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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/31/23	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2023/1							
Period								
B Owner	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. 3683 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	WAVE DIVISION HOLDINGS LLC							
	WAVE SIVISION NOESINGS LES							
				3683	520231			
				36835	2023/1			
				30033	2023/1			
	3700 MONTE VILLA PARKWAY							
	BOTHELL W 98021							
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	tem unles	s these			
С	names already appear in space B. In line 2, give the mailing address of							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM:							
	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	y only the frst com	nmunity served below and re	elist on pa	ge 1b			
Area	with all communities.	T						
Served	CITY OR TOWN STATE							
First Community	WHIDBEY ISLAND	WA						
Community	Below is a sample for reporting communities if you report multiple ch		·	0.15	000"			
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB	3 GRP#			
Sample	Alliance	MD	В		2			
	Gering	MD	В		3			

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 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 Office'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.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			36835						
WAVE DIVIDION NOEDINGO EEG									
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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number									
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	I	CHLINETID	SUB CDD#						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
WHIDBEY ISLAND	WA			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

36835

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.

BLO	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	1,725	\$ 33.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	9	\$ 16.98			
Converter					
Residential					
Non-residential					
ſ	*	†			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel		Expanded Content	\$	81.67	
 Pay cable—add'l channel 			Commercial		Digital Favorites	\$	13.00	
Fire protection			• Pay cable		Digital Variety	\$	8.25	
•Burglar protection			• Pay cable-add'l channel		Digital sports	\$	12.00	
Installation: Residential			Fire protection		Digital Cable Pack	\$	32.75	
First set	\$	79.95	Burglar protection		НВО	\$	19.00	
Additional set(s)	\$	30.00	Other services:		HBOMax	\$	14.99	
• FM radio (if separate rate)			• Reconnect	\$ 40.00	Showtime/The Movie Cha	\$	19.00	
Converter			Disconnect		Cinemax	\$	18.50	
	h		Outlet relocation		Starz	\$	17.00	
			 Move to new address 		Movieplex	\$	5.00	
					HDBonus Pac		\$7.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

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 [section: 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 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 othe 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 ir 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 noncommercia 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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.

		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	7
KBTC - PBS	27	E	No		TACOMA, WA	Se
KCPQ - FOX	13	N	No		TACOMA, WA	ac or
KCTS - PBS	9	Е	No		SEATTLE, WA	Or
KCTSDT2 - PBS K	9.2	E	No		SEATTLE, WA	
KCTSDT3 - Create	9.3	E	No		SEATTLE, WA	
KFFV - MeTV	44.1	N	No		SEATTLE, WA	
KING - NBC	5	N	No		SEATTLE, WA	
KINGDT2 - True C	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 T	7.2	N	No		SEATTLE, WA	
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA	
KIRODT4 - Telem	7.4	N	No		SEATTLE, WA	
KOMO - ABC	4	N	No		SEATTLE, WA	
KOMODT2 - Com	4.2	N	No		SEATTLE, WA	
KOMODT3 - Char	4.3	N	No		SEATTLE, WA	
KONG - Independ	16	I	No		EVERETT, WA	
KSTW - CW	11	N	No		TACOMA, WA	
KSTWDT2 - Deca	11.2	N	No		TACOMA, WA	
KTBW - TBN	20	N	No		SEATTLE, WA	
KVOS - Heroes &	12.1	N	No		BELLINGHAM, WA	
KVOSDT4- Decad	12.4	N	No		BELLINGHAM, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	
KWPX - ION	33	N	No		BELLEVUE, WA	
KZJO - MyNetwor	22	N	No		SEATTLE, WA	
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA	"]

G

Primary Transmitters: Television

ee instructions for dditional information n alphabetization.

