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:

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				
0/04/00	\$				
8/31/23	ALLOCATION NUMBER				

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting	2023/1					
Period						
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC	ss of the cable system on the last day of the counting period.	em. he accounting period should su	•	31268	
				312682	20231	
				31268	2023/1	
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021					
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of					
System	IDENTIFICATION OF CABLE SYSTEM:	in the eyetem, in the	norone from the address giv			
System	1 WAVE BROADBAND					
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code)					
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page	1b	
Area	with all communities.					
Served	CITY OR TOWN	STATE				
First	SEATTLE	WA				
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G		
Sample	Alda	MD	Α	1		
	Alliance	MD	B B	3		
	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.

ACCOUNTING PER FORM SA3E. PAGE 1b.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WAVE DIVISION HOLDINGS LLC			31268				
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.							
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 be	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
SEATTLE	WA			First			
				Community			
				See instructions for additional information			
				on alphabetization.			
				Add rows as necessary.			
				1			

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

31268

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	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	2,229	\$	33.95				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	617	\$	4.55	11			
Commercial	300	\$	7.99				
Converter				11			
Residential							
Non-residential				11			
	<u> </u>	†····		1 ľ			f

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 17.00	Motel, hotel		Refer to "Pg2 Section F -	
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 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	\$ 40.00		
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

WAVE DIVISION HOLDINGS LLC - SEATTLE, WA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	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 & Spor	ts Digital Tier Packages	\$	32.75
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)	International Premium	\$	12.00
TV Japan	International Premium	\$	24.95
Installation: Residential First Set		\$	79.95
Installation: Residential Addistional Set(s)		\$	30.00
Other services: Reconnect		\$	40.00

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

CHANNEL LINE UD A

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
CBUT - CBC	2	I	Yes	0	VANCOUVER, BC	
KBTC - PBS	27	E	No		TACOMA, WA	Se
KCPQ - FOX	13	N	No		TACOMA, WA	ad
KCTS - PBS	9	E	No		SEATTLE, WA	or
KCTSDT2 - PBS Kids	9.2	Е	No		SEATTLE, WA	
KCTSDT3 - Create	9.3	E	No		SEATTLE, WA	
KFFV - MeTV	44.1	N	No		SEATTLE, WA	
KFFVDT 2- Movies!	44.2	N	No		SEATTLE, WA	
KING - NBC	5	N	No		SEATTLE, WA	
KINGDT2 - True Crime	5.2	N	No		SEATTLE, WA	
KINGDT3 - Quest	5.3	N	No		SEATTLE, WA	
KINGDT4 - Twist	5.4	N	No		SEATTLE, WA	
KIRO - CBS	7	N	No		SEATTLE, WA	
KIRODT2 - Cozi TV	7.2	N	No		SEATTLE, WA	
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA	
KIRODT4 - Telemundo	7.4	N	No		SEATTLE, WA	
KOMO - ABC	4	N	No		SEATTLE, WA	
KOMODT2 - CometTV	4.2	N	No		SEATTLE, WA	
KOMODT3 - Charge!	4.3	N	No		SEATTLE, WA	
KONG - Independent	16	I	No		EVERETT, WA	
KONGDT3 - ThisTV	16.3	N	No		EVERETT, WA	
KSTW-CW	11	N	No		TACOMA, WA	
KSTWDT2 - Decades	11.2	N	No		TACOMA, WA	
KTBW - TBN	20	N	No		SEATTLE, WA	
KVOS - Heroes & Icons	12.1	N	No		BELLINGHAM, WA	
KVOSDT4- Decades	12.4	N	No		BELLINGHAM, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	
KWPX - ION	33	N	No		BELLEVUE, WA	
KWPX DT3 - Bounce TV	33.3	N	No		BELLEVUE, WA	
KZJO - MyNetwork TV	22	N	No		SEATTLE, WA	
KZJODT3 - Antenna TV	22.3	N	No		SEATTLE, WA	

G

Primary Transmitters: Television

ee instructions for dditional information on alphabetization. **ACCOUNTING PERIOD: 2023/1**

