This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/27/25	\$				
_,_,,_	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting		2024/2						
Period								
B	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.  31266  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  WAVE DIVISION HOLDINGS LLC							
					31268 31268	320242 2024/2		
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021						
С		STRUCTIONS: In line 1, give any business or trade names used to mes already appear in space B. In line 2, give the mailing address of						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	2	WAVE BROADBAND  MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY  (Number, street, rural route, apartment, or suite number)  BOTHELL WA 98021  (City, town, state, zip code)						
D		structions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on page	e 1b		
Area Served	wit	h all communities.	T					
		CITY OR TOWN	STATE					
First Community		SEATTLE	WA					
Community	E	Below is a sample for reporting communities if you report multiple ch		·	OLID (	ODD#		
	Ald	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP		GRP#		
Sample		ance	MD	B		2		
		ring	MD	В		3		

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2024/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC			31268	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve	as defined	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	-	•	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 redesignated by a number (based on your reporting from Part 9).	e column blank. İi levant community	f you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
SEATTLE	WA			First
				Community
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.

Name

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

31268

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		П	BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	1,723	\$	37.95				
<ul> <li>Service to additional set(s)</li> </ul>				İ			
<ul> <li>FM radio (if separate rate)</li> </ul>				İľ			
Motel, hotel	622	\$	4.62	<u> </u>			
Commercial	295	\$	8.39	H			
Converter				<u> </u>			
Residential				l l'			
Non-residential				l l'			
				i ľ			

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RAT						CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
Pay cable	\$	17.00	Motel, hotel			Refer to "Pg2 Section F -I	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		ľ		
Fire protection			• Pay cable				
Burglar protection			Pay cable-add'l channel		ľ		
Installation: Residential			Fire protection				
First set	\$	79.95	Burglar protection				
Additional set(s)	\$		Other services:				
• FM radio (if separate rate)			Reconnect	\$ 40.00			
Converter			Disconnect				
			Outlet relocation				
			Move to new address	Move to new address			
				h	<mark>'</mark>		

## WAVE DIVISION HOLDINGS LLC - SEATTLE, WA

## 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 & Spor	ts 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	\$	9.99
Movieplex	Premium	\$	5.00
HD Tier	High Definition Package	\$	7.00
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
Installation: Residential First Set		\$	79.95
Installation: Residential Additional Set(s)		\$	30.00
Other services: Reconnect		\$	40.00