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 36835 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

				S	36835	Name
ify every no	nnetwork televi	sion program broadcast by a	a distant statio C rules, regu	lations, or authorizations.	For a further	Substitute
riod, did yo tion'? ", leave the E PROGRA titute prograce, please of every no distant sta egulations, o tion. Do no	e rest of this parameter attach addition connetwork teletion and that your authorization tuse general	age blank. If your answer is age blank. If your answer is ate line. Use abbreviations all pages. Vision program (substitute your cable system substitutens. See page (vi) of the gecategories like "movies", vision program (substitutens).	s "Yes," you is wherever p program) that defor the preneral instruc	must complete the programming the accounting ogramming of another strong located in the pap	XNo ram g is station er	Carriage: Special Statement and Program Log
m was broasign of the adcast statination statination the and day we "5/7." es when the Example: Ter "R" if the and regulation of the and regulating in the analysis in the anal	adcast live, ent station broadd ion's location (ons, if any, the when your sy e substitute pr a program car e listed prograt ions in effect of g that your sys	er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for prog during the accounting periotem was permitted to dele	ram. e station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming tha od; enter the te under FC0	lentified). Ise numerals, with the man. List the times accurated: S:28:30 p.m. should be tryour system was requiletter "P" if the listed procedures and regulations in the system was required. The system was required by the system was r	nonth ately ired o	
2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
i con Tropical Tropic	E: SPECIJ ify every no counting point that mu- T CONCEI riod, did yo tton? ", leave the E PROGRA titute prograce, please of every no distant sta egulations, a distant sta sition. Do n Lucy" or "N m was broa sign of the adcast stat hadian stati had day ve "5/7." hes when th Example: ter "R" if the and regulat rogramming	ify every nonnetwork televice counting period, under specing that must be included in the transfer of the part of the part of the program on a separate program on the station broadcast station's location (nation stations, if any, the onth and day when your synch the substitute program or program or program or program or program or programming that your systems. UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LO ify every nonnetwork television program broadcast by a coounting period, under specific present and former FC ing that must be included in this log, see page (v) of the T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute ba ttion? T', leave the rest of this page blank. If your answer is E PROGRAMS titute program on a separate line. Use abbreviations ace, please attach additional pages. of every nonnetwork television program (substitute adistant station and that your cable system substitute gulations, or authorizations. See page (vi) of the ge atton. Do not use general categories like "movies", of Lucy" or "NBA Basketball: 76ers vs. Bulls." m was broadcast live, enter "Yes." Otherwise enter sign of the station broadcasting the substitute progradcast station's location (the community to which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any the community with which the hadian stations in effect during the accounting perior gramming that your system was permitted to dele LEXAMPLE A STATION'S UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG ify every nonnetwork television program broadcast by a distant static counting period, under specific present and former FCC rules, reguling that must be included in this log, see page (v) of the general instance, and find your cable system carry, on a substitute basis, any nontition? T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nontition? FPROGRAMS stitute program on a separate line. Use abbreviations wherever program on a separate line. Use abbreviations wherever program of every nonnetwork television program (substitute program) the distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program) the distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program) the distant station and that your cable system substituted for the programinance of every nonnetwork television program (substitute program instruction). Do not use general categories like "movies", or "basketball Lucy" or "NBA Basketball: 76ers vs. Bulls." If was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. addicast station's location (the community to which the station is infinity and day when your system carried the substitute program. Use "5/7." If the listed program was carried by your cable system. Example: a program carried by a system from 6:01:15 p.m. to 6 ther "R" if the listed program was substituted for programming that and regulations in effect during the accounting period; enter the rogramming that your system was permitted to delete under FCC UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	E: SPECIAL STATEMENT AND PROGRAM LOG ify every nonnetwork television program broadcast by a distant station that your cable system counting period, under specific present and former FCC rules, regulations, or authorizations, ing that must be included in this log, see page (v) of the general instructions located in the page of the program of the page of the program of the page of the program of the program of the program of the program of a substitute basis, any nonnetwork television progration? EPROGRAMS It is program on a separate line. Use abbreviations wherever possible, if their meaning ace, please attach additional pages. of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another segulations, or authorizations. See page (vi) of the general instructions located in the page attach additional pages. The program of the	E: SPECIAL STATEMENT AND PROGRAM LOG Ify every nonnetwork television program broadcast by a distant station that your cable system carried on a coconting period, under specific present and former FCC rules, regulations, or authorizations. For a further ing that must be included in this log, see page (v) of the general instructions located in the paper SA3 IT CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonnetwork television program tion? I Yes No I', leave the rest of this page blank. If your answer is "Yes," you must complete the program E PROGRAMS It tute program on a separate line. Use abbreviations wherever possible, if their meaning is ace, please attach additional pages. of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another station equilations, or authorizations. See page (vi) of the general instructions located in the paper station. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: 76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. adcast station's location (the community to which the station is identified). In addian stations, if any, the community with which the station is identified). In the and day when your system carried the substitute program. Use numerals, with the month we "5/7." es when the substitute program was carried by your cable system. List the times accurately and the substitute program was required and regulations in effect during the accounting period; enter the letter "P" if the listed pro rogramming that your system was required and regulations in effect during the accounting period; enter the letter "P" if the listed pro rogramming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if th

