This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		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.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		WAVE DIVISION HOLDINGS LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		3700 MONTE VILLA PARKWAY						
		(Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip)						
С	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		WAVE BROADBAND						
		MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY						
		(Number, street, rural route, apartment, or suite number)						
		BOTHELL WA 98021 (City, town, state, zip code)						

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	500M0M05 0M05 W						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 24264						
	Instructions: List each separate community served by the cable system. A "community served by the cable system."							
D	"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 first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First Community	PACKWOOD	WA						
Add Rows as Necessary								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

WAVE DIVISION HOLDINGS LLC

24264

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	299	35.95			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	41	3.03			
Commercial	6	17.98			
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.

	BLOCK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	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		Digital 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 (20.00
Converter		Disconnect		Cinemax	19.50
		Outlet relocation		Starz	18.00
		Move to new address		Movieplex	5.00
				HD Bonus Pack	7.00

FORM SA1-2E. PAGE 3. Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24264

WAVE DIVISION HOLDINGS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: In General: In space G, identify every television station (including translator stations and low power television stations)

TELEVISION

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- 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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBTC - PBS	27	E	TACOMA, WA
KCPQ - FOX	13	N	TACOMA, WA
KCTS - PBS	9	E	SEATTLE, WA
KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA
KCTSDT3 - Create	9.3	E	SEATTLE, WA
KFFV - MeTV	44.1	N	SEATTLE, WA
KFFVDT 2- Movies!	44.2	N	SEATTLE, WA
KFFVDT 4 -Decades	44.4	N	SEATTLE, WA
KING - NBC	5	N	SEATTLE, WA
KINGDT2 - True Crime	5.2	N	SEATTLE, WA
KINGDT3 - Quest	5.3	N	SEATTLE, WA
KINGDT4 - Twist	5.4	N	SEATTLE, WA
KIRO - CBS	7	N	SEATTLE, WA
KIRODT2 - Cozi TV	7.2	N	SEATTLE, WA
KIRODT3 - Laff	7.3	N	SEATTLE, WA
KIRODT4 - Telemundo	7.4	N	SEATTLE, WA
KOMO - ABC	4	N	SEATTLE, WA
KOMODT2 - CometTV	4.2	N	SEATTLE, WA
KOMODT3 - Charge!	4.3	N	SEATTLE, WA
KONG - Independent	16	l	EVERETT, WA
KSTW - CW	11	N	TACOMA, WA
KSTWDT2 - Decades	11.2	N	TACOMA, WA
KTBW - TBN	20	N	SEATTLE, WA
KVOS - Heroes & Icons	12.1	N	BELLINGHAM, WA
KWDK - Daystar	56	N	TACOMA, WA
KWPX - ION	33	N	BELLEVUE, WA
KZJO - MyNetwork TV	22	N	SEATTLE, WA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAVE DIVISION HOLDINGS LLC

24264

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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
						ļ 	
						ļ 	
						ļ 	
						 	
		1		<u> </u>	l	1	<u> </u>

Accounting Perio	od: 2023/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	WAVE DIVISION HOLI	DINGS LL	С					24264		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Cubatituta		substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:	1. SPECIAL STATEMEN				ie general ins	Structions	iii tile paper c	5A 1-2 IOIIII.		
Special		-		m carry, on a substitute ba	sis, any nonr	network te	elevision prog	gram		
Statement and Program Log	broadcast by a distant sta	ition?	•	·	•		YES	X NO		
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer is	s "Yes." vou r	nust com				
	log in block 2.	,	'	,	, ,					
	2. LOG OF SUBSTITUT									
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if	their meanin	ig is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego	ries like "mo								
	"NBA Basketball: 76ers vs.		deast live, ent	er "Yes." Otherwise enter "	No."					
				casting the substitute progr						
	Column 4: Give the bro the case of Mexican or Cal			the community to which the			y the FCC or,	, in		
				stem carried the substitute			als, with the i	month		
	first. Example: for May 7 g					11.44				
	to the nearest five minutes			ogram was carried by your ried by a system from 6:01						
	stated as "6:00-6:30 p.m."	•		•	·	•				
	to delete under FCC rules			n was substituted for progr						
	was substituted for program							gram		
	effect on October 19, 1976	i.								
					WHE	N SUBS	TITUTE			
	S	1	E PROGRAM				CURRED	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	DELETION		
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Accounting Period:	2023/2			FORM S	A1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			S	YSTEM ID 2426	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	system's tion of how	secondary tra v to compute	ansmission service this amount, see	0,349.05	
L Copyright Royalty Fee	····					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00				ti	
	Line 1. Royalty fee for accounting period				0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add	lines 1 and	12			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE					
	Base amount under statutory formula	\$	263,800.0	10_		
	Enter amount of gross receipts from space K	\$	140,349.0	<u> 5</u>		
	3. Subtract line 2 from line 1	\$	123,450.9			
	Enter the amount of gross receipts from space K		. \$	140,349.05		
	5. Enter the amount from line 3		. \$	123,450.95		
	6. Subtract line 5 from line 4		\$	16,898.10		
	7. Multiply line 6 by .005 (enter figure here)			\$	84.49	
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8 .		\$	84.49	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$	527,600)		
	Enter the amount of gross receipts from space K					
	Base amount under statutory formula	,		10		
	3. Subtract line 2 from line 1	,				
	4. Multiply line 3 by .01	,				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)					
	6. Interest charge. Enter the amount from line 4, space Q, page 8					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	6	• • •		
	FILING FEE AND TOTAL REMITTANCE DU	JE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	84.49		
Due	Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.			\$	104.49	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!	

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: N HOLDINGS LLC			SYSTEM ID# 24264			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.							
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	on which the ca	number of activated channel able system carried television ast services			313			
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify a nt.)	an individual to whom				
for Further Information	Name	Morgan Conkle		Telephone 347	7-835-7661			
	Address	650 College Road Ea	ast, Suite 3100 ment, or suite number)					
		Princeton, NJ 08540 (City, town, state, zip)						
	Email	morgan.conkle(@astound.com	Fax (optional)				
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance w	vith Copyright Office regulations)				
Certification			one, but only one, of the boxes.)					
			eartnership) I am the owner of the cable system					
	in	line 1 of space B and that the o	ation or partnership) I am the duly authorized owner is not a corporation or partnership; or					
	in	line 1 of space B.	if a corporation) or a partner (if a partnership)		of the cable system			
		e, and correct to the best of my	hereby declare under penalty of law that all st					
			X /s/ Parisa Salehani					
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,	•				
		Typed or printed	name: /s/ Parisa Salehani					
		Title: (Title of o	Senior Vice President, Controllo	er				
		Date:		3/1/24				

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
WAVE DIVISION HOLDINGS LLC	24264
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 located in the paper SA1-2 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	P Special Statement Concerning Gross Receipts Exclusion
TES. Enter the total fiele and list the Satellite carrier(s) below	_
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ _
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	

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Owner Address

ID number

First community served Accounting period