LEGAL NAME OF OWNER OF CABLE WAVE DIVISION HOLDIN						EM ID# 31268	Name
PRIMARY TRANSMITTERS: TELEVI	SION						
in General: In space G, identify exparried by your cable system durin FCC rules and regulations in effec (76.59(d)(2) and (4), 76.61(e)(2) and substitute program basis, as expla Substitute Basis Stations: Wi	very television st g the accounting t on June 24, 19 and (4), or 76.63 (no ined in the next	period, exce 81, permitting referring to 7 paragraph.	ept (1) stations of g the carriage of 6.61(e)(2) and (	carried only on a f certain network 4))]; and (2) cert	part-time basis under programs [sections ain stations carried on a		<b>G</b> Primary  Transmitters  Television
basis under specifc FCC rules, reg • Do not list the station here in spa			(the Special Sta	atement and Pro	ogram Log)—if the		
station was carried only on a su- List the station here, and also in a basis. For further information co in the paper SA3 form.	ubstitute basis. space I, if the sta	ation was car	ried both on a s	ubstitute basis a	nd also on some other		
Column 1: List each station's c							
cast stream as "WETA-2". Simulca							
WETA-simulcast).  Column 2: Give the channel nu	umber the FCC h	as assigned	to the television	station for broa	dcasting over-the-air in		
its community of license. For examon which your cable system carried		annel 4 in Wa	ashington, D.C.	This may be diff	ferent from the channel		
Column 3: Indicate in each cas	se whether the st						
educational station, by entering the for independent multicast), "E" (fo							
For the meaning of these terms, se Column 4: If the station is outs							
planation of local service area, see	e page (v) of the	general instr	uctions located	in the paper SA	3 form.		
Column 5: If you have entered cable system carried the distant st	ation during the	accounting p	eriod. Indicate b	y entering "LAC			
carried the distant station on a par For the retransmission of a dist					pecause it is the subject		
of a written agreement entered into	o on or before Ju	ine 30, 2009,	, between a cab	le system or an	association representing		
the cable system and a primary tra tion "E" (exempt). For simulcasts, a							
explanation of these three categor  Column 6: Give the location of	ies, see page (v	of the gener	ral instructions l	ocated in the pa	per SA3 form.		
FCC. For Mexican or Canadian sta	ations, if any, giv	e the name o	of the community	y with which the	station is identifed		
Note: If you are utilizing multiple c	hannel line-ups,	use a separa	ate space G for	each channel lin	e-up.		
	<del></del>	CHANN	EL LINE-UP	AA			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
CBUT - CBC	2	I	Yes	0	VANCOUVER, BC		
KBTC - PBS	27	E	No		TACOMA, WA		See instructions for
KCPQ - FOX	13	N	No		TACOMA, WA		additional informati
KCTS - PBS	9	Е	No		SEATTLE, WA		on alphabetization.
KCTSDT2 - PBS Kids	9.2	E	No		SEATTLE, WA		
KCTSDT3 - Create	9.3	Е	No		SEATTLE, WA		
KFFV - MeTV	44.1	N	No		SEATTLE, WA		
KFFVDT 2- Movies!	44.2	N	No		SEATTLE, WA		
KING - NBC	5	N	No		SEATTLE, WA		
KINGDT2 - True Crime	5.2	N	No		SEATTLE, WA		
KINGDT3 - Quest	5.3	N	No		SEATTLE, WA		
KINGDT4 - THE365	5.4	N	No		SEATTLE, WA		
KIRO - CBS	7	N	No		SEATTLE, WA		
KIRODT2 - Cozi TV	7.2	N	No No		SEATTLE, WA		
KIRODT3 - Laff	7.3	N N	No No		SEATTLE, WA		
KIRODT4 - Telemundo KOMO - ABC	7.4	N N	No No		SEATTLE, WA		
KOMO - ABC	4.2	N	No		SEATTLE, WA		
	4.3	N	No		SEATTLE, WA		
					,		
KOMODT3 - Charge!		ı	No		EVERETT. WA		
KOMODT3 - Charge! KONG - Independent	16	I	No No		EVERETT, WA TACOMA, WA		
KOMODT3 - Charge! KONG - Independent KSTW - Independent		I	No No No		TACOMA, WA	***************************************	
KOMODT3 - Charge! KONG - Independent KSTW - Independent KSTWDT2 - Decades	16 11 11.2		No				
KOMODT3 - Charge! KONG - Independent KSTW - Independent KSTWDT2 - Decades KTBW - TBN	16 11	l N	No No		TACOMA, WA TACOMA, WA		
KOMODT3 - Charge! KONG - Independent KSTW - Independent KSTWDT2 - Decades KTBW - TBN KUNS - CW	16 11 11.2 20	I N N	No No No		TACOMA, WA TACOMA, WA SEATTLE, WA		
KOMODT3 - Charge! KONG - Independent KSTW - Independent KSTWDT2 - Decades KTBW - TBN KUNS - CW KUNSDT2 - TBD	16 11 11.2 20 51.1	I N N	No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest	16 11 11.2 20 51.1 51.2	I N N N	No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest	16 11 11.2 20 51.1 51.2 51.3	I N N N N	No No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLEVUE, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest  KVOS - Heroes & Icons  KVOSDT4- Decades	16 11 11.2 20 51.1 51.2 51.3 12.1	N N N N N N N N N N N N N N N N N N N	No No No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLEVUE, WA BELLINGHAM, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest  KVOS - Heroes & Icons  KVOSDT4- Decades  KWDK - Daystar	16 11 11.2 20 51.1 51.2 51.3 12.1 12.4	N N N N N N N N N N N N N N N N N N N	No No No No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLEVUE, WA BELLINGHAM, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest  KVOS - Heroes & Icons  KVOSDT4- Decades  KWDK - Daystar  KWPX - ION	16 11 11.2 20 51.1 51.2 51.3 12.1 12.4 56	N N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLEVUE, WA BELLINGHAM, WA TACOMA, WA		
KOMODT3 - Charge!  KONG - Independent  KSTW - Independent  KSTWDT2 - Decades  KTBW - TBN  KUNS - CW  KUNSDT2 - TBD  KUNSDT3 - The Nest  KVOS - Heroes & Icons  KVOSDT4- Decades  KWDK - Daystar  KWPX - ION  KWPX DT3 - Bounce TV  KZJO - MyNetwork TV	16 11 11.2 20 51.1 51.2 51.3 12.1 12.4 56 33	N N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLINGHAM, WA BELLINGHAM, WA TACOMA, WA BELLEVUE, WA		

