enter	ring "LAC" if your		
arried the distant station on a part-time b For the retransmission of a distant mult				. ,	it is the subjec	
f a written agreement entered into on or l	before June 30,	2009, betwee	en a cable syste	em or an associat	ion representing	
ne cable system and a primary transmitte on "E" (exempt). For simulcasts, also ent	ter "E". If you ca	rried the char	nnel on any othe	er basis, enter "O	." For a furthe	
xplanation of these three categories, see Column 6: Give the location of each st						
CC. For Mexican or Canadian stations, it	f any, give the n	ame of the co	ommunity with v	which the station i	· · · · · · · · · · · · · · · · · · ·	
ote: If you are utilizing multiple channel	line-ups, use a	separate spa	ce G for each ch	nannel line-up.		
	1	CHANN	EL LINE-UP	AA		
	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
I. CALL SIGN	2. B'CAST CHANNEL NUMBER		1		6. LOCATION OF STATION	
SIGN	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION SACRAMENTO, CA	
SIGN (CRA - NBC	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		See instructions for
SIGN (CRA - NBC (CRADT2 - MeTV	CHANNEL NUMBER	3. TYPE OF STATION N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	SACRAMENTO, CA	
SIGN (CRA - NBC (CRADT2 - MeTV (CSO - Telemundo	CHANNEL NUMBER 3 3.2	3. TYPE OF STATION N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA SACRAMENTO, CA	
SIGN CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos	CHANNEL NUMBER 3 3.2 33	3. TYPE OF STATION N N	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
SIGN CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX	CHANNEL NUMBER 3 3.2 33 33.3	3. TYPE OF STATION N N N	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW	CHANNEL NUMBER 3 3.2 33 33.3 33.5	3. TYPE OF STATION N N N N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31	3. TYPE OF STATION N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No	5. BASIS OF CARRIAGE	SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA	additional information
SIGN CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
SIGN CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV CTFKDT4 - Grit CTXL - FOX	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
GCRA - NBC GCRADT2 - MeTV GCSO - Telemundo GCSODT3 - TeleXitos GCSODT5 - LX GMAX - CW GOVR - CBS GOVRDT2 - Decades GOVRDT3 - DABL GCA - MyNetworkTV GCADT2 - Heroes & Icons GCADT3 - Estrella TV GSPX - ION GTFK - UniMas GTFKDT3 - getTV GTFKDT4 - Grit GTXL - FOX	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
GCRA - NBC GCRADT2 - MeTV GCSO - Telemundo GCSODT3 - TeleXitos GCSODT5 - LX GMAX - CW GOVR - CBS GOVRDT2 - Decades GOVRDT3 - DABL GCA - MyNetworkTV GCADT2 - Heroes & Icons GCADT3 - Estrella TV GSPX - ION GTFK - UniMas GTFKDT3 - getTV GTKLT3 - getTV GTXLDT2 - Antenna TV GTXLDT3 - Grit	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV CTXL - FOX CTXLDT2 - Antenna TV CTXLDT3 - Grit CTXLDT4 - Grit CTXLDT4 - TBD	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV CTFKDT4 - Grit CTXL - FOX CTXLDT2 - Antenna TV CTXLDT3 - Grit CTXLDT4 - TBD CUVS - Univision	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT3 - getTV CTFKDT4 - Grit CTXL - FOX CTXLDT2 - Antenna TV CTXLDT3 - Grit CTXLDT4 - TBD CUVSDT3 - Bounce	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4 19.1	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
KCRA - NBC KCRADT2 - MeTV KCSO - Telemundo KCSODT3 - TeleXitos KCSODT5 - LX KMAX - CW KOVR - CBS KOVRDT2 - Decades KOVRDT3 - DABL KQCA - MyNetworkTV KQCADT2 - Heroes & Icons KQCADT3 - Estrella TV KSPX - ION KTFK - UniMas KTFKDT3 - getTV KTFKDT4 - Grit KTXL - FOX KTXLDT2 - Antenna TV KTXLDT3 - Grit KTXLDT4 - TBD KUVS - Univision KUVSDT3 - Bounce KVIE - PBS	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4 19.1 19.3	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX KMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKOT4 - Grit CTXL - FOX CTXLDT2 - Antenna TV CTXLDT3 - Grit CTXLDT4 - TBD CUVS - Univision CUVSDT3 - Bounce CVIE - PBS CVIEDT2 - PBS Encore	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4 19.1 19.3 6	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
CCRA - NBC CCRADT2 - MeTV CCSO - Telemundo CCSODT3 - TeleXitos CCSODT5 - LX CMAX - CW COVR - CBS COVRDT2 - Decades COVRDT3 - DABL CQCA - MyNetworkTV CQCADT2 - Heroes & Icons CQCADT3 - Estrella TV CSPX - ION CTFK - UniMas CTFKDT4 - Grit CTXL - FOX CTXLDT2 - Antenna TV CTXLDT3 - Grit CTXLDT4 - TBD CUVS - Univision CUVSDT3 - Bounce CVIE - PBS CVIEDT4 - PBS Encore CVIEDT4 - PBS Kids	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4 19.1 19.3 6 6.2	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information
1. CALL SIGN KCRA - NBC KCRADT2 - MeTV KCSO - Telemundo KCSODT3 - TeleXitos KCSODT5 - LX KMAX - CW KOVR - CBS KOVRDT2 - Decades KOVRDT3 - DABL KQCA - MyNetworkTV KQCADT3 - Estrella TV KSPX - ION KTFK - UniMas KTFKDT3 - getTV KTKLDT3 - Grit KTXLDT2 - Antenna TV KTXLDT3 - Grit KTXLDT4 - TBD KUVS - Univision KUVSDT3 - Bounce KVIE - PBS KVIEDT4 - PBS Encore KVIEDT4 - PBS Kids KXTV - ABC KXTV - True Crime	CHANNEL NUMBER 3 3.2 33 33.3 33.5 31 13 13.2 13.3 58 58.2 58.3 29 64.1 64.3 64.4 40 40.2 40.3 40.4 19.1 19.3 6 6.2 6.4	3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	SACRAMENTO, CA STOCKTON, CA STOCKTON, CA SACRAMENTO, CA	additional information

