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

coplicsoa@loc.gov

For additional information,

contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Return completed workbook by email to:

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	\$

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 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						
				500			
				5661	120232		
				5661	2023/2		
	3700 MONTE VILLA PARKWAY						
	BOTHELL WA 98021						
•	INSTRUCTIONS: In line 1, give any business or trade names used to	o identify the busine	ss and operation of the syste	em unless	s these		
С	names already appear in space B. In line 2, give the mailing address		. ,				
System	IDENTIFICATION OF CABLE SYSTEM:						
	WAVE BROADBAND						
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY						
	2 (Number, street, rural route, apartment, or suite number)						
	BOTHELL WA 98021 (City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Ident	ify only the frst com	munity served below and rel	ist on pag	je 1b		
Area Served	with all communities.						
First	CITY OR TOWN WOODLAND	STATE CA					
Community	Below is a sample for reporting communities if you report multiple of		Snace G				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#		
Sample	Alda	MD	A		1		
Campie	Alliance	MD	В		2		
	Gering	MD	В		3		
form in order to provide numbers. By provide	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to col zess your statement of account. PII is any personal information that can be used to iden ng PII, you are agreeing to the routine use of it to establish and maintain a public record ared for the public. The effect of not providing the PII requested is that it may delay proc	tify or trace an individual, I, which includes appeari	such as name, address and teleph ng in the Offce's public indexes and	ione 1 in			

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WAVE DIVISION HOLDINGS LLC			5661				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., on 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 red designated by a number (based on your reporting from Part 9).	e column blank. If	you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
WOODLAND	СА	Α		First			
DIXON	CA	A		Community			
WEST SCARAMENTO WINTERS	CA CA	A					
				See instructions for			
				additional information on alphabetization.			
				Add rows as necessary.			
				Add Tows as necessary.			

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:					S	YSTEM I	
Hume	WAVE DIVISION HOLDI				56				
-	SECONDARY TRANSMISSION	N SERVICE: S	UBSCRIBERS AND	RATES					
E	In General: The information in s		-						
0	system, that is, the retransmissi								
Secondary Transmission	about other services (including partice					e those exis	ting on the		
Service: Sub-			(June 30 or December 31, as the case may be). In blocks in space E call for the number of subscribers to the cable system, broken						
scribers and	down by categories of secondar					•			
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ard rate variatio	ns within a	particular rate		
	Block 1: In the left-hand block				condary transm	ission serv	ice that cable		
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					inder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system	0		()		a different	from these		
	printed in block 1 (for example,								
	with the number of subscribers								
	sufficient.		0						
	BLO	OCK 1 NO. OF	=			BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:								
	 Service to first set 		2,832 \$ 35.95						
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		228 \$ 1.91						
	Commercial		610 \$ 9.73						
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMISSIONS: RA	TES					
F	In General: Space F calls for ra	ate (not subscr	iber) information with	respect to	all your cable sy	/stem's ser	vices that were		
F	not covered in space E, that is,				•	•			
0	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the		s usually blied. If all				Jograffi basis,		
ransmissions:	Block 1: Give the standard ra		the cable system for	each of the	applicable serv	ices listed.			
Rates	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.								
	briet (two- or three-word) descri	•							
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF SE	RVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE	
	Continuing Services:	TUTE	Installation: Non-r		TUTE	0/11200		TUTE	
	• Pay cable	\$ 17.00	 Motel, hotel 						
	• Pay cable—add'l channel		Commercial						
	Fire protection		• Pay cable			Refer to	"Pg 2- Section F		
	•Burglar protection		• Pay cable-add'l	channel					
	Installation: Residential		• Fire protection						
	• First set	\$ 79.95	Burglar protection	on					
	1 1101 001								
	Additional set(s)	\$ 30.00							
		\$ 30.00	• Reconnect		\$ 40.00				
	 Additional set(s) 	\$ 30.00			\$ 40.00				
	• Additional set(s) • FM radio (if separate rate)	\$ 30.00	Reconnect	ı	\$ 40.00				
	• Additional set(s) • FM radio (if separate rate)	\$ 30.00	Reconnect Disconnect		\$ 40.00				

