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				
0/07/04	\$				
2/27/24	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									
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 filling. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				2422	420232				
				24224	2023/2				
	3700 MONTE VILLA PARKWAY								
	BOTHELL W 98021								
С	INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address o	,	. ,						
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>					
.,	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3700 MONTE VILLA PARKWAY (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	only the frst com	munity served below and r	elist on pag	ne 1b				
Area	with all communities.	, 2, 110 1101 00111	Joi tod bolow dild i	σστ στι ραί	J- 16				
Served	CITY OR TOWN	STATE							
First	DEPOE BAY OR								
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alda	MD	Α		1				
Campic	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.

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24224 WAVE DIVISION HOLDINGS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **DEPOE BAY First** Community See instructions for additional information on alphabetization. Add rows as necessary.

l	
l	

Name

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

SYSTEM ID# 24224

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 	1,202	\$ 35	.95			
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	412	\$ 3	.23			
Commercial	14	\$ 21	.57			
Converter						
Residential						
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.

		BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel		Expanded Content	\$	86.33
 Pay cable—add'l channel 			Commercial		Digital Favorites	\$	14.00
 Fire protection 			• Pay cable		Digital Variety	\$	9.25
 Burglar protection 			 Pay cable-add'l channel 		Digitial Sports	\$	13.00
Installation: Residential			Fire protection		Digital Cable Pack	\$	33.75
First set	\$	79.95	Burglar protection		НВО	\$	20.00
 Additional set(s) 	\$	30.00	Other services:		HBOMax	\$	15.99
 FM radio (if separate rate) 			Reconnect	\$ 40.00	Showtime/The Movie Cha	\$	20.00
Converter			Disconnect		Cinemax	\$	19.50
			Outlet relocation		Starz	\$	18.00
			Move to new address		Movieplex	\$	5.00
					HD Bonus Pack		\$7 00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 24224 WAVE DIVISION HOLDINGS LLC 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: Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir ts 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 systen 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 3 TYPE 1. CALL 2. B'CAST 4 DISTANT? BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) KATU - ABC 2 Ν No PORTLAND, OR KATUDT2 - Charge! 2.2 Ν No PORTLAND, OR See instructions for KATUDT3 - Comet 2.3 Ν No PORTLAND, OR additional information on alphabetization. KATUDT4 - Stadium 2.4 Ν No PORTLAND, OR KGW - NBC 8 Ν No PORTLAND, OR Ν PORTLAND, OR KGWDT2 - True Crime Network 8.2 No KGWDT3 - Quest 8.4 N No PORTLAND, OR KGWDT4 - Twist N PORTLAND, OR 8.4 No KJYY - Telemundo 29.1 Ν No SALEM, OR **KJYYDT3 - MeTV** 29.3 Ν No SALEM, OR KNMT - TBN 24 Ν No PORTLAND, OR KOIN - CBS 6 Ν No PORTLAND, OR KOINDT2 - getTV 6.2 Ν No PORTLAND, OR **KOINDT3 - Rewind TV** 6.3 Ν No PORTLAND, OR KOPB - PBS 10 Ε No PORTLAND, OR KPDX - MyNetworkTV 49 Ν No VANCOUVER, WA KPDXDT2 -lob Mystery 49.2 Ν No VANCOUVER, WA 49.3 Ν KPDXDT3 - Circle No VANCOUVER, WA 49.4 KPDXDT4 - Grit Ν No VANCOUVER, WA KPTV - FOX 12 Ν No PORTLAND, OR KPTVDT2 - Cozi TV 12.2 Ν No PORTLAND, OR KPTVDT4 - Dabl 12.4 Ν No PORTLAND, OR KPWC - Estrella TV 37.1 N No SALEM, OR **KPXG - ION** 22 N SALEM, OR No KPXGDT3 - Laff 22.3 Ν No SALEM, OR KRCW - CW 32 Ν No SALEM, OR KRCWDT2 - Antenna TV 32.2 N SALEM, OR No

