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								
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 acco 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. the accounting period should su	ubmit _	6474			
				6474	420231			
				6474	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:							
	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 pag	ge 1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	PORT ORCHARD	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 GRP#							
Sample	Alda	MD	Α		1			
	Alliance	MD MD	B B		3			
	Gering	MID	Б		J			

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.			ACCOUNT	ING PERIOD: 2023/1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			6474						
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 by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
PORT ORCHARD	WA	Α		First					
BELFAIR	WA	A		Community					
BANGOR NAVAL BASE	WA WA	А А							
HOLLY	WA	A							
KEYPORT NAVAL BASE	WA	A		See instructions for					
NORTHSHORE	WA	Α		additional information					
HOOD CANAL	WA	A		on alphabetization.					
SEABECK PLICET SOUND NAVAL BASE	WA	A							
PUGET SOUND NAVAL BASE JACKSON PARK NAVAL BASE	WA WA	A A							
JACKOON FARK NAVAL BAGL	VVA			Add rows as necessary.					

1			
,		 	

Name

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

SYSTEM ID#

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					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	10,742	\$	33.95				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	244	\$	2.44	11			
Commercial	574	\$	4.74				
Converter				11"			
Residential		•		1			
Non-residential				1 1"			
		•		1 "			0

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		Expanded Content	\$ 81.67
• Pay cable	\$ 17.00	Motel, hotel		Digital Favorites	\$ 13.00
 Pay cable—add'l channel 		Commercial		Digital Variety	\$ 8.25
Fire protection		• Pay cable		Digital Sports	\$ 12.00
 Burglar protection 		Pay cable-add'l channel		Digital Cable Pack	\$ 32.75
Installation: Residential		Fire protection		НВО	\$ 19.00
First set	\$ 79.95	Burglar protection		HBO Max	\$ 14.99
 Additional set(s) 	\$ 30.00	Other services:		Showtime/The Movie Cha	\$ 19.00
 FM radio (if separate rate) 		Reconnect	\$ 40.00	Cinemax	\$ 18.50
Converter		Disconnect		Starz	\$ 17.00
		Outlet relocation		Movieplex	\$ 5.00
		 Move to new address 		HD Bonus Pack	\$ 7.00
				The Filipino Channel	\$ 12.00

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 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 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 i 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin 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 th 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	
KBTC - PBS	27	Е	No		TACOMA, WA	
KCPQ - FOX	13	N	No		TACOMA, WA	
KCTS - PBS	9	E	No		SEATTLE, WA	
KCTSDT2 - PBS Kids	9.2	E	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	
KVOS DT4- Decades	12.4	N	No		BELLINGHAM, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	

OLIANDIEL LINE LID AA

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

U.S. Copyright Office

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name				
WAVE DIVISIO	N HOLDING	S LLC			6474	Name				
PRIMARY TRANSMITTI	ERS: TELEVISION	ON								
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period except 181, permitting the	(1) stations carrie he carriage of cer	s and low power television stations) d only on a part-time basis under tain network programs [sections	G Primary				
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 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 specifc 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example										
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air ir may be different from the channe					
Column 3: Indicate educational station, by (for independent multiple For the meaning of the	e in each case of the least of	whether the setter "N" (for noncommercian page (v) of the	etwork), "N-M" (al educational), d e general instru	(for network multion for "E-M" (for nonc actions located in t	• •					
planation of local servi Column 5: If you h	ice area, see p ave entered "Y	age (v) of the es" in column	general instruct 4, you must co	tions located in th mplete column 5,	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you stering "LAC" if your cable syster					
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	, ,					
					rstem or an association representin ary transmitter, enter the designa					
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a furthe					
					ed in the paper SA3 form y to which the station is licensed by the					
FCC. For Mexican or (Note: If you are utilizing					h which the station is identifed channel line-up.					
		CHANN	EL LINE-UP	AB						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Eddy mon of anymon					
	NUMBER	STATION		(If Distant)						
KWPX - ION	33	N	No		BELLEVUE, WA					
KWPX DT3 - Bou	33.3	N	No		BELLEVUE, WA					
KZJO - MyNetwor	22	N	No		SEATTLE, WA					
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA					

