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.

Α

Accounting Period

В

Owner

С

System

D

Area Served

First

Community

Sample

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/27/24	\$
2/2//24	ALLOCATION NUMBER

ACCOUNTING PERIOD COVERED BY THIS STATEMEN 2023/2	T:		
Instructions: Give the full legal name of the owner of the cable system. If the owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the bu If there were different owners during the accounting period, only the o a single statement of account and royalty fee payment covering the entire of Check here if this is the system's first filing. If not, enter the system'	siness of the cable syste wner on the last day of the last day	em. <i>he accounting period should su</i>	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC			
			647420232
			6474 2023/2
3700 MONTE VILLA PARKWAY BOTHELL WA 98021 INSTRUCTIONS: In line 1, give any business or trade names used names already appear in space B. In line 2, give the mailing addre			
1 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)			
Instructions: For complete space D instructions, see page 1b. Ide with all communities.	entify only the frst com	munity served below and re	list on page 1b
CITY OR TOWN	STATE		
PORT ORCHARD	WA		
Below is a sample for reporting communities if you report multipl	e channel line-ups in S	Space G.	
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alda	MD	A	1
Alliance	MD	В	2
Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC			6474	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporateas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first set of the system identification hereafter known as the "first community."	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	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. İ	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
PORT ORCHARD BELFAIR	WA WA	A A		First Community
ALLYN	WA	Α		
BANGOR NAVAL BASE	WA	A		
HOLLY KEYPORT NAVAL BASE	WA WA	A		
NORTHSHORE	WA	Ā		See instructions for additional information
HOOD CANAL	WA	Α		on alphabetization.
SEABECK	WA	Α		
PUGET SOUND NAVAL BASE	WA	A		
JACKSON PARK NAVAL BASE	WA	Α		Add rows as necessary.

Name	LEGAL NAME OF OWNER OF CABL							S	YSTEM II		
	WAVE DIVISION HOLDI	NGS LLC							647		
E Secondary Transmission Service: Sub- scribers 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 ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, to with the number of subscribers a sufficient.	once again und has rate categ iers of service	der "Sei ories fo s that ir	rvice to additio or secondary tr nclude one or r	nal set(s)." ansmissior nore secor	h service that ar ndary transmiss	e different ions), list th	from those nem, together			
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	 Service to first set Service to additional set(s) FM radio (if separate rate) 		9,918	\$ 35.95							
	Motel, hotel Commercial Converter • Residential • Non-residential		131 590	\$ 2.45 \$ 4.74							
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			2005	D.4.7-2	047505	BLOCK 2	D		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE \$ 17.00	Install	GORY OF SEF ation: Non-rest otel, hotel		RATE		ORY OF SERVICE ed Content avorites	RATE \$ 86. \$ 14.		
	 Pay cable—add'l channel Fire protection Burglar protection 		•Co •Pa	mmercial y cable y cable-add'l c	hannel		Digital V Digital S	gital Variety gital Sports gital Cable Pack			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 79.95 \$ 30.00	• Fir • Bu Other • Re	e protection rglar protectior services: connect		\$ 40.00	HBO HBO Ma Showtim Cinemax	x ie/The Movie Cha	\$ 19.		
	• Converter		• Ou	sconnect tlet relocation ove to new add	ress		Starz Movieple HD Bonu		\$ 18. \$ 5. \$ 7. \$ 12.		