WAVE DIVISION HOLDINGS LLC - WOODLAND, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	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 & Sport	s 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

FORM SA3E. PAGE 3.					SYSTEM ID	Name
	C				566^	
PRIMARY TRANSMITTERS: TELEVISION			4 4 . 4 ¹	1	· · · · · · · · · · · · · · · · · · ·	
In General: In space G, identify every televi carried by your cable system during the acc						G
FCC rules and regulations in effect on June						Delegant
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 3 substitute program basis, as explained in th			and (4))]; and (2) certain stations	carried on a	Primary Transmitters:
Substitute Basis Stations: With respect basis under specifc FCC rules, regulations,			ed by your cable	system on a subs	stitute program	Television
Do not list the station here in space G—bu	it do list it in spa		cial Statement a	nd Program Log)-	—if the	
station was carried only on a substitute b • List the station here, and also in space I, if		carried both	on a substitute t	pasis and also on a	some other	
basis. For further information concerning						
in the paper SA3 form. Column 1: List each station's call sign. [Do not report ori	gination progr	am services su	ch as HBO, ESPN	l, etc. Identify	
each multicast stream associated with a sta	-		-			
cast stream as "WETA-2". Simulcast stream WETA-simulcast).	is must be repo	rted in column	1 1 (list each stre	eam separately; to	or example	
Column 2: Give the channel number the its community of license. For example, WR0				•		
on which your cable system carried the stat		i washington	, D.C. This hay	be different from t		
Column 3: Indicate in each case whether educational station, by entering the letter "N						
(for independent multicast), "E" (for noncom	mercial educati	onal), or "E-M	" (for noncomme	ercial educational		
For the meaning of these terms, see page (Column 4: If the station is outside the lo					For an ex-	
planation of local service area, see page (v)) of the general i	instructions lo	cated in the pap	er SA3 form.		
Column 5: If you have entered "Yes" in cable system carried the distant station duri				-		
carried the distant station on a part-time bas	sis because of la	ack of activate	d channel capa	city.		
For the retransmission of a distant multic of a written agreement entered into on or be	efore June 30, 2	009, between	a cable system	or an association	representing	
the cable system and a primary transmitter tion "E" (exempt). For simulcasts, also enter						
explanation of these three categories, see p	age (v) of the g	eneral instruc	tions located in	the paper SA3 for	m.	
Column 6: Give the location of each stat FCC. For Mexican or Canadian stations, if a					-	
Note: If you are utilizing multiple channel lin	ne-ups, use a se	parate space	G for each char	nnel line-up.		
		CHANN	EL LINE-UP	AA]
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
KCRA - NBC	NUMBER 3	STATION N	No	(If Distant)	SACRAMENTO, CA	-
KCRADT2 - MeTV	3.2	N	No		SACRAMENTO, CA	
KCSO - Telemundo	33	N	No		SACRAMENTO, CA	See instructions for additional information
KCSODT3 - TeleXitos	33.3	N	No		SACRAMENTO, CA	on alphabetization.
KCSODT5 - LX	33.5	N	No		SACRAMENTO, CA	
KMAX – CW	31	N	No		SACRAMENTO, CA	
KOVR - CBS	13	N	No		SACRAMENTO, CA	
KOVRDT2 - Start TV	13.2	N	No		SACRAMENTO, CA	
KOVRDT3 - DABL	13.3	N	No		SACRAMENTO, CA	
KQCA - MyNetworkTV	58	N	No		STOCKTON, CA	
KQCADT2 - Heroes & Icons	58.2	N	No		STOCKTON, CA	
KQCADT3 - Estrella TV	58.3	N	No		STOCKTON, CA	
KQED - PBS	9	Е	Yes		SAN FRANCISCO, CA	
KSPX - ION	29	N	No		SACRAMENTO, CA	
KTFK - UniMas	64.1	N	No		SACRAMENTO, CA	
KTFKDT3 - getTV	64.3	N	No		SACRAMENTO, CA]
KTFKDT4 - Grit	64.4	N	No		SACRAMENTO, CA]
KTXL - FOX	40	N	No		SACRAMENTO, CA	
KTXLDT2 - Antenna TV	40.2	N	No		SACRAMENTO, CA	
KTXLDT3 - Grit	40.3	N	No		SACRAMENTO, CA	
KTXLDT4 - TBD		N	No		SACRAMENTO, CA	
	40.4					
	40.4 19.1	N	No		SACRAMENTO, CA	
KUVS - Univision		N N	No No		SACRAMENTO, CA SACRAMENTO, CA	
KUVS - Univision KUVSDT3 - Bounce	19.1					
KUVS - Univision KUVSDT3 - Bounce KVIE - PBS	19.1 19.3	N	No		SACRAMENTO, CA	
KUVS - Univision KUVSDT3 - Bounce KVIE - PBS KVIEDT2 - PBS Encore	19.1 19.3 6	N E	No No		SACRAMENTO, CA SACRAMENTO, CA	
KUVS - Univision KUVSDT3 - Bounce KVIE - PBS KVIEDT2 - PBS Encore KVIEDT3 - World KVIEDT4 - PBS Kids	19.1 19.3 6 6.2	N E E	No No No		SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	
KUVS - Univision KUVSDT3 - Bounce KVIE - PBS KVIEDT2 - PBS Encore KVIEDT3 - World	19.1 19.3 6 6.2 6.3	N E E E	No No No		SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	
KUVS - Univision KUVSDT3 - Bounce KVIE - PBS KVIEDT2 - PBS Encore KVIEDT3 - World KVIEDT4 - PBS Kids	19.1 19.3 6 6.2 6.3 6.4	N E E E E	No No No No		SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA SACRAMENTO, CA	

