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.

## SA1-2E Short Form

STATEMENT OF ACCOUNT			FOR COPYRIGHT	Return completed workbook by email to:			
		ansmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov		
Cable Systems (Short Form)			8/31/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
General instructions are located			0/31/23				
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACC		BY THIS STATEMENT: (YY	YY/(Period))			
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			l				
			Barcode Data Filing Period (optional - s	see instructions)			
Accounting Period							
		Instructions:					
В		Give the full legal name of the owner of the title of the subsidiary, not that of the pare		liary of another corporation, give the full c	orporate		
Owner		Lict any other name or names under which	'	o coblo sustam			
Owner		List any other name or names under which					
		If there were different owners during the single statement of account and royalty fe			J submit a		
		Check here if this is the system's first filing	If not enter the system's ID number a	ssigned by the Licensing Division	4816		
			s. In not, enter the system s ib number a.	ssigned by the licensing Division.			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
		WAVE DIVISION HOLDINGS LLC BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		3700 MONTE VILLA PARK	VAY				
		(Number, street, rural route, apartment, or suite nu BOTHELL WA 98021	ımber)				
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM:					
	_	3700 MONTE VILLA PARKV					
	2	(Number, street, rural route, apartment, or suite nu					
		(City, town, state, zip code)					
L							

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.

Name		SYSTEM ID						
	WAVE DIVISION HOLDINGS LLC	4816						
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knowr lings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN STATE							
First	SKAMANIA COUNTY	STATE WA						
Community								
Rows as Necessary								

							FORM SA1					
Name	LEGAL NAME OF OWNER OF C		SYS	TEM IC 481								
	WAVE DIVISION HOLDI			40								
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AND R	ATES								
E	In General: The information in s	pace E should	cover all categories of	of secondary								
<b>.</b> .	system, that is, the retransmission											
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	• • •		•		those exist	ing on the					
Service: Sub-	· · · ·	·			,	ble system	, broken					
scribers and	<b>Number of Subscribers:</b> 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											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular serv				•	,	to and the					
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	• •			-	•					
	category, but do not include disc	· ·	,			5 within a j						
	Block 1: In the left-hand block				ondary transmis	ssion servio	ce that cable					
	systems most commonly provide											
	that applies to your system. Not		-		-							
	categories, that person or entity subscriber who pays extra for ca				υ,	•						
	first set" and would be counted of											
	Block 2: If your cable system				service that are	e different f	rom those					
	printed in block 1 (for example, t				•							
	with the number of subscribers a	and rates, in th	e right-hand block. A t	wo- or three	e-word descript	ion of the s	service is					
	sufficient.	DCK 1				BLOCK	2					
		NO. OF					NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATI				
	Residential:		147 31.95									
	Service to first set		147 31.95									
	Service to additional set(s)											
	• FM radio (if separate rate)		20 2.42									
	Motel, hotel Commercial		30 3.13 3 15.98									
	Converter		3 15.98									
	Residential											
	Non-residential											
	• Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	ES								
F	In General: Space F calls for ra	te (not subscril	per) information with r	espect to al	l your cable sys	stem's serv	rices that were					
Г	not covered in space E, that is, t				,	,						
Services	service for a single fee. There and furnished at cost or (2) services	•	•	0		0 ( )						
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		, ,		0		0					
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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		e ionn or a									
	CATEGORY OF SERVICE	BLO	CATEGORY OF SEF	RVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE				
	Continuing Services:		Installation: Non-res			0,11200						
	• Pay cable	17.00	<ul> <li>Motel, hotel</li> </ul>			Expand	led Content	81.6				
	• Pay cable—add'l channel		Commercial				Favorites	13.0				
	Fire protection		<ul> <li>Pay cable</li> </ul>					8.2				
	•Burglar protection		• Pay cable-add'l c	hannel		Digital Variety Digital Sports		12.0				
	Installation: Residential		Fire protection			Digital Cable Pack		32.7				
	• First set	79.95	<ul> <li>Burglar protectior</li> </ul>	n		НВО		19.0				
	Additional set(s)	30.00	Other services:			HBOMa	X	14.9				
	• FM radio (if separate rate)		Reconnect		40.00		me/The Movie (	19.0				
	• Converter		Disconnect			Cinema		18.5				
	1											
			<ul> <li>Outlet relocation</li> </ul>			Starz		17.0				
			<ul> <li>Outlet relocation</li> <li>Move to new add</li> </ul>	ress		Starz Moviep	lex	17.0 5.0				