LEGA	AL NAME OF OWNER OF CABLE SYSTEM: SYSTE	EM ID#						
WA	AVE DIVISION HOLDINGS LLC	36835 Name						
Inst all a (as pag	OSS RECEIPTS 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 e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 642,571	K Gross Receipts						
IMP	PORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)							
• Con • Con • If your fee • If you accompany	ARIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In bour system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. In pour system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.	Copyright Royalty Fee						
	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 \$ 642,571.10							
	Enter the result here. This is your minimum fee. \$ 6,836.96							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in 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? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.							
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 \$ 6,836	5.96						
	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 \$ 6,836	5.96						
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 3. SYNDICATED EXCLUSIVITY SUBCHARGE, Enter the fee from either part 7.	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00 submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	Section 111(d)(7) should contact						
	Line 4. FILING FEE	the Licensing additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)							

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 36835									
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
for Further Information	Name Morgan Conkle Telephone 347-835-7661									
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540									
	(City, town, state, zip) Email morgan.conkle Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	X /s/ Parisa Salehani									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Parisa Salehani									
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)									
	Date: 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:	STEM ID#	Nome				
WAVE DIVISION HOLDINGS LLC	36835	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 so scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (viii) of the general instructions in the		Special Statement Concerning Gross Receipts				
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						
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.	nt.	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	- 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)	-					
(interest char	rge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se					
** 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 origin filing.	al					
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:			SY	STEM ID#			
<u> </u>	WAVE DIVISION HOLDI	NGS LLC				36835			
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	 Add the DSEs of each station 								
	Enter the sum here and in line 1 of part 5 of this schedule.								
2	Instructions: In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	he 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		10. DOE					
Category "O" Stations	CALL SIGN	DOE	CATEGORY "O" STATION	DSE DSES	CALL CION	DOE			
Stations		DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBUT - CBC	1.000							
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
				<u> </u>					

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC					S	36835		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		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 F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE		
			÷	=		x	=			
			÷ ÷	_		x x	=			
				=		x	=			
			÷	=		x	=			
			÷ ÷			x x	=			
						x	=			
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		,		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I). Column 2: If at your option. Column 3: If Column 4: If Column 4: If the same broadcast of the same broadcast	ct on October 19, 1976 (ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a program as shown by the lette ork programs during to number of live, nonrespond with the informs in the calendar year in 2 by the figure in compared to the content of the c	that your system or "P" in column 7 hat optional carria network programs nation in space I. or 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by carried in substance the result in co	o delete under FCC rules	e of were deleted	m).		
		SU	BSTITUTE-BAS	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		
								=		
						÷				
		-		_		-		=		
			=	=				=		
	Add the DSEs	OF SUBSTITUTE-BASI	IS STATIONS:			0.00]			
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 ●				-	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