FORM SA3E. PAGE 3.

Name	LEGAL NAME OF							SYSTEM ID# 5661	
Н	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.								
Primary Transmitters: Radio	receivable if (1) on the basis of For detailed inf located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation about paper SA3 forr dentify the cal State whether f the radio stat this by placin Give the statio	y the sys be rece ut the the n. I sign of the station tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received a vived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. gnal was electronically proces k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an on this point, se sed by the cable he station is lice	eadend, and tenna, during e page (vi) of system as a nsed by the F	(2) it ca certain the gen separate	n be expected, stated intervals. eral instructions e and discrete	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	
	1	1	1	ΙΙ	1	1	l		

LEGAL NAME OF OWNER OF					5	BYSTEM ID# 5661	Name
SUBSTITUTE CARRIAGI		AI STATEME		G			
In General: In space I, identi substitute basis during the ac explanation of the programm form.	ify every noi	nnetwork televi eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				Carriage:
 During the accounting per broadcast by a distant star 		ur cable syste	m carry, on a substitute ba	sis, any noni	network television prog	ram XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			age blank. If your answer is	s "Yes," you	must complete the prog	jram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant sta gulations, of tion. Do no Lucy" or "N m was broa sign of the adcast stati hadian stati oth and day ve "5/7." es when th Example: er "R" if the and regulat	attach additio connetwork tele tion and that y or authorizatio of use general BA Basketball idcast live, ent station broadd ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	nal pages. evision program (substitute your cable system substitut ns. See page (vi) of the ge categories like "movies", of categories like "movies", of categori	program) the ted for the pre- eneral instruc- or "basketbal "No." ram. e station is lid e station is lid e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	at, during the accountin ogramming of another s tions located in the pap I". List specific program censed by the FCC or, lentified). Ise numerals, with the n orm. List the times accura 5:28:30 p.m. should be t your system was require letter "P" if the listed pro-	ing in nonth ately	
SI	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	1	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
						+	
					_		
					_		
					_		
					_		
		1	I		I 	1	