	EM:				SYSTEM	Name		
WAVE DIVISION HOLDINGS L	LC				64	74 Name		
PRIMARY TRANSMITTERS: TELEVISION								
n General: In space G, identify every tel carried by your cable system during the a						G		
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 resp	ect to any distan	t stations carr	ied by your cab	le system on a su	bstitute program	Television		
pasis under specifc FCC rules, regulation • Do not list the station here in space G—			ecial Statement	and Program Log	g)—if the			
station was carried only on a substitute List the station here, and also in space I		as carried bot	h on a substitute	hasis and also o	n some othe			
basis. For further information concerni								
in the paper SA3 form. Column 1: List each station's call sign	n. Do not report o	origination pro	gram services s	uch as HBO, ESF	PN, etc. Identify			
each multicast stream associated with a s	-		•		-			
cast stream as "WETA-2". Simulcast strea WETA-simulcast).	ams must be rep	orted in colun	nn 1 (list each s	tream separately;	for example			
Column 2: Give the channel number t ts community of license. For example, W		•		•				
on which your cable system carried the st	tation							
Column 3: Indicate in each case when educational station, by entering the letter								
(for independent multicast), "E" (for nonce	ommercial educa	tional), or "E-	M" (for noncom	mercial education				
For the meaning of these terms, see page Column 4: If the station is outside the					. For an ex-			
planation of local service area, see page	(v) of the genera	I instructions	located in the pa	aper SA3 form				
Column 5: If you have entered "Yes" i cable system carried the distant station d				-	-			
carried the distant station on a part-time t For the retransmission of a distant mu				•	t is the subjec			
of a written agreement entered into on or								
he cable system and a primary transmitte ion "E" (exempt). For simulcasts, also en		•	• • •		•			
explanation of these three categories, see	e page (v) of the	general instru	ictions located i	n the paper SA3 f	orm			
Column 6: Give the location of each s FCC. For Mexican or Canadian stations,					-			
Note: If you are utilizing multiple channel			•					
		CHANN	EL LINE-UP	AA				
1 CALL	2 B'CAST		-		6 LOCATION OF STATION			
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT? (Yes or No)	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	-	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	_		
SIGN	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
SIGN KBTC - PBS	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE				
SIGN KBTC - PBS KCPQ - FOX	CHANNEL NUMBER 27	3. TYPE OF STATION E	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	ТАСОМА, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS	CHANNEL NUMBER 27 13	3. TYPE OF STATION E N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA			
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids	CHANNEL NUMBER 27 13 9	3. TYPE OF STATION E N E	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create	CHANNEL NUMBER 27 13 9 9.2	3. TYPE OF STATION E N E E	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV	CHANNEL NUMBER 27 13 9 9.2 9.3	3. TYPE OF STATION E N E E E	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies!	CHANNEL NUMBER 27 13 9 9.2 9.2 9.3 44.1	3. TYPE OF STATION E N E E E N	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC	CHANNEL NUMBER 27 13 9 9.2 9.2 9.3 44.1 44.2	3. TYPE OF STATION E E E E N N	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5	3. TYPE OF STATION E N E E N N N N	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2	3. TYPE OF STATION E E E N N N N N	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - Twist	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5 5.2 5.2 5.3	3. TYPE OF STATION E E E E N N N N N	4. DISTANT? (Yes or No) No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KINGDT2 - True Crime KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - Twist KIRO - CBS KIRODT2 - Cozi TV	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.2 5.3 5.4 7 7.2	3. TYPE OF STATION E E E N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.2 5.3 5.4 7 7.2 7.3	3. TYPE OF STATION E E E N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT4 - CBS KIRODT4 - Laff KIRODT4 - Telemundo	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT4 - CBS KIRODT4 - Laff KIRODT4 - Telemundo	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.2 5.3 5.4 7 7.2 7.3	3. TYPE OF STATION E E E N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - Twist KINGDT4 - Twist KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - CometTV	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - Twist KINGDT4 - Twist KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - CometTV	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7.2 7.3 7.4 4	3. TYPE OF STATION E N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMODT2 - CometTV KOMODT2 - CometTV KOMODT2 - CometTV	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4.2	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT3 - CometTV KOMODT3 - Charge! KONG - Independent	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4 4.2 4.3	3. TYPE OF STATION E E E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KINGDT4 - Twist KIRODT4 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMODT2 - CometTV KOMODT3 - Charge! KONG - Independent KONGDT3 - ThisTV	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4 2 4.2 4.3 16	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT4 - Cozi TV KIRODT3 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - CometTV KOMODT3 - Charge! KONG - Independent KONGDT3 - ThisTV KSTW - CW	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.3 7.4 4 4.2 4.3 16 16.3	3. TYPE OF STATION E N E E E N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Twist KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMODT2 - CometTV KOMODT2 - CometTV KOMODT2 - CometTV KOMODT3 - Charge! KONG - Independent KONGDT3 - ThisTV KSTW - CW KSTWDT2 - Decades	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.3 7.4 4 4.2 4.3 16 16.3 11	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT3 - Charge! KOMODT3 - Charge! KONG - Independent KONGDT3 - ThisTV KSTW - CW KSTWDT2 - Decades KTBW - TBN KVOS - Heroes & Icons	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4.2 4.3 16 16.3 11 11.2	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WA TACOMA, WA SEATTLE, WA	additional information		
SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - Twist KIRODT4 - Toust KIRODT4 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - CometTV KOMODT3 - Charge! KONG - Independent KONG - Independent KONGDT3 - ThisTV KSTW - CW KSTWDT2 - Decades KTBW - TBN	CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4.2 4.3 16 16.3 11 11.2 20	3. TYPE OF STATION E E E N N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	TACOMA, WATACOMA, WASEATTLE, WA	additional information		