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 14052 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

LEGAL NAME OF OWNER OF						SYSTEM ID# 14052	Name		
						14032			
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every no	nnetwork televiseriod, under spe	sion program broadcast by a	a distant statio	ations, or authorization	ns. For a further	 Substitute		
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special		
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant sta					□Yes		Program Log		
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must complete the p	rogram			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograi Column 3: Give the call Column 4: Give the broadthe case of Mexican or Car Column 5: Give the moi first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please of every not distant state gulations, ation. Do not be used to b	am on a separ attach addition connetwork tele tion and that y or authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ons, if any, the when your sy he substitute pr a program car e listed prograr ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting perio	program) that ted for the program instruction "basketbal" "No." ram. te station is life station is ide program. U r cable syste 1:15 p.m. to 6 ramming that bod; enter the	at, during the accour ogramming of another tions located in the p l". List specific prog censed by the FCC of entified). se numerals, with the m. List the times account in the second by the fixed the second it your system was re- letter "P" if the listed	ating er station paper param or, in e month curately pe			
,					N SUBSTITUTE	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	FOR DELETION			
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				
					_				

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	M ID#					
WA		14052 Name					
Install a all a (as pag	tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$3,448,012	Gross Receipts					
IMI	PORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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.							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of ck 3 below.						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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 \$ 3,448,012	.17_					
	Enter the result here.						
	This is your minimum fee. \$ 36,686	.85					
Block 3	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? — Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4. 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	<u>-</u>					
	schedule. If none, enter zero						
	Line 3. Add lines 1 and 2 and enter here \$	_					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	Cable systems submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	deposits under Section 111(d)(7) .00 should contact					
	Line 4. FILING FEE	the Licensing .00 additional fees.					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	Division for the appropriate form for submitting the additional fees.					
	general instructions located in the paper SA3 form for more information.)						

ACCOUNTING PERIOD: 2023/1 FORM SA3E, PAGE 8

	1							ASE. FAGE 6.	
Name		WNER OF CABLE SY ION HOLDING					S	14052	
M Channels	to its subscribe	ers and (2) the c	•	number of activat e cable	ed channels, duri	carried television broadc			
	on which the	cable system c	ctivated channels arried television bro				382		
N Individual to Be Contacted for Further	ted er Name Morgan Conkle Telephone 347-835-7661								
Information									
	Email	/, town, state, zip) morga	n.conkle@asto	und.com		Fax (optional)			
O Certifcation	• I, the undersig	ned, hereby cert	ify that (Check one, <i>b</i>	out only one , of the	boxes.)	ce with Copyright Office			
	 (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)] 								
		(e.g., /s/ button, th	John Smith). Before	on the line above us entering the first for name. Pressing th	ward slash of the / e "F" button will av	re to certify this statement. s/ signature, place your cur oid enabling Excel's Lotus	rsor in the box and press the "	F2"	
		Title:	Senior Vice Pt						
		Date:	August 31, 2023						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 14052	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P 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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum herex days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period ID number	

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 th 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABL WAVE DIVISION HOLDI		S	STEM ID# 14052			
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line		0.00				
2 Computation of DSEs for	mercial educational station, give the DSE as ".25."						
Category "O"	CALL CICAL	DOE	CATEGORY "O" STATION		CALL CION	DOE	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Add rows as							
necessary.							
Remember to copy							
all formula into new							
rows.							
		I		1		1	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 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. Computation of DSEs for 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 Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION ON AIR SYSTEM SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF OF DAYS OF DAYS SIGN SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.00 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/1