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2023/2

FORM	SA3E. PAGE 7.		1					
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID	Name					
WA	VE DIVISION HOLDINGS LLC	566						
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 identified 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.								
 Instru Con Con If you fee If you account 	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	rts of the DSE Schedule	L Copyright Royalty Fee					
	k 3 below.							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ	entered on line 2 in block						
▶ If pa	elow. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou 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.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 1,451,336.73						
	This is your minimum fee.	\$ 15,442.22						
Block 2 Block 3	 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. No—Leave block 3 below blank and c 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 	nn 4, you must check						
	Line 3. Add lines 1 and 2 and enter here	\$-						
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 7000 	\$ 15,442.22 0.00	Cable systems 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	\$ 16,167.22	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the						

ACCOUNTING FERM	FORM SA3E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM WAVE DIVISION HOLDINGS LLC 56
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 30
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Morgan Conkle Telephone
	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 Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identifed 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)]
	Image: Section 1. Is/ 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
orm in order to proc numbers. By providi search reports prep	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th cess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol ing 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 ared 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 f statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

U.S. Copyright Office

FORM	SA3F	PAGE9

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 fol-	
5 , I	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the Gro	Concerning oss Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest ssessment
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 x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period	
ID number	

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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
1	WAVE DIVISION HOLDI	NGS LLC				5661		
	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 this schedule.							
2	Instructions: In the column headed "Call S	Sign": list the cal	Il signs of all distant stations	identified by t	be letter "O" in column 5			
Computation	of space G (page 3). In the column headed "DSE" mercial educational station, giv	: for each indepe	endent station, give the DSE	as "1.0"; for				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								
				I				

		WNER OF CABLE SYSTEM:						JLE. PAGE 12.
Name		NON HOLDINGS LLC	:				5	5661 SYSTEM
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	correspond with the info For each station, give Divide the figure in col t at least to the third deci For each independent value as ".25." Multiply the figure in co	rs your cable syst ace J. Calculate of hours that the sta e in column 3, and he "basis of carria ype-value" as "1.0 re in column 5, ar	em carried the si only one DSE for ation broadcast of give the result i ge value" for the ." For each netw ad give the result	tation during the account each station over the air during the ac in decimals in column 4.	counting period. This figure must ducational station, no less than the			
Capacity		С	ATEGORY LA	C STATIONS:	COMPUTATI	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS C ED BY S M C	IUMBER DF HOURS STATION DN AIR	4. BASIS OF CARRIAG VALUE	GE VALUE		δE
			÷			X	=	
			÷			x	Ē	
						×		
			÷ ÷			x x		
						x		
			÷			x	=	
			÷	=	•	x	=	
4	Add the DSEs Enter the su Instructions: Column 1: Giv		part 5 of this sched	e I (page 5, the L	og of Substitute	0.00 Programs) if that station:	4 	
Computation of DSEs for Substitute- Basis Stations	 Broadcast of space I). Column 2: at your option. Column 3: Column 4: 	For each station give the This figure should corre Enter the number of day Divide the figure in colur	ork programs durin a number of live, no spond with the info s in the calendar y nn 2 by the figure i	g that optional car onnetwork prograr ormation in space ear: 365, except in n column 3, and g	riage (as shown b ns carried in sub I. n a leap year. ive the result in	nd by the word "Yes" in colum ostitution for programs that column 4. Round to no le f the general instructions	at were deleted ess than the thirc	form)
		SU	BSTITUTE-BA	SIS STATION	S: COMPUT/	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		+		=		+		=
		÷ •				÷		
		•		<u> </u>		• •		
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		ule,	·	0.00		
5 Total Number	number of DSE	ER OF DSEs: Give the an s applicable to your syster f DSEs from part 2 ●		es in parts 2, 3, an	d 4 of this schedu	ule and add them to provid	0.00	
of DSEs	2. Number o	f DSEs from part 3 ●		·····	!	•	0.00	
	3. Number o	f DSEs from part 4 ●			I	►	0.00	1
	TOTAL NUMBE	R OF DSEs						0.00