FORM SA3E. PAGE 3.						
					SYSTEM ID# 6474	Name
WAVE DIVISIO		-			6474	
PRIMARY TRANSMITT						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis S basis under specifc FC • Do not list the statior station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream	system during t ions in effect o 5.61(e)(2) and sis, as explaine Stations: With CC rules, regul there in space only on a subs and also in spa formation condorm. ch station's call associated with	the accountin n June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or aut G—but do lis stitute basis ace I, if the st cerning subst sign. Do not h a station ac	g period except 081, permitting t (referring to 76.0 paragraph y distant station horizations: st it in space I (t ation was carrie itute basis station report originatio coording to its o	(1) stations carri the carriage of ce 51(e)(2) and (4))] as carried by your the Special State ad both on a subs ons, see page (v) on program servio ver-the-air desigr	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi ich stream separately; for example	G Primary Transmitters: Television
Column 2: Give the its community of licension on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	se. For exampl ystem carried t a in each case v entering the le cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant stati ion on a part-ti ision of a distan t entered into c a primary trans simulcasts, also nee categories e location of ea Canadian station	e, WRC is Ch he station whether the s etter "N" (for r ioncommercia page (v) of the age (v) of the ces" in columr on during the me basis bec t multicast str n or before J smitter or an a o enter "E". If a, see page (v ach station. Frons, if any, giv	hannel 4 in Was station is a netw network), "N-M" al educational), ne general instru- vice area, (i.e. ' e general instruct accounting per vause of lack of eam that is not une 30, 2009, b association repr f you carried the y of the general or U.S. stations we the name of	hington, D.C. Thi ork station, an in (for network mult or "E-M" (for non actions located in 'distant"), enter "" tions located in t omplete column 5 iod. Indicate by e activated channe subject to a roya etween a cable s esenting the prime e channel on any instructions loca , list the community w	Yes". If not, enter "No". For an ex he paper SA3 form 5, stating the basis on which you entering "LAC" if your cable syster of capacity Ity payment because it is the subjec system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec	
		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	
KWPX - ION	33	N	No		BELLEVUE, WA	
KWPX DT3 - Bou	33.3	N	No		BELLEVUE. WA	
KZJO - MyNetwo		N	No	-	SEATTLE, WA	
KZJODT3 - Anten		N	No		SEATTLE, WA	

Name	LEGAL NAME OF							SYSTEM ID# 6474				
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	 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 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				
								··				

FORM SA3E. PAGE 5.						1	ACCOUNTING	PERIOD: 2023/2
LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SY	STEM ID#	
WAVE DIVISION HOLI	DINGS LL	С					6474	Name
SUBSTITUTE CARRIAG				6				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every noi ccounting pe	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regul	lations, or authoriz	ations. F	or a further	Substitute
1. SPECIAL STATEMEN	T CONCEF	RNING SUBS	TITUTE CARRIAGE					Carriage: Special
 During the accounting pe broadcast by a distant star 		ur cable syster	n carry, on a substitute ba	sis, any noni			m X No	Statement and Program Log
Note: If your answer is "No log in block 2.			ige blank. If your answer i	s "Yes," you i	must complete the	e progra	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progra ace, please of every no a distant sta egulations, of ation. Do no Lucy" or "N m was broa sign of the adcast statii nadian statii nth and day ve "5/7." nes when th . Example: ter "R" if the and regulat rogramming	am on a separ attach addition ponnetwork tele tion and that y por authorization of use general BA Basketball: dcast live, ent station broadc on's location (: on's location (: on's location (: when your sy e substitute pr a program carr e listed program ions in effect d	hal pages. vision program (substitute our cable system substitu- ns. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting period	program) the ed for the pro- neral instruc- or "basketbal 'No." am. e station is li e station is li e station is id program. U r cable syste :15 p.m. to 6 ramming tha d; enter the	at, during the acc ogramming of and tions located in th ". List specific pr censed by the FC lentified). 'se numerals, with m. List the times 5:28:30 p.m. shou t your system was letter "P" if the list	ounting other sta ne paper rogram CC or, in n the mo accurate Id be s require ted pro	ation r onth ely ed	
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	FOR DELETION	
					_			
					_			
					_			
					_			
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					_			
					_			
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					_			
					—			