U.S. Copyright Office

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 31268 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL NAME OF OWNER OF	CABLESVS	TEM:						PERIOD: 2024/
WAVE DIVISION HOLI						3	*YSTEM ID# 31268	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or au	thorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					Carriage:
<ul> <li>During the accounting pe broadcast by a distant sta</li> </ul>	riod, did yo			sis, any non	network tele		am X No	Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must comple	•		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant stategulations, ation. Do nucleon the sadcast stategulation state and day live "5/7." The swhen the company of the sadcast state and the sadcast state and the sadcast state and the sadcast state and the sadcast state and the sadcast state and the sadcast state and the sadcast state "6/7." The sadcast state sadcast state that and the sadcast state sadcast state sadcast state sadcast state sadcast state sadcast state sadcast state sadcast sadca	am on a separattach addition onnetwork teletion and that your authorization of use general BA Basketball adcast live, ent station broaddion's location (ons, if any, they when your system of the substitute program care listed programions in effect of	nal pages. evision program (substitute your cable system substitute your cable system substitut ns. See page (vi) of the ge categories like "movies", o : 76ers vs. Bulls." ter "Yes." Otherwise enter casting the substitute prograthe community to which the e community with which the yotem carried the substitute rogram was carried by you ried by a system from 6:01 m was substituted for prog during the accounting perio	program) the ded for the preparation is like a station is like a station is like program. Ur cable systems in the camming that ad; enter the	at, during the regramming stions located lift. List specificensed by the dentified). Use numerals lem. List the the sizes:30 p.m. at your system letter "P" if the segment of the system	e accounting of another sid in the pap iffic program ne FCC or, if s, with the maimes accurate should be may a require listed program.	g station er in nonth ately	
leffect off October 19, 1970	).			WHE	EN SUBSTI	ΓUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH		MES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO		-
	-					- <mark></mark>		
	-							
					_	_		
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
WA	VE DIVISION HOLDINGS LLC	31268	Name					
Inst all a (as	COSS 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 second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service ompute this amount, see	K Gross Receipts					
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,042,907.77 (Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  • Complete block 1, showing your minimum fee.  • Complete block 2, showing whether your system carried any distant television stations.  • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.							
3 be	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be e slow.							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below. I	uia be enterea on line	•					
Block 1	<b>MINIMUM FEE:</b> 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	\$ 1,042,907.77						
	Enter the result here. This is your minimum fee.	\$ 11,096.54						
Block 2	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 X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the contro	in 4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 11,096.54						
	Line 2. <b>3.75 Fee:</b> 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	\$ 11,096.54						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE</b> : 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	\$ 11,096.54	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under					
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	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	\$ 11,821.54	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	auditional lees.					

ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 8.