WAVE DIVISION							S	4835 36835	Name
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 o
s the cable syster effect on June 24,	•	utside of all	major and sma	ıller 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 fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	ules and regued pursuant on as defined al education of the station (76. or DSE schedant to individually carries).	alations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 c), 76.61(b)(c), d) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) stations in the	,	
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 BASIS	3. DSE	1. CALL	2. PERMITTED BASIS	3. DSE	
SIGN CBUT - CB	BASIS	1.00	SIGN	DASIS		SIGN	DASIS		-
				I				4.00	
								1.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				-
ine 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			11		
				r of DSEs subject 7 of this schedu		rate.	11-		
₋ine 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the
ine 5: Multiply li	ne 4 by 0.0375 a	and enter s	um here				,		partially permited/ partially
Line 6: Enter tota	al number of DSI	Es from line	3				X		nonpermitted carriage? If yes, see par 9 instructions
ne 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 36835 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those 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** 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? Surcharge Yes—Complete blocks B and C . X 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) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X 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# 36835	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	642,571.10	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WAVE DIVISION HOLDINGS LLC	36835						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		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	<u> </u>						
		ctions:							
8		nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa checked "Yes," use the total number of DSEs from part 5.	irt						
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation	_	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of Base Rate Fee	• If you	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belc c.)W						
	What i	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 "local	ા						
	service	e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		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)	<u> </u>						
	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.)▶							
		use the total number of DSEs from part 5.)							
	Section 3	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)	0.00						
		Base Rate Fee	0.00						

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

		21/2=====	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE	E DIVISION HOLDINGS LLC	36835	
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 dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		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	station you	Stations
	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers we	ro located	
outside	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 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	
_	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.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
• If:	bers in the group.		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav	e it in narts 2_3	
	of this schedule; or,	5 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.		
	oute 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 group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	,	

LEGAL NAME OF OWNE						S	36835	Naı
В				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO		ç
COMMUNITY/ AREA	COMMUNITY/ AREA WHIDBEY ISLAND			COMMUNITY/ ARE	Α		0	Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
CBUT - CBC	1.00							Base F
								а
								Synd
	-							Exclu Surc
	<u></u>							f
								Part
								Dis
	-							Stat
	-							
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 642	2,571.10	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G			5,836.96	Base Rate Fee Sec		\$	0.00	
	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (∍roup	\$	0.00	Gross Receipts Fou	irtn Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee Third (Base Rate Fee: Add the Enter here and in block	ne base rat					\$	6,836.96	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H						3	36835	Nam
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
FIRST SUBSCRIBER GROUP					UP	•		
COMMUNITY/ AREA	WHIDB	EY ISLAND		COMMUNITY/ ARE	Α		0	9 Computa
CALL SIGN DSE CALL SIGN			DSE	CALL SIGN	of			
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		_						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 642	2,571.10	Gross Receipts Sec	ond Group	\$	0.00	
·	•					-		
ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Prope Bessints Third	Crous	¢			rth Cross-	*	0.00	
Gross Receipts Third (oroup	\$	0.00	Gross Receipts Fou	ıın Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>II</u>				
ase Rate Fee: Add the Inter here and in block			criber group	as shown in the boxe	s above.	<u> </u>	0.00	
iicic aliu iii bioci	, mie 1, s	space L (page 1)				Ψ	0.00	

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 36835							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may 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	Step 1: In line 1, give the total DSEs by subscriber group for commetthis schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of							
Exclusivity	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							
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none er Step 3: In line 3, subtract line 2 from line 1. This is the total number								
Partially	Step 4: Compute the surcharge for each subscriber group using the								
Distant		gures applicable to the particular group. You do not need to show							
Stations	your actual calculations on this form.								
	FIRST SURSCRIPED CROUD	SECOND SUBSCRIPED CROUD							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the	and enter here. This is the							
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE First Group	SURCHARGE Second Group							
	Filst Gloup	Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE							
	Third Group	Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for	each subscriber group as shown							
	in the boxes above. Enter here and in block 4, line 2 of space L (page								