FORM	SA3E. PAGE 7.			1
	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
WA	VE DIVISION HOLDINGS LLC		6474	
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco dentifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary trans ompute this	mission service	K Gross Receipts
Instru Con Con If yo fee t If yo acco	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa impanying this form and attach the schedule to your statement of account.	irts of the D	SE Schedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be < 3 below.	e entered or	n line 1 of	
If particular between seven seve	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	entered on li	ine 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 enter	red on line	
	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.	<u></u> \$	4,639,981.79	
	This is your minimum fee.	\$	49,369.41	
	 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. In BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 	nn 4, you mi od?	ust check	
Block 3	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 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 	\$	49,369.41 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	\$	50,094.41	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	auunional tees.

		M SA3E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID 647						
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							
	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 347-835-7661							
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)							
	Princeton, NJ 08540 (City, town, state, zip)							
	Email morgan.conkle@astound.com Fax (optional)							
O 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 syste 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)] 	311						
	X /s/ Parisa Salehani							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	he "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							
form 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 the personal of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephord ding 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 pared 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 of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay	01						

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#WAVE DIVISION HOLDINGS LLC6474	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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
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 telephor	20

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. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#
1	WAVE DIVISION HOLDIN	NGS LLC				6474
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00	
	Instructions: In the column headed "Call S of space G (page 3).					
of DSEs for	In the column headed "DSE" mercial educational station, giv	e the DSE as ".2	25."		each network or noncom-	
Category "O"			CATEGORY "O" STATION			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						

	Lauran and La	hannananananananananananananananananana

	-								DSE SCHEDU	LE. PAGE 12.
Name		OWNER OF CABLE S							S	YSTEM ID# 6474
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 2 be carried ou Column 2 give the type Column 2	 ist the call sign o 2: For each static correspond with 3: For each static 4: Divide the figut at least to the the 5: For each indep-value as ".25." 6: Multiply the fig 	f all distant stations on, give the number the information give on, give the total nur re in column 2 by th nird decimal point. T pendent station, give uure in column 4 by t	of hours ye n in space nber of hou e figure in his is the " e the "type- the figure in more infor	bur cable syst J. Calculate of urs that the st column 3, and pasis of carria value" as "1.0 n column 5, an mation on rou	em carried the s only one DSE fo ation broadcast d give the result ge value" for th ." For each net nd give the resu inding, see page	station during or each statior over the air d in decimals ir e station. work or noncc It in column 6 e (viii) of the g	uring the acc n column 4. 1 ommercial ed . Round to no general instru	counting period. This figure must ucational station, p less than the	9 7
	1. CALL SIGN		UMBER DF HOURS CARRIED BY SYSTEM	3. NUN OF H	IBER HOURS TION	COMPUTAT 4. BASIS O CARRIA VALUE	F	5. TYPE VALUE	6. DS	E
				÷		=	x		=	
							x x		=	
				÷		=	A X		=	
							x		=	
							x		=	
				•		=	x		=	
			-	÷		=	x		=	
				÷		=	x		=	
4 Computation of DSEs for Substitute- Basis Stations	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast space I). Column 2:	of each station. um here and in lin we the call sign of d by your system ect on October 19 one or more live, For each station	Y LAC STATIONS: ne 2 of part 5 of this f each station listed in substitution for a 9, 1976 (as shown b nonnetwork program give the number of Id correspond with	schedule, in space I of program to by the letter is during the live, nonne	page 5, the L nat your syste "P" in columr at optional car twork program	og of Substitute m was permitte n 7 of space I); a riage (as shown ns carried in su	d to delete un and by the word "Y	der FCC rule 'es" in column	2 of	
	Column 4:	Divide the figure	er of days in the cale in column 2 by the n's DSE (For more i	figure in co nformation	on rounding,	give the result in see page (viii) o	of the general	instructions		form)
			SUBSTITUT							
	1. CALL SIGN	2. NUMBER OF PROGRAN	3. NUM OF DA IS IN YE	AYS	4. DSE	1. CALL SIGN	2. NUM OF PRO	IBER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷	=				÷		=
			÷	=				÷		=
			÷					÷		=
				=				÷		=
			÷	=				÷		=
	Add the DSEs	of each station.	÷ TE-BASIS STATIO ne 3 of part 5 of this					÷ 0.00		=
5		ER OF DSEs: Giv is applicable to yo	ve the amounts from t our system.	the boxes in	n parts 2, 3, ar	d 4 of this sched	dule and add th	nem to provid	e the total	
Total Number	1. Number o	of DSEs from part	2•				•		0.00	
of DSEs		of DSEs from part					▶		0.00	
01 0023							[
	3. Number o	of DSEs from part	4 •				•		0.00	
	TOTAL NUMBE	ER OF DSEs						>		0.00