Nama		LEGAL NAME OF OWNER OF CAB	I E SYSTEM:	SYSTEM ID#								
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscripers and (2) the cable system's total number of activated channels, during the accounting period.  1. Either the total number of channels on which the cable yestem carried television broadcast stations.  2. Either the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations  345  Name Brian Cloffi  Name Brian Cloffi  Address 650 College Road East, Sulte 3100    Princeton, NJ 08540   Object the caption of the cable system as dentified in line 1 of space 8; or    Princeton, NJ 08540   Object the caption of partnership   tam the course of the cable system as identified in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the owner of the cable system in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the owner of the cable system in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the owner of the cable system in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the owner of the cable system in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the owner of the cable system in line 1 of space 8; or    Agent of owner other than corporation or partnership)   am the outy authorized agent of the	Name			31268								
1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system of carried television broadcast stations on which the cable system of carried television broadcast stations on which the cable system of the cable system as dear to the cable system as dearlied in fine 1 of space 8 or 1, it the undersigned, hereby certify that (Chock one, but only one, of the boxes.)  Certification  Certification  Certification  Certification  Certification  Certification  In the construction of the cable system as identified in fine 1 of space 8 or 1, it the undersigned, hereby certify that (Chock one, but only one, of the boxes.)  Commerce the than corporation or partnership) I am the owner of the cable system as identified in fine 1 of space 8 or 1 in fine 1 of space 8 and that the owner is not a corporation or partnership) I am the owner of the cable system as identified in fine 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in the 1 of space 8 and correct to the best of my knowledge, information, and belief, and are made in good fath.  Enter a leadership is and correct to the best of my knowledge, information, and belief, and are made in good fath.  Enter a leadership is and correct to the best of my knowledge, information, and belief, and are made in good fath.  Title: Senior Vice President, Controller  Title: Senior Vice President, Controller  Title: Senior Vice President, Controller  Title: Senior Vice President in opported or partnership)	M		ive (1) the number of channels on which the cable system carried television broadcast stations									
1. Enter the total number of channels on which the cable system carried television broadcast stations and north-coadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and north-coadcast services.  3.45    Name		to its subscribers and (2)	the cable system's total number of activated channels, during the accounting period.									
on which the cable system carried television broadcast stations and norbroadcast services.    No.	Channels	34										
on which the cable system carried letevision broadcast stations and nonbroadcast services.    No.   Individual to Be Contacted				·								
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (Identify an individual we can contact about this statement of account.)  We can contact about this statement of account.)  Brian Cloffi  Telephone 631-609-0917  Address 659 College Road East, Suite 3100  Number, distriction, by 08540  (City, town, 686), 20)  Email brian.cloffi@astound.com Fax (optional)  Certification  Certification  Certification  Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations.)  - I. the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (In (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Enter an electronic signature on the line above using an "ty" signature to certify this statement. (e.g., if, John Smith). Telefore entering the set foreard state of the or signature, pince your cursor in the box and press the "T2" button, then type (if and your name. Pressing the "F" button will avoid enabling Excerts Lotus compatibility settings.  Typed or printed name: Parisa Salehani  Title: Senior Vice President, Controller (Title of distal position held in reoposition repartnership)												
Individual to Be Contacted for Further Information  Address 650 College Road East, Suite 3100  (Number, sitest, user route, equationate, or suite number)  Princeton, NJ 98540 (City, town, state, 2p)  Email brian.cioffi@astound.com Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Officer or partner) I am an officer (if a corporation) or a partnership, or  (If I use complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Enter an electronic signature on the line above using an "is" signature, bick or fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Enter an electronic signature on the line above using an "is" signature to certify this statement.  (e.g., is' John Smith). Before entering the first forward state of the is' signature, place your cursor in the box and press the "F2" button, then by his and your ranne. Pressing the "P" button will avoid enabling Excells Lotus compatibility settings.  Typed or printed name: Parisa Salehani  Title: Senior Vice President, Controller  (Title of official position held in corporation or partnership)				345								
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(Title of official position held in corporation or partnership)		Тур	ed or printed name: Parisa Salehani									
Date: February 28, 2025		Title										
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes ance search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in to completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lax

LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  31268	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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DSE SCHEDULE. PAG	E 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  31268												
1													
	SUM OF DSEs OF CATEGORY "O" STATIONS:												
	<ul> <li>Add the DSEs of each station</li> </ul>	١.											
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		1.00								
	Instructions:					•							
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by th	e letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSF"	': for each indep	endent station, give the DSF	as "1 0": for e	ach network or noncom-								
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."												
Category "O"	·		CATEGORY "O" STATION	IS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	CBUT - CBC	1.000											
A d d waa													
Add rows as													
necessary. Remember to copy													
all formula into new													
rows.													