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6474 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 HOLE						SYSTEM ID# 6474	Name		
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G.					
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorization	s. For a further	Substitute		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
log in block 2. 2. LOG OF SUBSTITUTI	F PROGR	ΔMS							
In General: List each subsclear. If you need more spacelear. If you need more spacelear spread titles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Carcolumn 5: Give the more first. Example: for May 7 gictor of Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not distant state gulations, ation. Do not be used to b	am on a separ attach addition connetwork tele- tion and that y or authorization of use general BA Basketball adcast live, ent station broaddion's location (ons, if any, the when your sy he substitute pra a program car e listed prograr ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting perio	program) the ted for the preparation instruction "basketbal" "No." ram. the station is life station is life program. Upper cable system in the cable system in the cable and the cable of the cable system in the cable of the cable system in the cable system in the cable of the cable of the cable system in the cable of the cable system in the cable of the c	at, during the account ogramming of another stions located in the pall". List specific prograceesed by the FCC or lentified). se numerals, with the list the times accurate the second of the second o	ing station aper am r, in month rately e			
	-			WHE	EN SUBSTITUTE	7. REASON			
S	1	E PROGRAM	1		AGE OCCURRED	FOR			
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	DELETION			
					_				
					<u> </u>				
					<u> </u>				
					_				
					_				
					<u> </u>				
					_				
					_				

LEG	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
WA	VE DIVISION HOLDINGS LLC 6474	Name						
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (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. \$4,571,492.93	K Gross Receipts						
IMP	ORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)							
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 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 blow.							
	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 4,571,492.93							
	Enter the result here. This is your minimum fee. \$ 48,640.68							
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? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or							
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero \$ -							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero							
	Line 3. Add lines 1 and 2 and enter here \$ -							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	Cable systems						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	submitting additional						
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under 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	SYSTEM ID#								
		<u> </u>								
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televisto its subscribers and (2) the cable system's total number of activated channels, during the account									
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	30								
	2. Enter the total number of activated abounds									
	Enter the total number of activated channels on which the cable system carried television broadcast stations	200								
	and nonbroadcast services	326								
N Individual to	we can contact about this statement of account.)									
Be Contacted for Further Information	Further 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@astound.com Fax (option	al)								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyr	ight Office regulations.)								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in	line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the own in line 1 of space B and that the owner is not a corporation or partnership; or	ner of the cable system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.	identifed as owner of the cable system								
	I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in grade [18 U.S.C., Section 1001(1986)]									
	/s/ Parisa Salehani									
	Enter an electronic signature on the line above using an "/s/" signature to certify thi (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, pl	ace 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:	Namo				
WAVE DIVISION HOLDINGS LLC 6474	1				
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."	P Special Statement				
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 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.

1	LEGAL NAME OF OWNER OF CABL WAVE DIVISION HOLDI				SYSTEM ID# 6474			
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line		0.00					
2 Computation of DSEs for	Instructions: In the column headed "Call sof space G (page 3). In the column headed "DSE" mercial educational station, give	': for each indep	endent station, give the DSE 25."	≣ as "1.0"; for				
Category "O"			CATEGORY "O" STATION			B05		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								
		I		1		Ī		