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31268 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 WAVE DIVISION HOLD					S	31268	Name
SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm form	ify every no	nnetwork televi	sion program broadcast by a	a distant statio	lations, or authorizations.	For a further	Substitute
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor	FPROGRA titute prograce, please of every no distant sta egulations, of tition. Do no Lucy" or "N m was broa sign of the adcast stati addian stati and any	e rest of this parameter attach addition on a separattach addition on the transfer attach addition and that your authorization to use general BA Basketball addast live, entition station broaddion's location (ons, if any, the	age blank. If your answer is age blank. If your answer is ate line. Use abbreviations all pages. Vision program (substitute your cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the	s "Yes," you is wherever poprogram) that ted for the preneral instructor "basketbal" "No." ram. the station is life station is life.	must complete the programming of another stions located in the paper. List specific programming of another stions located in the paper.	No ram y is g station er	Carriage: Special Statement and Program Log
Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE 7. REASON							
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	

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC		31268	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,165,818.16								
IMPORTANT: 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. 								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ς 3 below.	e entere	d on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	on line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be e	ntered on line					
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		4 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 1,165,818.16					
	Enter the result here. This is your minimum fee.	\$	12,404.31					
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the column of the co	nn 4, yo	u 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	-	\$ 12,404.31					
	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	\$	12,404.31					
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	-	\$ 12,404.31	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 the fee from either part 7 (block B) of the DSE schedule.		0.00	submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_	0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	-	\$ 725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,129.31	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See pag	e (i) of the	additional 1999.				

ACCOUNTING PERIOD: 2023/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER			SYSTEM ID# 31268					
		IOLDING	0 220	01200					
M Channels		-	(1) the number of channels on which the cable system carried television broadcast stable system's total number of activated channels, during the accounting period.	stations					
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total nu on which the cable		ctivated channels arried television broadcast stations	350					
	and nonbroadcast	services							
N Individual to Be Contacted									
for Further Information	Name Morga	n Conk	e Telephone	347-835-7661					
o			oad East, Suite 3100 oute, apartment, or suite number)	1001011010101010101010101010101010101010					
		ton, NJ	08540						
	Email	,	n.conkle@astound.com Fax (optional)						
	CERTIFICATION (Th	nis stateme	nt of account must be certifed and signed in accordance with Copyright Office regu	ulations.)					
0	<u></u>	otato							
Certifcation	• I, the undersigned,	hereby cer	ify that (Check one, but only one, of the boxes.)						
	(Owner other tha	an corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space I	B; or					
			corporation or partnership) I am the duly authorized agent of the owner of the cable that the owner is not a corporation or partnership; or	system as identified					
	(Officer or partr in line 1 of sp		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	ner of the cable system					
		and correct	t of account and hereby declare under penalty of law that all statements of fact container to the best of my knowledge, information, and belief, and are made in good faith.	d herein					
		X	/s/ Parisa Salehani						
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.								
	Typed or printed name: Parisa Salehani								
		Title:	Senior Vice President, Controller (Title of official position held in corporation or partnership)						
		Date:	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: SYSTEM ID#	Name			
WAVE DIVISION HOLDINGS LLC 31268				
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.	Concerning Gross Receipts Exclusion			
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				
Name Mailing Address Name 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 here	-			
Line 3 Multiply line 2 by the number of days late and enter the sum here	_			
x 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)				
(interest charge)	-			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.				
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.				
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.				
Owner Address				
First community served				
Accounting period				
ID number				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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. PAG								
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#		
•	WAVE DIVISION HOLDI	NGS LLC				31268		
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 1.00							
	Instructions:			L				
2	In the column headed "Call	Sign": list the ca	II signs of all distant stations	s identified by th	ne letter "O" in column 5			
	of space G (page 3).							
Computation	In the column headed "DSE"			≣ as "1.0"; for €	each network or noncom-			
of DSEs for	mercial educational station, given	ve the DSE as ".2	25." CATEGORY "O" STATION	10. DOE				
Category "O" Stations	CALL CION	DCE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	CBUT - CBC	1.000						
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								

Name	WAVE DIVISION HOLDINGS LLC SYSTEM ID# 31268								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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		C	CATEGORY LAC	STATIONS: (COMPUTATION	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NU JRS OF ED BY ST	JMBER HOURS ATION AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE .	
			<u>÷</u>	=		x	=		
			÷	_		x x	=		
				=		x	=		
			÷	=		x	=		
			÷ ÷			x x	=		
				=		x	=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, 0.00								
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							·m).	
		SU	BSTITUTE-BASI	S STATIONS	: COMPUTA	TION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
						-		=	
		÷				÷ ÷			
		-	_	_		-		=	
		÷	=			÷		=	
	÷ = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5		R OF DSEs: Give the am applicable to your systen		in parts 2, 3, and 4	of this schedule	and add them to provide	the total		
Total Number	1. Number of	f DSEs from part 2 ●				•	1.00		
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00		
	3. Number of	f DSEs from part 4 ●				·	0.00		
	TOTAL NUMBE	R OF DSEs						1.00	