		0.0000							G PERIOD: 2023
LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#VAVE DIVISION HOLDINGS LLC5661									Name
	ck A must be com	nleted							
i block A: If your answer if	"Yes," leave the re		part 6 and part	7 of the DSE sche	edule blank an	d complete pa	rt 8, (page 16) of	the	6
chedule. If your answer if	"No," complete blo	ocks B and C	below.						
			BLOCK A: 1	ELEVISION M	ARKETS				Computation 3.75 Fee
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									3.75 Fee
X No-Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			Ì
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	irther explanat	tion of permitte	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	 Provide the appropriate letter indicating the basis on which you carried a permitted station. OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) ITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 								
Column 3:		each distant e stations ide determine th	station listed in entified by the le	eam. parts 2, 3, and 4 d etter "F" in column 2. PERMITTED			orksheet on page		
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		E		MPUTATION O	F 3.75 FEE			0.00	
ine 1: Enter the	e total number of				F 3.75 FEE			0.00	
	e total number of e sum of permitte	DSEs from	part 5 of this	schedule	F 3.75 FEE			0.00 - -	
ine 2: Enter the ine 3: Subtract		DSEs from ed DSEs fro	part 5 of this m block B ab e total numbe	schedule ove r of DSEs subjec	t to the 3.75	rate.		0.00 - - 0.00	
ine 2: Enter the ine 3: Subtract (If zero, I	e sum of permitte line 2 from line 1	DSEs from ed DSEs fro I. This is the lank and pu	part 5 of this m block B ab e total numbe roceed to part	schedule ove r of DSEs subjec	t to the 3.75	rate.	× 0.03		-
ine 2: Enter the ine 3: Subtract (If zero, I ine 4: Enter gro	e sum of permitte line 2 from line 1 leave lines 4–7 b	DSEs from ed DSEs fro I. This is the Iank and pu I space K (p	part 5 of this m block B ab e total numbe roceed to part page 7)	schedule ove r of DSEs subjec	t to the 3.75	rate.	x 0.03		DSEs represe partially permited/ partially nonpermitted
ine 2: Enter the ine 3: Subtract (If zero, I ine 4: Enter gro ine 5: Multiply I	e sum of permitte line 2 from line 1 leave lines 4–7 b oss receipts from	DSEs from ed DSEs fro I. This is the lank and pu i space K (p and enter s	n part 5 of this m block B ab e total numbe roceed to part page 7) um here	schedule ove r of DSEs subjec	t to the 3.75	rate.			permited/

							DSE SCHEDULE. PAGE 14	
Name	LEGAL NAME OF OWN						SYSTEM ID#	
	WAVE DIVISION	N HOLDINGS LI	.0				5661	
 Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, p 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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and Jun Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, so 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 (v general instructions in the paper SA3 form. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure 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 verifcation from the statement of account on fle in the Licensing Division. 							edule. d June 30, 1981. es, sections ge (vi) of the nedule. jure should be entered	
			SE FOR STATI	ONS CARRIE	D ON A PART-TIME A		SIS	
	1. CALL	2. PRIOR		UNS CARRIE	4. BASIS OF	5. PRESENT	6. PERMITTED	
	SIGN	DSE		RIOD	CARRIAGE	DSE	DSE	
7 Computation of the		"Yes," complete blo	cks B and C, be		art 8 of the DSE sched	ule		
Syndicated					ELEVISION MARK			
Exclusivity			BLUCK	A. WAJOK				
Surcharge	 Is any portion of the c 	able system within a	top 100 major te	elevision marke	et as defned by section 7	6.5 of FCC rules in effe	ect June 24, 1981?	
	X Yes—Complete	blocks B and C .			No—Proceed to	o part 8		
					η <u> </u>			
	BLOCK B: Ca	arriage of VHF/Grad	le B Contour St	ations	BLOCK C: Computation of Exempt DSEs			
commercial VHF station that places a grade B contour, in whole or in part, over the cable system? nity served by to former FCC X Yes—List each station below with its appropriate permitted DSE X Yes—List					Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) Xes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.			
				1				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CA	ALL SIGN DSE	
						H		
		T	OTAL DSEs	0.00		TO	TAL DSEs 0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 5661	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	1,451,336.73	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
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distribution of the section 2 blank.	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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		DSE SCHEDULE ME OF OWNER OF CABLE SYSTEM: SYS WAVE DIVISION HOLDINGS LLC	5661					
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). S C. Multiply line B by 3.000 and enter here. S C. Multiply line B by 3.000 and enter here. S C. Multiply line B by 3.000 and enter here. S C. 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. S C. 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. S C. Multiply Surcharge. C. Multiply Surchar						
8 Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?							
	X Yes—Complete part 9 of this schedule. No—Complete the 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)							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)						
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	0.00					

