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	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. 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. 648' LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				648 ²	120231				
				6481	0000/4				
				6461	2023/1				
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021								
С	INSTRUCTIONS: In line 1, give any business or trade names used to								
- C	names already appear in space B. In line 2, give the mailing address of	of the system, if dif	fferent from the address giv	en in spac	е В. ————				
System	IDENTIFICATION OF CABLE SYSTEM:								
	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY 2 (Number, street, rural route, apartment, or suite number)								
	BOTHELL WA 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 pag	ge 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	PORT ANGELES WA								
Community	Below is a sample for reporting communities if you report multiple ch	lannel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alda	MD	A		1				
	Alliance	MD	В		2				
	Gering	MD	В		3				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

CODM CASE DACE 4h			ACCOUNT	ING PERIOD: 2023/1				
FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			6481					
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., o all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	ne column blank. It elevant community	you report any st with a subscriber	ations group,					
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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	d a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
PORT ANGELES	WA	Α		First				
SEQUIM	WA	A		Community				
				See instructions for				
				additional information				
				on alphabetization.				
				Add rows as necessary.				
				Add Tows as fiecessary.				

1			
,		 	

Name

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

SYSTEM ID# 6481

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 	4,694	\$	33.95			
 Service to additional set(s) 		Ī				
 FM radio (if separate rate) 		Ī				
Motel, hotel	488	\$	2.92			
Commercial	563	\$	5.10			
Converter		1				
Residential		1				
Non-residential		1				
		•				

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 RAT		
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	•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
			Outlet relocation		Starz	\$	17.00
			Move to new address		Movieplex	\$	5.00
				h	HD Bonus Pack		\$7.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6481 In General: In space G. identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 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 ex planation 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 identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE CHANNEL (Yes or No) SIGN OF NUMBER STATION (If Distant) CBUT - CBC 2 0 VANCOUVER, BC ı Yes CHEK - Independent 6 No VICTORIA, BC See instructions for dditional information CKVU - Citytv Vancouver 10 VANCOUVER, BC 1 Yes 0 n alphabetization. KBTC - PBS 27 Ε No TACOMA, WA KCPQ - FOX 13 Ν No TACOMA, WA KCTS - PBS Ε No 9 SEATTLE, WA KCTSDT2 - PBS Kids 9.2 No SEATTLE, WA Е No KCTSDT3 - Create 9.3 Е SEATTLE, WA KFFV - MeTV 44.1 Ν No SEATTLE, WA KFFVDT 2- Movies! 44.2 Ν No SEATTLE, WA KFFVDT 4 -Decades Ν No SEATTLE, WA 44.4 KING - NBC 5 Ν No SEATTLE, WA KINGDT2 - True Crime 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA KINGDT4 - Twist 5.4 Ν SEATTLE, WA No KIRO - CBS 7 Ν No SEATTLE, WA KIRODT2 - Cozi TV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KIRODT4 - Telemundo 7.4 Ν No SEATTLE, WA KOMO - ABC 4 No SEATTLE, WA Ν KOMODT2 - CometTV 4.2 Ν No SEATTLE, WA KOMODT3 - Charge! Ν 4.3 No SEATTLE, WA KONG - Independent 16 No ı EVERETT. WA KONGDT3 - ThisTV 16.3 Ν No EVERETT, WA KSTW - CW No Ν 11 TACOMA, WA KSTWDT2 - Decades 11.2 Ν No TACOMA, WA KVOS - Heroes & Icons 12.1 Ν No BELLINGHAM, WA KWPX - ION 33 N No BELLEVUE, WA **BELLEVUE, WA** KWPX DT3 - Bounce TV 33.3 Ν No

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#				
WAVE DIVISIO	N HOLDING	S LLC			6481	Name			
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form									
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a 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.									
,		•	EL LINE-UP	•					
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				
KZJO - MyNetwo	22	N	No		SEATTLE, WA				
KZJODT3 - Anten	22.3	N	No		SEATILE, WA				