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#			
WAVE DIVISION	N HOLDING	S LLC			24224	Name		
PRIMARY TRANSMITTE	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in 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), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)								
(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 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	AB				
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			
KRCWDT3 - Grit	32.3	N	No		SALEM, OR			
KRCWDT4 - TBD	32.4	N	No		SALEM, OR			
KUNP - Univision	16.1	N	No		LA GRANDE, OR			
KUNPDT2 - Stadio	16.2	N	No		LA GRANDE, OR			
KUNPDT3 - Charg	16.2	N	No		LA GRANDE, OR			
KWVT - Youtoo A	17.1	N	No		SALEM, OR			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 24224 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 SASE. PAGE 5.							ACCOUNTING	PERIOD: 2023/2	
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD						S	YSTEM ID# 24224	Name	
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
In General: In space I, ident substitute basis during the acceptantion of the programm form.	ify every no	nnetwork televiseriod, under spe	sion program broadcast by a	a distant station C rules, regu	lations, or	authorizations	For a further	 Substitute	
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					Carriage: Special	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you	must com	plete the prog	ram		
2. LOG OF SUBSTITUTI In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the prograce Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 gicolumn 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 sign of the adcast statination and day ve "5/7." les when the Example:	am on a separ attach addition connetwork tele tion and that your authorization of use general BA Basketball: adcast live, entistation broadcion's location (fons, if any, the your sy the substitute pra program carriens in effect described in the program carrier and the program c	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", o : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute program the community to which the extem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for progluring the accounting perio	program) the ded for the program instructor "basketbal" "No." ram e station is lice station is lice program. Ur cable system: 15 p.m. to 6 ramming that det; enter the	at, during ogrammir stions locall". List specificensed bettentified). Is a numer em. List the 6:28:30 p. t your systetter "P"	the accounting of another stated in the paper pecific program y the FCC or, rals, with the number accurates, should be stem was required the listed program.	g station er in nonth ately		
	UDOTITUT	T DDOODAN			EN SUBS	_	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		CURRED TIMES — TO	FOR DELETION		
	103 01 140	O/ LE GIGIT	4. CIMITOR CECOMMON	7 (IVD D/T)	TROW	10			
					ļ				
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						_			

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
WA	VE DIVISION HOLDINGS LLC	24224	Nama					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 552,254.66								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)						
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k \leq 1$	e entered on line 1 of						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 552,254.66						
	Enter the result here. This is your minimum fee.	\$ 5,875.99						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, you must check od?						
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	\$ -						
	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	\$ 5,875.99	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.							
	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 appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 6,600.99	form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separetal instructions located in the paper SA3 form for more information.)	See page (i) of the	22.35.127 1000.					

ACCOUNTING PERIOD: 2023/2
FORM SA3E_PAGE 8

_		FORM SA3E. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers and (2) the cable system's total number of activated channels, during the accounting									
	Enter the total number of channels on which the cable system carried television broadcast stations	33								
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	336								
N Individual to										
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)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright	Office regulations.)								
Certifcation	I, the undersigned, hereby certify that (Check one, 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 in line 1 of space B and that the owner is not a corporation or partnership; or	f the cable system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity iden in line 1 of space B.	tifed as owner of the cable system								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fa are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good f									
	/s/ Parisa Salehani									
	Enter an electronic signature on the line above using an "/s/" signature to certify this stat (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place y button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's	our cursor in the box and press the "F2"								
	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 Office 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 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 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 t completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224	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 tr made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	ansmissions	Exclusion				
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u 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	- days					
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	nterest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 please list below the owner, address, first community served, accounting period, and ID number as given if ling.						
Owner Address						
First community served Accounting period ID number						

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

DSE SCHEDULE. PAG	1					/OTE:-:-:				
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II									
<u> </u>	WAVE DIVISION HOLDINGS LLC 2422									
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station.									
	Enter the sum here and in line	1 of part 5 of thi	s schedule.	<u> </u>	0.00					
	li de la constantina della con									
2	Instructions: In the column headed "Call S	Sian": list the ca	Il signs of all distant station	ne identified by the	a letter "Ω" in column 5					
_	of space G (page 3).	Jigii . list tile ca	iii sigiis oi ali distarit statioi	is identified by the	e letter O III coluiiii 3					
Computation	In the column headed "DSE"	: for each indep	endent station, give the DS	SE as "1.0"; for ea	ach network or noncom-					
of DSEs for	mercial educational station, give	e the DSE as "	25."							
Category "O"			CATEGORY "O" STATIC	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as				<u> </u>						
necessary.										
Remember to copy										
all formula into new										
rows.										
				·····						
			031101101101010101010101010101010101010							
	Innoversity 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	·B		—		h				