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
WAV	E DIVISION HOLDINGS LLC 5661	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		8				
	A. Enter 0.01064 of gross receipts (the amount in section 1) ►\$	· ·				
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	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)► <u>\$</u>					
	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					
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals					
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9				
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation				
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of				
		Base Rate Fee and				
station	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated Exclusivity				
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.						
-	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially				
must a	Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Distant				
	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially				
	Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted				
-	to that community.	Stations				
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)					
subscri	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.					
subscri	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.					
	n section:					
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the					
	ibers in the group.					
• lf:						
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,					
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.					
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.					
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions e paper SA3 form.					
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.					

LEGAL NAME OF OWNE						S	YSTEM ID# 5661	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA		and, Dixon, West		COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated Exclusivity
						-		Surcharge
		-						for
		-						Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 1,451,336.73			,336.73	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
			riber group	as shown in the boxes a	bove.	6	0.00	
Enter here and in block	3, line 1, s	space L (page 7)				\$	0.00	

FORM SA3E. PA	AGE 19.
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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE	ER OF CABL	E SYSTEM:				S	YSTEM ID#	
WAVE DIVISION H	IOLDING	S LLC					5661	Name
R								
FIRST SUBSCRIBER GROUP				ATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Woodland, Dixon, West Sacram							0	9
	Woodia		Jaciani				U	Computation
CALL SIGN	Dee	CALL SIGN		CALL SIGN	Dee		Dee	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge
		_						for
								Partially
								Distant
								Stations
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	s 1,451	,336.73	Gross Receipts Seco	ond Group	\$	0.00	
			·					
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	חמוחב				EOUDTU	SUBSCRIBER GROU	ID	
THIRD SUBSCRIBER GROUP				II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	•		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
		_						
		-						
		-						
						11		
Total DSEs 0.00			0.00	Total DSEs 0.00				
Gross Receipts Third Group \$		s	0.00 Gross Receipts Fourth Group		th Group	\$	0.00	
			3.00			<i>*</i>	0.00	
Base Rate Fee Third Group \$		\$	0.00	0 Base Rate Fee Fourth Group		\$	0.00	
	-	L			·	L		
Base Rate Ener Add th	haen rot	to foos for each out	criber group	as shown in the house	ahove			
Enter here and in block			cinei group	as shown in the boxes	auuve.	\$	0.00	
	το, in iο 1, ε	space - (paye 1)				¥	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20 SYSTEM ID#						
Name	WAVE DIVISION HOLDINGS LLC	5661						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	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 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 of	☐ First 50 major television market	Second 50 major television market						
Base Rate Fee	INSTRUCTIONS:							
and Syndicated Exclusivity Surcharge for	 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 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the outpart of the cost prove prove prove provide the formula outpart in block D. soction 2 or 4 of part 7 of this 							
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge						
	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge						
		computation SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for of in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)						