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6481 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					S	SYSTEM ID# 6481	Name			
SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the action of the programm form.	ify every no	nnetwork televi	sion program broadcast by ecific present and former FC	a distant statio	lations, or authorizations.	For a further	Substitute			
SPECIAL STATEMEN During the accounting per broadcast by a distant state	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? Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi 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 adcast statination stat	am on a separ attach additio connetwork tele ition and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed prograr cions 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 extern carried the substitut rogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting period	program) the ted for the program instruction "basketbal" "No." ram. the station is like station is ide program. Upper cable system in the cable system in the cable aramming that bud; enter the	at, during the accountin ogramming of another stions located in the pap I". List specific progran censed by the FCC or, lentified). se numerals, with the num. List the times accurates accurate accurates accurate accurate accurates accurates accurates accurates accurate accurate accurates accurate accur	g station er in nonth ately				
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR				
1. 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				

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	I ID#							
WA	AVE DIVISION HOLDINGS LLC 6	Name Name							
Inst all a (as pag	tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. CORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts							
IIVIP	**CRIANI: 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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of 									
	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.								
▶ If pa	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 \$ 2,271,905.4	<u>4</u>							
	Enter the result here.	$\neg \mid$							
	This is your minimum fee. \$ 24,173.0	7							
Block 3	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. 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 \$ 40,099.1 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 \$ 40,099.1	3							
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 40,099.1	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.	submitting additional deposits under							
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	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#									
	WAVE DIVISION HOLDINGS ELG	0401									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations									
Chamieis	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	200									
	and nonbroadcast services	329									
N Individual to											
Be Contacted 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)										
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular	ations.)									
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 owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	/stem as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	herein									
	X /s/ Parisa Salehani										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa										
	Typed or printed name: Parisa Salehani										
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)										
	Date: August 31, 2023										

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana				
WAVE DIVISION HOLDINGS LLC	6481	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	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	days					
	.00274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_					
	st charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please					
** 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 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	WAVE DIVISION HOLDIN		S	/STEM ID# 6481						
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	2.00								
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	CKVU - Cityty Vancouve	1.000								
	CBUT - CBC	1.000								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

Name		WNER OF CABLE SYSTEM: ON HOLDINGS LLC					<u> </u>	SYSTEM ID# 6481
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-v Column 6	It the call sign of all distal: For each station, give the correspond with the information of the correspond with the information of the color of th	ne number of hours mation given in spane total number of hom 2 by the figure in all point. This is the station, give the "typumn 4 by the figure umn 4 by the figure."	your cable system ce J. Calculate or nours that the state in column 3, and ge "basis of carriagoe-value" as "1.0."	m carried the sta nly one DSE for e ion broadcast ov give the result in e value" for the s For each network	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		C	ATEGORY LAG	C STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS C D BY S	IUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			SE
			÷		=	x	=	
			÷ ÷		= - -	x x	·····	
			÷		=	x	=	
			÷		=	x	<u> </u>	
			÷		= =	x x	<u>-</u>	
			÷		=	x	=	
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of pa		le,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast or space 1). Column 2: Fat your option. Column 3: Eat your option. Column 4: Eat your option.	ct on October 19, 1976 (and or more live, nonnetwoner or more live, nonnetwoner or each station give the This figure should correst inter the number of days Divide the figure in column this is the station's DSE (and or more of the station).	tution for a progran ass shown by the let bork programs during number of live, nor spond with the infor in the calendar yea n 2 by the figure in (For more informati	In that your system ter "P" in column that optional carri metwork program mation in space I. ar: 365, except in column 3, and giv on on rounding, s	n was permitted to 7 of space I); and age (as shown by s carried in subs a leap year. We the result in common of the page (viii) of the page (viii	o delete under FCC rules of the word "Yes" in column in the word "Yes" in column in the word "Yes" in column in the word "Yes" in column 4. Round to no lessifie general instructions in	2 of were deleted s than the third	rm).
	4 0011				ı	ATION OF DSEs	2 NUMBER	4 DCE
	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
		÷ ÷		=		4		=
						-	•	=
		÷		_			•	=
		÷		=				=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		le,		0.00		
5		R OF DSEs: Give the amo		s in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number of	DSEs from part 2 ●				>	2.00	
of DSEs	2. Number of	DSEs from part 3 ●				<u> </u>	0.00	
	3. Number of	DSEs from part 4 ●				>	0.00	 1 [
	TOTAL NUMBE	R OF DSEs						2.00