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	:					SYSTEM ID# 24224	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		С	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE		PE 6. D	SE	
			÷			x	=		
					=	X X	=		
			÷		=	x	=		
			÷		= = =	x x	=		
			÷		=	x	=		
			÷		=	х	=		
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of p		schedule,		0.	00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effether broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each st d by your system in substact on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE	titution for a p (as shown by ork programs e number of li spond with th s in the calen nn 2 by the fi (For more in	program that your syste the letter "P" in column during that optional ca we, nonnetwork progra he information in space dar year: 365, except gure in column 3, and formation on rounding,	em was permitte in 7 of space I); a rriage (as shown ms carried in su I. in a leap year. give the result in see page (viii) of	d to delete under FCC and by the word "Yes" in co bstitution for program a column 4. Round to of the general instruct	Crules and regular- lumn 2 of s that were deleted no less than the thirc	3 form)	
				-BASIS STATION			T	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBER OF DAYS S IN YEAR	4. DSE	
		÷ ÷		=			÷	=	
				=			÷	=	
		÷		=			÷ ÷	=	
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATION	S:	▶	0.	00		
5		ER OF DSEs: Give the an sapplicable to your system		e boxes in parts 2, 3, ar	nd 4 of this sched	dule and add them to p	rovide 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# 24224	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
	, ,			ELEVISION M	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly o , 1981? plete part 8 of the plete blocks B and	schedule—D	•				·	gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
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 ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec 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 than 18 all waiver of Field on a part-timithin grade-B of the other than 18 all waiver of Field on a part-timithin grade-B of the other than 18 all waiver of Field on a part-timithin grade-B of the field of th	6.59(d)(1), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.01 caph 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 represer partially
ine 5: Multiply I	ine 4 by 0.0375	and enter รเ	ım here				X		permited/ partially nonpermitted
_ine 6: Enter tot	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
ine 7 [.] Multiply I	ine 6 bv line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 24224 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for 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 -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 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 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 Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes-List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	552,254.66	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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? \(\text{Yes} - \text{Complete part 9 of this schedule.} \) \(\text{X} \) No—Complete the applicable section below.	25	
	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.	DE .	
	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	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	YSTEM ID#							
	'	WAVE DIVISION HOLDINGS LLC	24224							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge								
	Instru	ctions:								
8		nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	i.							
_		checked "Yes," use the total number of DSEs from part 5. bock 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	1	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov	V							
Dase Nate Fee	blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local									
	service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 552,254.66	<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.) ▶ 0.0	0							
	Section		<u>-</u>							
	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) ▶ _ \$ 3,871.31								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here ▶ <u>\$</u> -	_							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	_							
1		Base Rate Fee	<u></u>							

DSE SCHEDULE. PAGE 17.		1 PERIOD: 2023/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	24224	
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 (the amount in section 1) \$\bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigsel		Computation of
		Base Rate Fee
C. Multiply line B by 3.000 and enter here		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
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		
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported mups in Space G.	ultiple channel line-	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base	rate fee to exclude	_
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation of
this exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are of	distant to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. De		Syndicated Exclusivity
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your syst		Surcharge
		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemust also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both bloom		Partially Distant
However, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially dis	tant station you	Stations
carried to that community.		
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to 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 subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. system will have only one subscriber group when the distant stations it carried have local service areas that coincidents.	Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of y		
subscriber groups. 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 dista	ant to all of the	
subscribers in the group.		
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,	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 you gar part 6 of this schedule.	ve 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 the gin the paper SA3 form.	general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber gross for that group's complement of stations and total gross receipts from the subscribers in that group). You do your actual calculations on the form.	roup (that is, the total	

LEGAL NAME OF OWNE						S	24224	Name
В		COMPUTATION C		TE FEES FOR EA		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate F and
								Syndicate
								Exclusivit Surcharge
								for
						.—		Partially
								Distant Stations
						·-		
Total DSEs			0.00	T-4-LDCE-			0.00	
	`roun	. 55	0.00	Total DSEs	and Craun	•		
Gross Receipts First G	roup	\$ 55	2,254.66	Gross Receipts Sec	cona Group	\$	0.00	
3ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						,		
			• • • •					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fol	ırth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the			scriber group	as shown in the boxe	s above.	•	0.00	
Enter here and in blocl	κ ૩, IIne 1,	space L (page /)				Þ	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H						S	24224	Name
В		COMPUTATION O		TE FEES FOR EAG			LIP	
COMMUNITY/ AREA	DEPOE			SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati
		-						Base Rate Fo
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 552	2,254.66	Gross Receipts Sec	ond Group	\$	0.00	
3ase 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/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
ase Rate Fee: Add the nter here and in block			criber group	as shown in the boxe	es above.	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 24224 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 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$