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

LEGAL NAME OF O							S	YSTEM ID# 31268	Namo
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if '	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if '	"No," complete blo	ocks B and C	below.						
-	·			ELEVISION M.	ARKETS				Computation of 3.75 Fee
ls the cable syster effect on June 24,	•	utside of all	major and sma	ller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
			DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	' .		
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	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	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN CBUT - CB	BASIS	1.00	SIGN	BASIS		SIGN	BASIS		
						1			
								1.00	<u> </u>
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				-
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11.		
ine 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove					
				r of DSEs subject 7 of this schedu		rate.	n -		
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen
₋ine 5: Multiply li	ine 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	1		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 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 CALL SIGN DSE DSE DSE **CBUT - CBC** 1.00 **CBUT - CBC** 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,165,818.16	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	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? 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	PE .	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DE.	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
		_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	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		

Nome	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	'	WAVE DIVISION HOLDINGS LLC	31268							
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								
	Inct.	ctions:								
8		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	art							
0		checked "Yes," use the total number of DSEs from part 5.								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	_	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low							
Base Rate Fee	blank									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al							
		e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
	L	X Yes—Complete part 9 of this schedule. 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)								
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes,"								
		use the total number of DSEs from part 5.)								
	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)								
		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.	0.00							

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

I ECAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
			Name
WAVI	E DIVISION HOLDINGS LLC	31268	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
7	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)		
	Base Rate Fee ▶ \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		_
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	ne charmer line-	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta	ke advantage of	of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		Syndicated 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
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1	For each community served, determine the local service area of each wholly distant and each partially distan	t station you	Stations
carried	to that community.		
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.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist 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.	te that a cable	
_	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your	system's	
	ber groups. section:		
	fy 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 bers in the group.	to all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav if this schedule; or,	e it in parts 2, 3,	
2) any	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.		
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no dual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNE						S	31268
В		COMPUTATION OF		TE FEES FOR EAC			
FIRST SUBSCRIBER GROUP			P	001000000000000000000000000000000000000		SUBSCRIBER GRO	
COMMUNITY/ AREA SEATTLE				COMMUNITY/ ARE	Α		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CBUT - CBC	1.00						
						·	
Total DSEs			1.00	Total DSEs		II	0.00
Gross Receipts First G	oroup	\$ 1,165	,818.16	Gross Receipts Sec	ona Group	\$	0.00
Base Rate Fee First G	Group	\$ 12 <u>.</u>	,404.31	Base Rate Fee Sec	ond Group	\$	0.00
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA			0	COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	<u> </u>						
	<u> </u>						
Total DSEs	· ·		0.00	Total DSEs			0.00
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00
Base Rate Fee: Add tl	ne base rat	e fees for each subscr	riber group	as shown in the boxes	s above.		
Enter here and in bloc						\$	12,404.31

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE							31268	Name
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ AREA	Α		0	9 Compute
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
CALL GIGIN	DOL	OALL GIGIT	DOL	CALL GIGIN	DOL	OALL SIGN	DOL	Base Rate
			<u></u>					and
			<u></u>					Syndicat
			<u></u>					Exclusiv
	<u> </u>							Surchar
	<u> </u>							for
								Partiall
								Distan
								Station
	•							
	•							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1,165	,818.16	Gross Receipts Sec	ond Group	\$	0.00	
·	•							
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Fou	rth Group	\$	0.00	
	5up	\$		Siede i toocipie i oui	Олоцр	*	3.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u>II</u>				
			criber group	as shown in the boxe	s above.		0.00	
nter here and in block	3, line 1,	space L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 31268							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY								
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 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:								
of	☐ First 50 major television market ☐ Se	cond 50 major television market							
Base Rate Fee	INSTRUCTIONS: Stan 1: In line 1, give the total DSEs by subscriber group for commercial \	/HE Grade B contour stations listed in block A part 9 of							
and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
		4 5 4 4 7445 805							
		e 1: Enter the VHF DSEse							
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	e 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 NDICATED EXCLUSIVITY RCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Lin	e 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	e 2: Enter the Exempt DSEs							
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	e 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							
	SURCHARGE Third Group	RCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	subscriber group as shown							