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

	WNER OF CABLE ON HOLDINGS						S	481 YSTEM	Name
structions: Bloc	ck A must be com	pleted.							
block A: f your answer if '	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) of	the	6
schedule. • If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									Computation 3.75 Fee
the cable syster fect on June 24,	•	utside of all r	major and sma	aller markets as de	efined under s	section 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule—[О ПОТ СОМ	PLETE THE REM	AINDER OF	PART 6 AND 7	7.		
X No—Comp	lete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED D	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: T	i part 2, 3, and 4 o ne 25, 1981. For fi he letter M below i Act of 2010.)	urther explan	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathera- instructions fc E Carried pursua *F A station pre	ales and regued pursuant to on as defined all educations of station (76.6) or DSE sched ant to individuation with the station will be station well and regularity the station well and regularity and regularity that the station well and regularity and regularity that the station well and regularity that the station well and regularity that the station well as the st	lations cited boothe FCC made in 76.5(kk) (in all station [76.565) (see paragule). Lual waiver of Fed on a part-tirithin grade-B	ne or substitute ba contour, [76.59(d)	ose in effect of 76.57, 76.59(I) (e)(1), 76.63(a) referring obstitution of gassis prior to June 2007.	on June 24, 196 b), 76.61(b)(c), a) referring to ag to 76.61(d)] grandfathered une 25, 1981	76.63(a) referring		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the	n parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the	1	Т	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CKVU - City		1.00							
CBUT - CB	D	1.00							
								2.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				_
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule			111-		
ne 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			m -		
				er of DSEs subject t 7 of this schedu		5 rate.	ш.		
Line 4: Enter gross receipts from space K (page 7) x 0.0375								Do any of the DSEs represe partially	
ne 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				X		permited/ partially nonpermitte
ne 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see pa 9 instructions
ine 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6481 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** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exempt DSEs Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE CALL SIGN DSE CKVU - Citytv 1.00 CKVU - Citytv V 1.00 CBUT - CBC 1.00 CBUT - CBC 1.00 2.00 2.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6481	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,271,905.44	7
Section 2	A. Enter the total DSEs from block B of part 7	2.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	2.00	of the 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.		
	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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	Ē	
	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		
	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)	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		

Name			YSTEM ID# 6481
7 Computation	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. 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. \$\$\\$\$	
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. sck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	-	rour 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.	
	<u> </u>	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BEOOK B: NOT ANTIALET BIOTANT GTATION G BAGE NATE LE	
	1	Enter the amount of gross receipts from space K (page 7) ▶\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee. \$	0.00

DSE SCHEDULE. PAGE 17.	ACCOUNTING PER	NIOD. 2023/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	6481	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts	C	omputation
(the amount in section 1) \$		of
C. Multiply line B by 3.000 and enter here >	Ba	ase 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	0.00	
Dase Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television	sion broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your		omputation
receipts from subscribers located within the station's local service area, from your system's total gross receipt this exclusion, you must:	· ·	of
·		ase Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system	Determine the number of	Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base	e 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
NOTE: If any portion of your cable system is located within the top 100 television market and the station is no must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both However, if your cable system is wholly located outside all major television markets, complete block A only.	block A and B below.	Partially Distant tations, and
How to Identify a Subscriber Group for Partially Distant Stations		or Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partiall		Permitted Stations
carried to that community.	,	Otationo
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscrioutside the station's local service area. A subscriber located outside the local service area of a station is distant the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stati system will have only one subscriber group when the distant stations it carried have local service areas that c	ons. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.	of your system's	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is subscribers in the group. 	distant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as and 4 of this schedule; or,	you gave it in parts 2, 3,	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as yo part 6 of this schedule. 	u gave it in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of in the paper SA3 form.	the general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sche page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscrib DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). Yo your actual calculations on the form.	er group (that is, the total	