counting Period: 2				FORM SA1-2E. PAC						
Name	LEGAL NAME OF OWNER OF CABLE			SYSTEM						
	WAVE DIVISION HOLDINGS									
<b>G</b> Primary	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 a									
Transmitters:	substitute program basis, as explained	ed in the next paragraph								
Television	basis under specific FCC rules, regul • Do not list the station here in space station was carried only on a substitu • List the station here, and also in spa basis. For further information concern <b>Column 1:</b> List each station's call sig multicast stream associated with a st "WETA-2" as the same on the form. <b>Column 2:</b> Give the channel number of license. For example, WRC is cha <b>Column 3:</b> Indicate in each case whe educational station, by entering the left (for independent multicast), "E" (for m For the meaning of these terms, see	G—but do list it in space I (the Special the basis. ace I, if the station was carried both on a ning substitute basis stations, see page I In. <i>Do not</i> report origination program ser ation according to its over-the-air design the FCC assigned to the television stati	Statement and Program Log)—if t substitute basis and also on som v) of the general instructions vices such as HBO, ESPN, etc. I ation. For example, report multisi on for broadcasting over the air in independent station, or a noncom c multicast), "I" (for independent), r noncommercial educational mult paper SA1-2 form	the e othe dentify each trear its community imercia "I-M ticast)						
	FCC. For Mexican or Canadian static	ons, if any, give the name of the commun	ity with which the station is identi	fied						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KATU - ABC	2	N	PORTLAND, OR						
dd Rows as Necessary	KATUDT2 - Charge!	2.2	N	PORTLAND, OR						
	KATUDT3 - Comet	2.3	Ν	PORTLAND, OR						
	KATUDT4 - Stadium	2.4	N	PORTLAND, OR						
	KGW - NBC	8	Ν	PORTLAND, OR						
	KGWDT3 - Quest	8.4	Ν	PORTLAND, OR						
	KGWDT4 - Twist	8.4	Ν	PORTLAND, OR						
	KJYY - Telemundo	29.1	N	SALEM, OR						
	KJYYDT3 - MeTV	29.3	N	SALEM, OR						
	KNMT - TBN	24	N	PORTLAND, OR						
	KOIN - CBS	6	Ν	PORTLAND, OR						
	KOPB - PBS	10	Е	PORTLAND, OR						
	KPDX - MyNetworkTV	49	N	VANCOUVER, WA						
	KPTV - FOX	12	N	PORTLAND, OR						
	KPWC - Estrella TV	37.1	Ν	SALEM, OR						
	KPXG - ION	22	Ν	SALEM, OR						
	KRCW - CW	32	N	SALEM, OR						
	KRCWDT2 - Antenna TV	32.2	Ν	SALEM, OR						
	KRCWDT3 - Grit	32.3	Ν	SALEM, OR						
	KUNP - Univision	16.1	N	LA GRANDE, OR						
	KUNPDT2 - Stadium	16.2	N	LA GRANDE, OR						
	KUNPDT3 - Charge!	16.2	Ν	LA GRANDE, OR						
	KWVT - Youtoo America	17.1	N	SALEM, OR						
	NVVVI - I OULOU America									
	KWVI - Toutoo America									

WAVE DIVIS	FOWNER OF (							SYSTEM II 48
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's FM ar system's FM ar this point, see p sed by the cable he station is lice	neadend, and (2 ntenna, during c page (v) of the c e system as a so ensed by the FC	2) it can ærtain st general in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		
						+		
						+		

ccounting Peric	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID
Name	WAVE DIVISION HOLD							481
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	OG			
	In General: In space I, ident							
• • • • •	substitute basis during the a							
Substitute Carriage:	explanation of the program				the general ins	structions in	the paper	SA1-2 form.
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting period</li> </ol>					ootwork tok	vision pro	arom
Statement and	broadcast by a distant sta		r cable syster	in carry, on a substitute b	asis, any nom			
Program Log	Note: If your answer is "No		rost of this no	ao blank if your answor	ic "Voc " vou		YES	NO
	log in block 2.	, leave the l	rest of this pa	ige blank. If your answer	is res, your	nust compi	ete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the brow the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the time	ace, please a e of every nor a distant statil egulations, or ries like "mov . Bulls." m was broad l sign of the s iadcast statio nadian station nth and day v ive "5/7." nes when the	add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, entu station broadc on's location (i on's location (i)))	I rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge tetball." List specific progr er "Yes." Otherwise enter casting the substitute progr the community to which the	te program") ti uted for the pro- eneral instruct am titles, for e "No." gram. he station is lid te program. U ur cable syste	hat, during ogramming ions for fur example, "I censed by f entified). se numeral m. List the	the accour of another ther inform Love Lucy the FCC or s, with the times accu	nting station ation. " or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the l and regulatio mming that ye	listed program	n was substituted for prog luring the accounting peri	od; enter the	etter "P" if	the listed p	
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Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	YSTEM ID# 4816
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	8,099.52 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula         \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 4816
M Channels	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.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	23 328
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Morgan Conkle Telephone 3	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@astound.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • 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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 own 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)]	ystem as identified

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 fing, a determination that would be made by a court of law.

inting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
/E DIVISION HOLDINGS LLC	481
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 fol- lowing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic     service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement 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 Mailing Address	-
INTEREST ASSESSMENT	
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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
Address ID number First community served	

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