	OWNER OF CABLE ON HOLDINGS						S`	YSTEM ID# 14052	Name
n block A:	ck A must be comp		part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below.								Commutation	
BLOCK A: TELEVISION MARKETS s the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in								Computation 6 3.75 Fee	
ffect on June 24, Yes—Com	•	schedule—l	•					guiations in	
No—comp	Diete blocks D and		CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1: CALL SIGN	under FCC rules	s of distant st and regulati ne DSE Sche	tations listed in ons prior to Ju edule. (Note: T	part 2, 3, and 4 one 25, 1981. For fine letter M below i	f this schedule	e that your sys ation of permit	ed stations, see t	he	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide determine th	entified by the I e DSE.)	n parts 2, 3, and 4 etter "F" in columr	n 2, you must	complete the v	T	T	
1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule			n -	-	
ine 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			ır-		
	line 2 from line 1 leave lines 4–7 b			•		rate.	11-	0.00	
ine 4: Enter gross receipts from space K (page 7)						375	Do any of the DSEs represe partially		
ine 5: Multiply I	ine 4 by 0.0375 a	and enter s	um here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSI	Es from line	÷ 3					-	carriage? If yes, see pa 9 instructions
ine 7: Multiply line 6 by line 5 and 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 14052 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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 Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE 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 ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE 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# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,448,012.17	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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	25	
	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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			SYSTEM ID# 14052						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$							
Surcharge		C. Multiply line B by 3.000 and enter here.							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.							
		Syllulcated Exclusivity Surcharge.							
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. are answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. are answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. are a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers potentially distant station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	ow						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	ur cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	<u>17</u>						
	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 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)							
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 24,170.57							
		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							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/1

	EDOLL TACE IT.	21/2======	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE	E DIVISION HOLDINGS LLC	14052	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here >		
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	(the amount in Section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here > \$		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)	0.00	
	Base Rate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.		9
·	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee. to exclude	0
receipts	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this exc	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determined the parties of your system's gross receipts attributable to that group, and calculate a congrete base rate for		Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
must al	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
How to	Identify a Subscriber Group for Partially Distant Stations		Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant	t station you	Stations
	to that community.	are leasted	
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
_	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis-		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
	section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
• If:	bers in the group.		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav	re it in narts 2_3	
	f this schedule; or,	0 it iii parto 2, 0,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene	eral instructions	
	paper SA3 form.		
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on		
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou or that group's complement of stations and total gross receipts from the subscribers in that group). You do no tual calculations on the form.		

LEGAL NAME OF OWNE WAVE DIVISION H						S	YSTEM ID# 14052	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	ROCKL	.IN		COMMUNITY/ AREA			0	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
						——————————————————————————————————————		Surcharge
								for
								Partially
								Distant
								Stations
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,448	,012.17	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						n -		
						-		
otal DSEs			0.00	Total DSEs		I	0.00	
	`ro.u=	•			th Craw			
Gross Receipts Third G	oroup	\$	0.00	Gross Receipts Four	uı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				
_	_		_	as shown in the boxes				

Nonpermitted 3.75 Stations

COMPUTATION COMMUNITY AREA C	LEGAL NAME OF OWNI						S	14052	Name
CALL SIGN DEE CALL SIGN DES CALL SIGN DES CALL SIGN DES Base Rate Fe and syndicated Exclusivity Surcharge for Partially Stations Total DSEs 0.00 Total DSEs 0.00 Base Rate Fe Second Group \$ 0.00 TOTAL SIGN DEE CALL SIGN DE CALL SI	В				TE FEES FOR EAC			UP	•
CALL SIGN DSE	COMMUNITY/ AREA ROCKLIN				COMMUNITY/ AREA	Α		0	_
Total DSEs Gross Raceipts First Group Total DSEs CALL SIGN DSE DSE CALL SIGN DSE DSE DSE DSE DSE DSE DSE DS	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Syndicated Exclusivity Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL									Base Rate Fe
Total DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Syndicated
Total DSEs 0.00 Gross Raceipts First Group \$ 0.00 Sease Rate Fee First Group \$ 0.00 COMMUNITY/ AREA 0 CALL SIGN DSE CALL S									Exclusivity
Total DSEs O.00 Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									_
Stations Total DSEs O.00 Gross Receipts First Group 3.448,012.17 Gross Receipts Second Group 5.0.00 Base Rate Fee Second Group FOURTH SUBSCRIBER GROUP COMMUNITYI AREA O CALL SIGN DSE CALL SIGN D									
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									
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			0.00	Total DSEs			0.00	
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI	Gross Receipts First G	Group	s 3,448			ond Group	\$		
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	·			<u></u>	·				
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIG	Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	COMMUNITY/ ADEA	THIRD	SUBSCRIBER GRO						
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA			U	COMMUNITY AREA	Α		U	
Gross Receipts Third 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 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third 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									
Gross Receipts Third 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	Total DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above	Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)				criber group	as shown in the boxe	s above.	s	0.00	

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14052							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
9	If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any po by section 76.5 of FCC rules in effect on June 24, 1981:	-							
Computation of	☐ First 50 major television market ☐ Second	50 major television market							
Base Rate Fee	INSTRUCTIONS:								
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF 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 us Step 4: Compute the surcharge for each subscriber group using the formula ou schedule. In making this computation, use gross receipts figures applic your actual calculations on this form. 	F Grade B contour stations that were classified as ed to compute the surcharge. tlined in block D, section 3 or 4 of part 7 of this							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
		Enter the VHF DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	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							
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SURCHARGE	ARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscin the boxes above. Enter here and in block 4, line 2 of space L (page 7)	riber group as shown							