	PAGE 13.							ACCOUNTIN	G PERIOD: 2023/
	OWNER OF CABLE						S	*STEM ID 6474	Name
		LEO						0474	
nstructions: Blo n block A:	ck A must be com	pleted.							
	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank an	nd complete pa	rt 8, (page 16) of	the	6
If your answer if	"No," complete blo								Computation of
				ELEVISION M					3.75 Fee
ffect on June 24,		outside of all I	major and sma	ller markets as de	tined under se	ection 76.5 of F	-CC rules and reg	ulations in	
Yes—Com	plete part 8 of the	schedule—E		PLETE THE REMA	AINDER OF P	ART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLOO	CK B: CARR		MITTED DS	SEs			
Column 1:	List the call signs						om was permitted	to carny	
CALL SIGN	under FCC rules	and regulations of the second se	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.)	urther explana	tion of permitte	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited be	sis on which you c elow pertain to tho rket quota rules [70	se in effect or	n June 24, 198	,	to	
	 B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	al educationa d station (76.0 or DSE sched ant to individu viously carrie JHF station w	al station [76.5 65) (see parag lule). Lal waiver of F ed on a part-tin vithin grade-B o	ne or substitute bas contour, [76.59(d)(63(a) referring bstitution of gr sis prior to Ju	to 76.61(d)] randfathered st ne 25, 1981	tations in the	5)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 deter "F" in column			orksheet on page	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	
		B	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
ing 2. Entor the	e sum of permitte	ed DSEs from	m block B ab	ove				-	
		1 This is the	total numba	(202)	t to the 3 75				
ine 3: Subtract				r of DSEs subjec 7 of this schedu		rate.	,	0.00	
ine 3: Subtract (If zero, I		blank and pr	oceed to part			rate.			-
ine 3: Subtract (If zero, I ine 4: Enter gro	leave lines 4–7 b oss receipts from	blank and pr n space K (p	oceed to part age 7)			rate.	x 0.03		DSEs represe partially permited/
ine 3: Subtract (If zero, I ine 4: Enter gro	leave lines 4–7 b	blank and pr n space K (p	oceed to part age 7)			rate.	x 0.03		permited/ partially nonpermitted
ine 3: Subtract (If zero, I ine 4: Enter gro ine 5: Multiply I	leave lines 4–7 b oss receipts from	olank and pr n space K (p and enter st	oceed to part age 7) um here			rate.			DSEs represen partially permited/ partially