LEGAL NAME OF OWNE						S	YSTEM ID# 6481	Name
В				TE FEES FOR EAC				
FIRST SUBSCRIBER GROUP						SUBSCRIBER GRO		9
COMMUNITY/ AREA	PORT A	ANGELES, SEQU	IM	COMMUNITY/ ARE	A		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CBUT - CBC	1.00							Base Rate
CKVU - Citytv Var	1.00							and Syndicat Exclusiv Surchar
								for Partiall Distan Station
Total DSEs			2.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,271	,905.44	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$ 40	0,099.13	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP	FOURTH SUBSCRIBER GROUP				
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 C	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	ne base rat						40,099.13	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H						S	6481	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA	PORT A	ANGELES, SEQU	IIM	COMMUNITY/ AREA	Α		0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
			<u></u>					Exclusiv
								Surchar
						H		for
								Partiall
								Distant
								Station
otal DSEs		1	0.00	Total DSEs	•	11	0.00	
Gross Receipts First G	iroup	\$ 2,271	,905.44	Gross Receipts Sec	ond Group	\$	0.00	
,	•		,		- '	·		
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>"</u>					
			<u></u>					
			<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	
	, , ,	,				<u> </u>		

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 20.

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a syndicated Exclusivity Sucharge. Include within high or television market any portion of your cable system is located in as defined by section 79.5 of FCC rules in effect on June 24, 1981: First 50 major television market Sprinciated First 50 major television market Second 50 major television market	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6481
Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 78.5 of FCC rules in effect on June 24, 1981: STRUCTIONS: Step 1: In line 1, give the total DSE by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of 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. The control of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs on the surcharge group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP		BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
NISTRUCTIONS: Step 1: In line 1, give the total OSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Exclusivity Surcharge for partially Distant Stations 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 Exclusivity Surcharge for or Partially Distant Stations Step 3: In line 2, give the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.	Computation	Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	rket any portion of your cable system is located in as defined
Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Styndicated Exclusivity Surcharge for Partially Distant Stations FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs for this subscriber group group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this subscriber group Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Third Group.			Second 50 major television market
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.			ercial VHF Grade B contour stations listed in block A, part 9 of
Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP 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. SYNDICATED EXCLUSIVITY SURCHARGE First Group. THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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. SYNDICATED EXCLUSIVITY SURCHARGE Third Group. \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown	•		for the VHE Grade B contour stations, that were classified as
Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP	Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en	ter zero.
Schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 2: Enter the VHF DSEs SYNDICATED EXCLUSIVITY SURCHARGE 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 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 Third Group SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown			
Line 1: Enter the VHF 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	Distant	schedule. In making this computation, use gross receipts fig	
Line 2: Enter the Exempt DSEs		FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
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 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Second Group Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Fourth SUBSCRIBER GROUP SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
total number of DSEs for this subscriber group subject to the surcharge computation		Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
this subscriber group subject to the surcharge computation			
Computation			
SYNDICATED EXCLUSIVITY SURCHARGE First Group			
SURCHARGE First Group\$ THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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			
THIRD SUBSCRIBER GROUP Line 1: Enter the VHF 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 SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		SURCHARGE	SURCHARGE
Line 1: Enter the VHF DSEs		First Group	Second Group
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		THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
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 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
total number of DSEs for this subscriber group subject to the surcharge computation			
subject to the surcharge computation			
computation		9 1	· ·
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		,	
Third Group			
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown			
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 7)		Third Group	Fourth Group
		SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown