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			
2/27/24	\$			
2/2//24	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	2023/2						
Period							
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filling. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ss of the cable system on the last day of the counting period.	em. he accounting period should so		14052		
	WAVE DIVISION HOLDINGS LLC						
				14052	220232		
				14052	2023/2		
	3700 MONTE VILLA PARKWAY						
	BOTHELL W 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 2 (Number, street, rural route, apartment, or suite number)						
	BOTHELL W 98021 (City, town, state, zip code)						
_							
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	ımunity served below and r	elist on pag	je 1b		
Area Served	with all communities. CITY OR TOWN	STATE					
First	ROCKLIN	CA					
Community	Below is a sample for reporting communities if you report multiple ch		Space G				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#		
Sample	Alda	MD	Α		1		
Sample	Alliance	MD	В		2		
	Gering	MD	В		3		

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2023/2				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			14052					
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., or 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).	e column blank. It levant community	f you report any so with a subscribe	tations r 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 of the properties of the p	a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
ROCKLIN	CA			First				
				Community				
				See instructions for				
				additional information on alphabetization.				
				Add rows as necessary.				
				,				

l	
l	

Name

E

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

SYSTEM ID# 14052

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		П	BLOCK 2			
	NO. OF		П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	6,650	\$	35.95				
 Service to additional set(s) 				İ			
 FM radio (if separate rate) 				İ			
Motel, hotel	659	\$	2.08	İľ			
Commercial	1,435	\$	4.27	İ			
Converter				İľ			
Residential				İľ			
Non-residential				<u> </u>			
İ		l		ιľ		I	

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	F	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel				
 Pay cable—add'l channel 			Commercial			see details on section F E	
 Fire protection 			• Pay cable		ı		
Burglar protection			Pay cable-add'l channel				
Installation: Residential			Fire protection				
• First set	\$	79.95	Burglar protection				
 Additional set(s) 	\$		Other services:				
• FM radio (if separate rate)			Reconnect	\$ 40.00	ı		
 Converter 			Disconnect		ı		
			Outlet relocation				
			Move to new address				
					ı		

WAVE DIVISION HOLDINGS LLC - ROCKLIN, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Ret	tail Rate
Preferred TV	Expanded Content	\$	86.33
Premiere TV-Entertainment	Digital Tier Packages	\$	14.00
Premiere TV-Variety	Digital Tier Packages	\$	9.25
Premiere TV-Sports	Digital Tier Packages	\$	13.00
Premiere TV (includes Premiere TV-Entertainment, Variety & Sports)	Digital Tier Packages	\$	33.75
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
НВО	Premium	\$	20.00
HBO Max	Premium	\$	15.99
Showtime/The Movie Channel (TMC)	Premium	\$	20.00
Cinemax	Premium	\$	19.50
Starz	Premium	\$	18.00
Movieplex	Premium	\$	5.00
HD Tier	High Definition Package	\$	7.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
Installation: Residential First Set		\$	79.95
Installation: Residential Additional Set(s)			30
Other services: Reconnect			40

FORM SA3E, PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name 14052 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION 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 unde 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 th station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult 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 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-N (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 experience of the station is outside the local service area, (i.e. "distant"), enter "Yes". 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 syste 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 subje 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 design 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 3. TYPE 1. CALL 2. B'CAST 4 DISTANT? 5 BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER (If Distant) STATION KCRA - NBC SACRAMENTO, CA 3 Ν No KCRADT2 - MeTV 3.2 Ν No SACRAMENTO, CA See instructions for additional information KCSO - Telemundo 33 Ν No SACRAMENTO, CA on alphahetization Ν KCSODT3 - TeleXitos 33.3 No SACRAMENTO, CA Ν KCSODT5 - LX 33.5 No SACRAMENTO, CA KMAX – CW 31 Ν No SACRAMENTO, CA KOVR - CBS 13 Ν No SACRAMENTO, CA KOVRDT2 - Decades 13.2 Ν SACRAMENTO, CA No KOVRDT3 - DABL 13.3 Ν No SACRAMENTO, CA KQCA - MyNetworkTV 58 Ν No STOCKTON, CA KQCADT2 - Heroes & Icons 58.2 Ν No STOCKTON, CA KQCADT3 - Estrella TV 58.3 Ν No STOCKTON, CA KSPX - ION 29 N No SACRAMENTO, CA KTFK - UniMas 64.1 Ν No SACRAMENTO, CA KTFKDT3 - getTV 64.3 N No SACRAMENTO, CA KTFKDT4 - Grit 64.4 Ν No SACRAMENTO, CA KTXL - FOX 40 Ν No SACRAMENTO, CA KTXLDT2 - Antenna TV 40.2 Ν No SACRAMENTO, CA KTXLDT3 - Grit No 40.3 Ν SACRAMENTO, CA KTXLDT4 - TBD 40.4 Ν No SACRAMENTO, CA **KUVS - Univision** 19.1 Ν No SACRAMENTO, CA KUVSDT3 - Bounce 19.3 Ν Nο SACRAMENTO, CA KVIE - PBS 6 Ε No SACRAMENTO, CA **KVIEDT2 - PBS Encore** 6.2 Ε No SACRAMENTO, CA KVIEDT4 - PBS Kids 6.4 Nο Е SACRAMENTO, CA KXTV - ABC 10 N No SACRAMENTO, CA **KXTV DT2- True Crime** SACRAMENTO, CA Ν 10.2 No KXTVDT4 - Ion Mystery 10.2 Ν SACRAMENTO, CA No

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 14052 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 S/D LOCATION OF STATION

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2023/2
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					S	YSTEM ID# 14052	Nama
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	llations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	TCONCE	NING SIIRS	TITLITE CAPPIAGE				Carriage:
During the accounting pe broadcast by a distant star	riod, did yo			sis, any non		am X No	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not distant stategulations, of the state of the st	am on a separ attach addition onnetwork teletion and that your authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ons, if any, the your sy e substitute pra program care listed programions 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 ecommunity with which the estem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog- during the accounting perio-	program) the ded for the preparation instructor "basketba" "No." ram. e station is liestation is lee program. Ur cable system: 15 p.m. to 6 ramming the bod; enter the	at, during the accounting regramming of another stores to located in the papull". List specific program icensed by the FCC or, identified). Use numerals, with the material series accurately the seri	g etation er in nonth ately	
9	I IRSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
		 					
		 			<u> </u>		
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					_		

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WA	AVE DIVISION HOLDINGS LLC	14052	Name
Inst all a (as	COSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. E amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans identified in space E) during the accounting period. For a further explanation of how to compute this ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	mission service	K Gross Receipts
IMP	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. (Amo	3,429,138.73 unt of gross receipts)	
ConConIf you feetIf you	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Dur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the from block 1 on line 1 of block 4, and calculate the total royalty fee. Dur system did carry any distant television stations, you must complete the applicable parts of the Discompanying this form and attach the schedule to your statement of account.		Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered or ck 3 below.	n line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on I elow.	ine 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be enter block 4 below.	red on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 purposes are ceipts for the accounting period.	ercent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	3,429,138.73	
	Enter the result here. This is your minimum fee.	36,486.04	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you me "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.	ust check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	<u>-</u>	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here \$	-	
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	36,486.04	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	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	37,211.04	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i general instructions located in the paper SA3 form for more information.)) of the	additional 1665.

ACCOUNTING PERIOD: 2023/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	TEM ID# 14052
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services]
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Morgan Conkle Telephone 347-835-7661	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip)	
	Email morgan.conkle@astound.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	X /s/ Parisa Salehani	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	•••
	Date: March 1, 2024	

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 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 telephon 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 ance 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 to 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 lax

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 14052	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	P Special Statement Concerning Gross Receipts
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	Exclusion
Name Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#		
1		· ·	14052					
	SUM OF DSEs OF CATEGOR							
	Add the DSEs of each station		0.00					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00	<u> </u>		
	Instructions:							
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by	the letter "O" in column 5			
	of space G (page 3).							
Computation	In the column headed "DSE"			E as "1.0"; fo	r each network or noncom-			
of DSEs for	mercial educational station, giv	e the DSE as "		10. 505				
Category "O"	0411 01011	DOE	CATEGORY "O" STATION		11 0411 01011	DOE		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								
				L		L		

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				S	14052
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6	st the call sign of all distance: 2: For each station, give correspond with the information of the correspond with the information of the correspond with the information of the correspond of the corresponding of the co	the number of hot mation given in s the total number of umn 2 by the figu mal point. This is station, give the "	urs your cable syst pace J. Calculate of hours that the st re in column 3, and the "basis of carria type-value" as "1.0 ure in column 5, and	em carried the sonly one DSE for ation broadcast digive the result uge value" for the properties." For each network give the result and give the result one of the control	station during the accoun r each station over the air during the ac in decimals in column 4. e station. vork or noncommercial e	ecounting period. This figure must ducational station, no less than the	
Capacity		С	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE.
			<u> </u>		=	X	=	
			÷ ÷		=	x x	<u>=</u>	
			÷		=	x	=	
			····		=	x	=	
			÷ ÷			x x	=	
			÷		=	x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		dule,	>	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: at your option. Column 3: Column 4:	we the call sign of each stands of by your system in substant on October 19, 1976 one or more live, nonnetween the for each station give the This figure should correst the number of day Divide the figure in colurthis is the station's DSE	titution for a progr (as shown by the ork programs duri a number of live, r spond with the int s in the calendar nn 2 by the figure	am that your systeletter "P" in columing that optional canonnetwork program formation in space year: 365, except in column 3, and of	m was permitted of 7 of space I); a rriage (as shown) ms carried in sul I. n a leap year. give the result in	d to delete under FCC ru ind by the word "Yes" in colum ostitution for programs th column 4. Round to no I	les and regularing 2 of at were deleted ess than the thirc	form)
		SU	BSTITUTE-BA	SIS STATION	S: COMPUT	ATION OF DSEs	1	
	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	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATIONS:		▶	0.00]	
5		ER OF DSEs: Give the an sapplicable to your system		xes in parts 2, 3, ar	nd 4 of this sched	ule and add them to provi	de the total	
Total Number	1. Number o	of DSEs from part 2 ●		·		•	0.00	
of DSEs		of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	ER OF DSEs					,	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/2

	OWNER OF CABLE ON HOLDINGS						S	YSTEM ID# 14052	Name
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the re	emainder of p	·	7 of the DSE sche	edule blank ar	nd complete pa	ırt 8, (page 16) of	the	6
ii your ariower ii	140, complete bit			ELEVISION M	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly o , 1981? nplete part 8 of the olete blocks B and	schedule—D	•				·	gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	ırther explana	ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursus *F A station pre	ules and regued pursuant to as defined all educations of the sched ant to individuation Williams of the station will be statio	lations cited be of the FCC mand in 76.5(kk) (7 all station [76.5:65) (see paragule). Lall waiver of Field on a part-timithin grade-B of the other states of the control of	6.59(d)(1), 76.61(e)(c), 76.61(d), 76.61(d), 76.raph regarding sulfice (76.7) are or substitute bacontour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	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				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule	***************************************				
ine 2: Enter the	e sum of permitte	ed DSEs from	m block B abo	ove					
	line 2 from line 1 leave lines 4–7 b			,		rate.		0.00	
₋ine 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
₋ine 5: Multiply l	line 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				<u></u>	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Nome	LEGAL NAME OF OWN	IER OF CABLE SYSTE	M:					SYSTEM ID#
Name	WAVE DIVISION	N HOLDINGS LLC	;					14052
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate is Column 3: Indicate is Column 4: Indicate is (Note that the FC A—Part-time spe 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate is Column 6: Compare in block IMPORTANT: The is	or to June 25, 1981, ur call sign for each dista the DSE for this static the accounting period the basis of carriage of CC rules and regulatic ecialty programming: (d)(1),76.61(e)(1), or 7 orgramming: Carriage (e)(3)). arriage under certain F all instructions in the p the station's DSE for the the DSE figures liste B, column 3 of part 6	he current accounting per d in columns 2 and 5 and for this station. a columns 2, 3, and 4 mus	ernir letter period riage arried hose asis, ((1)). 3 76.5 autho	ng part-time and subst "F" in column 2 of part d, occurring between a cand DSE occurred (et al., and DSE occurred (et al., and by listing one of the color in effect on June 24, of specialty programm 59(d)(3), 76.61(e)(3), orizations. For further as computed in parts 2 the smaller of the two finds.	rt 6 of the D January 1, e.g., 1981/1] following le 1981.) ning under f or 76.63 (re explanation e, 3, and 4 of igures here	ge.) SE schedule. 1978 and June). Itters: CC rules, sec ferring to , see page (vi f this schedule. This figure sl	e 30, 1981. ctions of the nould be entered
		PERMITTED DSE	FOR STATIONS CARRI	ED C	ON A PART-TIME ANI	O SUBSTIT	UTE BASIS	
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD		4. BASIS OF CARRIAGE		ESENT SE	6. PERMITTED DSE
	SIGN	DSE	PERIOD		CARRIAGE	<u>L</u>	JSE	DSE
7 Computation of the	,	"Yes," complete block	s B and C, below.	part	8 of the DSE schedul	e.		
Syndicated			BLOCK A: MAJOR	TEL	LEVISION MARKE	T		
Exclusivity			400		- d-fd b # 70	F -4 F00		04 40040
Surcharge	l	-	pp 100 major television marl	ket as	_		les in effect Ju	ne 24, 1981?
	X Yes—Complete	blocks B and C.			No—Proceed to	part 8		
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations		BLOCK	C: Comput	ation of Exem	pt DSEs
	Is any station listed in commercial VHF station or in part, over the cal	block B of part 6 the on that places a grade ble system?	primary stream of a e B contour, in whole	n	Vas any station listed ity served by the cabl o former FCC rule 76.	in block B o	of part 7 carrie	d in any commu-
		tation below with its appart 8.	ropriate permitted DSE		X Yes—List each sta No—Enter zero an			te permitted DSE
	CALL SIGN	DSE CA	LL SIGN DSE		CALL SIGN	DSE	CALL SIG	N DSE
		ļ						
		I TOI	AL DSEs 0.00				TOTAL DS	Es 0.00
				'		l		0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,429,138.73	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.		
	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.	SE	
	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? [No—Complete the applicable section below.]		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			SYSTEM ID# 14052
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge. \$	<u></u>
	Instru	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 pa	rt
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo i.	DW .
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	I
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour 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.	
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	<u>'3</u>
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 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)	
		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. ▶.\$	-
		Dase Rate Fee.	<u></u> . ¦

	COUNTING PERIOD: 2023/
	TEM ID# Name
WAVE DIVISION HOLDINGS LLC	14052 Name
Section 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 (the amount in section 1) * \$	Computation
	Base Rate Fee
C. Multiply line B by 3.000 and enter here \$	
D. Enter 0.00330 of gross receipts	
(the amount in section 1)	
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
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast si	ignals
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels	
ups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advar	ntage of Computation
this exclusion, you must:	of Base Rate Fee
First Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the	and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the 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 rate fee for each	
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 not exempt in part	
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be However, if your cable system is wholly located outside all major television markets, complete block A only.	below. Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations	for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station	Permitted
carried to that community.	you Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station 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 are distant. Eac subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.	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 distant to all of ti subscribers in the group.	:he
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pa and 4 of this schedule; or,	arts 2, 3,
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block part 6 of this schedule. 	ςВ,
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 the general instruin the paper SA3 form.	uctions
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prec page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to your actual calculations on the form.	s, the total

LEGAL NAME OF OWNE						S	14052	Name
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAG		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	ROCKI	-IN		COMMUNITY/ ARE	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of			
								Base Rate F
								and Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$ 3,429	9,138.73	Gross Receipts Sec	cond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
		-						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				II				
Base Rate Fee: Add the			criber group	as shown in the boxe	s above.	¢	0.00	
Enter here and in blocl	、 ο, πη θ 1, 9	space L (page 7)				Φ	0.00	

WAVE DIVISION F		LE SYSTEM: SS LLC					14052	Nam
Bl		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU	UP			SUBSCRIBER GRO		9
COMMUNITY/ AREA	ROCKL	.IN		COMMUNITY/ ARE	0	Computati		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		H						and
		 						Syndica
		H						Exclusiv
								Surchai for
								Partial
		<u> </u>						Distar
								Station
	<u> </u>	H						
Catal DCC-			0.00	Tatal DOFa			0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,429	,138.73	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	s	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TUIDD	OUDOODIDED ODO			FOURTU			
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO	_	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		H						
		_						
		-						
		<u> </u>						
		1	1					
			.					
Total DSEs			0.00	Total DSEs			0.00	
	iroup		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	iroup	\$			rth Group	\$		
Fotal DSEs Gross Receipts Third C	·	\$			·	\$		
ross Receipts Third 0	·	\$	0.00	Gross Receipts Fou	·		0.00	

FORM SA3E. PAGE 20

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 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 mus also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of **Base Rate Fee INSTRUCTIONS:** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$