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC Worksheet for Computing 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: block the call sign for each distant station identifed by the letter "F" in column 2: part 6 Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 Column 3: Indicate the DSE for this station for a single accounting period, occurring between Jar Column 4: Indicate the basis of carriage on which the station was carried by listing one of the foll (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 19 A.—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming 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 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further exp 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 Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figu 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 statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND S 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF	Ite carriage.) 6 of the DSE schedule nuary 1, 1978 and Jun ., 1981/1). Ilowing letters: 981.) 19 under FCC rules, see 76.63 (referring to planation, see page (vi 8, and 4 of this schedul ures here. This figure s to verifcation from the o	e 30, 1981. ctions) of the e. hould be entered
WAVE DIVISION HOLDINGS LLC 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 part 6 Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 Column 2: Indicate the DSE for this station for a single accounting period, occurring between Jar Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g. Column 4: Indicate the basis of carriage on which the station was carried by listing one of the foll (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 19 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming 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 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further exp 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 Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two 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 statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND S 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF	Ite carriage.) 6 of the DSE schedule nuary 1, 1978 and Jun ., 1981/1). Ilowing letters: 981.) 19 under FCC rules, see 76.63 (referring to planation, see page (vi 8, and 4 of this schedul ures here. This figure s to verifcation from the o	rt 6 (i.e., those e 30, 1981. ctions) of the e. hould be entered
Worksheet for Computating the DSEstations carried prior to June 25, 1981, under former FCC rules governing part-time and substitut Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 Column 2: Indicate the DSE for this station for a single accounting period, occurring between Jar Column 3: Indicate the basis of carriage on which the station was carried by listing one of the foll (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 19 A—Part-time specialty programming: Carriage on which the station of 76.61(e)(1).B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.61(e)(3)).S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further exp 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 figur 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 statement of account on fle in the Licensing Division.PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND S 1. CALL2. PRIOR3. ACCOUNTING4. BASIS OF	Ite carriage.) 6 of the DSE schedule nuary 1, 1978 and Jun ., 1981/1). Ilowing letters: 981.) 19 under FCC rules, see 76.63 (referring to planation, see page (vi 8, and 4 of this schedul ures here. This figure s to verifcation from the o	e 30, 1981. ctions) of the e. hould be entered
1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF		
1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF		
	5. PRESENT	6. PERMITTED
SIGN DSE PERIOD CARRIAGE	DSE	DSE
 Instructions: Block A must be completed. In block A: 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 c		ne 24, 1981?
Yes—Complete blocks B and C . X No—Proceed to par	irt 8	
BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C:	: Computation of Exem	npt DSEs
	system prior to March 3 9) on below with its appropria	31, 1972? (refer
X No—Enter zero and proceed to part 8.	proceed to part 8.	
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE CALL SIG	GN DSE
TOTAL DSEs 0.00	TOTAL D	SEs 0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,639,981.79	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? 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 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) 🕨		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	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 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		

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DSF	SCHE	PAGE	16
DOL	OUTIEL	IAGE	10

		DSE SCHEDULE. PAGE 16. WE OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name		WAVE DIVISION HOLDINGS LLC 6474
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)
		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.
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. work A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local a area," see page (v) of the general instructions.
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Our cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1 Section 2	Enter the amount of gross receipts from space K (page 7)
	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)

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
WAVE DIVISION HOLDINGS LLC	6474	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4 A Enter 0.01064 of grace receipte		8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) §		of
C. Multiply line B by 3.000 and enter here \$		Base Rate Fee
	_	
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here 5		
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 broa	idcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiplups in Space G.	le channel line-	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	e fee, to exclude	-
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tak this exclusion, you must:	e advantage of	Computation of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	÷ .	Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt		for Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Distant
However, if your cable system is wholly located outside all major television markets, complete block A only. How to Identify a Subscriber Group for Partially Distant Stations		Stations, and for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant	station you	Permitted Stations
carried to that community.		
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that 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 dista subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your subscriber groups.	system's	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to 	o all of the	
subscribers in the group.		
• If:	it in parts 0, 0	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave and 4 of this schedule; or,	r 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 gave it part 6 of this schedule. 	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 gene in the paper SA3 form. 	ral instructions	
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not your actual calculations on the form. 	(that is, the total	

EGAL NAME OF OWNE							6474 BYSTEM	
В				TE FEES FOR EA				
COMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ ARE	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	202							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 4,639	9,981.79	Gross Receipts Ser	cond Group	\$	0.00	
B ase Rate Fee First G	roup	\$	0.00	Base Rate Fee See	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
	_	\$	0.00	Base Rate Fee For	irth Group	\$	0.00	
Base Rate Fee Third (iroun	1.0		Hadde Male I cc FUL	a ar Oroup	Ψ	0.00	
Base Rate Fee Third (Group		0.00					
ase Rate Fee Third (Group	•	0.00					
	ne base rat	e fees for each subs		as shown in the boxe	es above.	s	0.00	

ACCOUNTING PERIOD: 2023/2

FORM SA3E. PA	AGE 19.
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Nonpermitted 3.75 Stations

	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#WAVE DIVISION HOLDINGS LLC6474						Name	
BLOCK A: COMPUTATION OF BASE R/ FIRST SUBSCRIBER GROUP				ATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP			UP	
COMMUNITY/ AREA PORT ORCHARD, BELFAIR, AL			COMMUNITY/ AREA 0			9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity
								Surcharge
						-		for Doutieller
								Partially Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 4,639	,981.79	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco		\$	0.00	
			COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0		
COMMUNITY/ AREA			0		•		U	
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		0.00	Gross Receipts Fourth Group \$ 0.00		0.00			
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00		0.00			
				11				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	0.00	

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474				
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	 First 50 major television market Second 50 major television market CUCTIONS: 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. 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. In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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 				
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				