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 6474							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-of Column 6	st the call sign of all dista : For each station, give the correspond with the infor : For each station, give the : Divide the figure in colulat least to the third decires : For each independents	the number of hours y mation given in space the total number of ho imn 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure	rour cable systeme J. Calculate onlours that the static column 3, and gi "basis of carriage -value" as "1.0." In column 5, and	carried the stat y one DSE for each on broadcast ove ve the result in of value" for the state For each network	on during the accounting ach station. If the air during the accounting the air during the accounting the accounting the accounting the air during the accounting to column 4. The action. If the accounting the accounti	unting period. is figure must cational station,		
Capacity		C	CATEGORY LAC	STATIONS: 0	COMPUTATION	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS OF ED BY ST	JMBER HOURS ATION NAIR	4. BASIS OF CARRIAG VALUE		6. DS	SE.	
			÷	=		<u>x</u>	=		
			<u></u>	_		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 because I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each state by your system in substact on October 19, 1976 (ne or more live, nonnetwork each station give the This figure should corresenter the number of days Divide the figure in colum This is the station's DSE	itution for a program as shown by the lette ork programs during t number of live, nonrespond with the informs in the calendar year an 2 by the figure in c	that your system or "P" in column 7 hat optional carria etwork programs ation in space I. : 365, except in a olumn 3, and give	was permitted to of space I); and ge (as shown by carried in subst leap year. e the result in co	o delete under FCC rules the word "Yes" in column 2 tution for programs that lumn 4. Round to no less	e of 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	
								=	
						÷			
		÷	<u> </u>	_		÷		=	
		·				÷		=	
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of p.		,		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 ●				•	0.00		
of DSEs	2. Number of	f DSEs from part 3 ●			<u> </u>	•	0.00		
	3. Number of	f DSEs from part 4 ●	· 			•	0.00		
	TOTAL NUMBE	R OF DSEs						0.00	

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

LEGAL NAME OF C	OWNER OF CABLE ON HOLDINGS						S	YSTEM ID# 6474	Name
In block A: • If your answer if schedule.	ck A must be com	emainder of p	·	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
effect on June 24,	m located wholly on 1981?	outside of all ı	major and sma	ıller markets as de	fined under s			gulations in	3.75 Fee
	lete blocks B and								
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 one 25, 1981. For fine letter M below record Act of 2010.)	urther explana	ation of permitt	ted 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(d)] 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	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule	***************************************				
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b					rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.0	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375	and enter s	ım here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				X	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6474 Instructions: You must complete this worksheet for those stations identifed 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# 6474	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,571,492.93	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	-	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Nome	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	'	WAVE DIVISION HOLDINGS LLC	6474							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge								
		Syllulcated Exclusivity Sulcharge.	·······························							
		ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part							
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	_	ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	• If you blank	rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow							
		s 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 "lo	cal							
	service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 4,571,492	2.93							
	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.)▶	0.00							
		use the total number of DSEs from part 5.).	0.00							
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)	<u>-</u>							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)▶ \$ 32,046.17								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -								
		D. Multiply line B by line C and enter here ▶ \$	<u>-</u> _							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee.	-							

		6 PERIOD: 2023/1
LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
WAVE	E DIVISION HOLDINGS LLC 6474	- Name
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) \$	of
	C. Multiply line B by 3.000 and enter here ▶	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	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	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of dusion, you must:	of
		Base Rate Fee and
	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
must al	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne 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 distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
•	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscri	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's per groups.	
	section:	
• Give t	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, f this schedule; or,	
, , ,	oortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. I 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 the preceding n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show tual calculations on the form.	

LEGAL NAME OF OWNI						S	YSTEM ID# 6474	Name
	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	PORT (DRCHARD, BELF	AIR, ALL	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate I
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant Stations
								Stations
						H		
						H		
		•						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 4,571	,492.93	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						# -		
otal DSEs		I	0.00	Total DSEs		П	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
o. 300 Moodpio Tilii u V	C.00p	.*		Siese Recoipts Four	Стоир	*		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				II				
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$	0.00	
		/						

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H						S	YSTEM ID# 6474	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	O
COMMUNITY/ AREA	PORT (ORCHARD, BELF	AIR, ALI	COMMUNITY/ AREA	<i>A</i>		0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.0.1	202	07.22 0.0.1		07.22 5.51	332	0/122 01011	332	Base Rate
								and
							·····	Syndicat
								Exclusiv
						-		
								Surchar
								for
		_						Partiall
								Distan
								Station
						——————————————————————————————————————		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroun	s 4,571	,492.93	Gross Receipts Seco	and Group	\$	0.00	
noos receipto i not e	поир	4,07	, 402.00	Cross receipts dece	ond Group	*		
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	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></u>					
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third (iroup	\$	0.00	Gross Receipts Four	tn Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				
lase Rate Fee: Add the inter here and in block			criber group	as shown in the boxes	s above.	\$	0.00	
	, , ,	,						

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID#						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market systems of the 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 and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of						
Syndicated Exclusivity Surcharge	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.							
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form. 							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page							