Name	WAVE DIVIS			;						s	31268
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call self: For each corresponds: For each self: Divide the at least to self: For each evalue as ""	sign of all dista station, give d with the information, give e figure in column the third deci- independent 25."	the number of mation giver the total num umn 2 by the mal point. Th station, give	of hours of his space of his is the the "type	your cable system J. Calculate tours that the stancolumn 3, and "basis of carriae-value" as "1.0" in column 5, a	tem carried the sonly one DSE for ation broadcast digive the result age value" for the D." For each netword give the resund give the resund give the resund sonly	station during reach state over the aid in decimals estation.  Work or nor lt in column	ng the accounti ion r during the acc s in column 4. I accommercial ed	counting period. This figure must lucational station, o less than the	
Capacity			С	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN		2. NUMBE OF HOU CARRIE	R JRS ED BY	3. NU OF ST	MBER HOURS ATION	4. BASIS O	F	5. TYPE		SE
	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.  CATEGORY LAC STATIONS: COMPUTATION OF DSEs  1. CALL  SIGN										
				÷ ÷			=		x		
							=		X	=	
				÷			= =			=	
				÷			=			=	
	Add the DSEs	of each sta	ition.		schedule	),			0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the thirc</li> </ul>										
			SU	BSTITUTE	-BASI	d by "LAC" in column 5 of space G (page 3).  syour cable system carried the station during the accounting period. This is considered to the color of	1				
		The CAPACITY 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  The 2: For each station, give the number of hours your cable system carried the station during the accounting period. This under correspond with the information given in space J. Calculate only one DSE for each station ma: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  This figure in column 2 by the figure in column 3, and give the result in column 4. This figure must of use at least to the third decimal point. This is the "basis of carriage value" for the station.  This figure fine the column 2 by the figure in column 3, and give the result in column 6. Round to no less than the mail point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper mail point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper of HOURS CARRIED BY STATION COMPUTATION OF DSES  2. NUMBER OF HOURS OF HOURS CARRIED SY STATION VALUE  CARRIED BY STATION VALUE  3. NUMBER ALABSIS OF CARRIED SY STATION VALUE  CARRIED BY STATION VALUE  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  3. SES OF CATEGORY LAC STATIONS:  4. BASIS OF CATEGORY LAC STATIONS:  5. SES OF CATEGORY LAC STATIONS:  5. SES OF CATEGORY LAC STATIONS:  6. We the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  6. Ses of category LAC STATIONS:  6. Ses OF SUBSTITUTE ASS STATIONS:  7. Ses OF SUBSTITUTE ASS STATIONS:  8. Ses OF	4. DSE								
					of hours your cable system carried the station during the accounting period. To in space J. Calculate only one DSE for each station bere of hours that the station broadcast over the air during the accounting period of the column 3, and give the result in decimals in column 4. This figure may be figure in column 3, and give the result in decimals in column 4. This figure may be figure in column 5, and give the result in column 6. Round to no less than the figure in column 5, and give the result in column 6. Round to no less than the figure in column 5, and give the result in column 6. Round to no less than the figure in column 5, and give the result in column 6. Round to no less than the figure in column 7. ALUE of the general instructions in the figure in column 8. ALUE of the general instructions in the figure in column 8. ALUE of the general instructions in the figure in column 8. ALUE of the general instructions in the figure in the figure in column 8. ALUE of the general instructions in the figure in column 9. Alue figure in column 1. Alue figure in the figure in the figure in the figure in the figure in the figure in the figure in the figure in the figure						
					Ē				······		=
			÷		=						=
			÷		=				÷		
	Add the DSEs	of each sta	ition.			),			0.00		
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of 2. Number of 2.	s applicable f DSEs fron f DSEs fron	e to your syster n part 2 ● n part 3 ●		ne boxes	in parts 2, 3, ar	nd 4 of this scheo	dule and add	d them to provid	1.00 0.00	
	TOTAL NUMBE	R OF DSE	s						<b>_</b>		1.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF C							S	YSTEM ID# 31268	Name
Instructions: Bloc In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank an	d complete pa	urt 8, (page 16) of	the	6
* II your answer II	No, complete bit			TELEVISION M.	ARKETS				Computation of
	1981?	schedule—[	•	iller markets as de				gulations in	3.75 Fee
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE	under FCC rules instructions for the Satellite Television.  Enter the approper (Note the FCC rules and Stations carriations for the Stations carriation for the Stations carriations for the Station Stations and Stations for the Station for	s of distant st and regulation ne DSE Sche on Extension riate letter in- ules and regulated pursuant to on as defined all educations distation (76.1) or DSE sched ant to individiviously carried JHF station w	ations listed in ons prior to Juridule. (Note: The and Localism dicating the ballations cited beto the FCC mad in 76.5(kk) (7 all station [76.565) (see paragulule). ual waiver of Fed on a part-ting grade-Both (Note).	part 2, 3, and 4 of ne 25, 1981. For function of the 25, 1981. For function of 2010.) usis on which you could be seen to the country of the c	this schedule urther explana efers to an excarried a perm se in effect or 6.57, 76.59(b) e)(1), 76.63(a) referring betitution of grain sis prior to Jun	e that your syst tion of permitte empt multicast iitted station. a June 24, 198 b, 76.61(b)(c), or referring to 76 g to 76.61(d)] randfathered si	ed stations, see the stream as set for 1.) 76.63(a) referring 6.61(e)(1) tations in the	ne from the	
Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 o			orksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBUT - CB	D	1.00							
						I		1.00	
		E	BLOCK C: CC	MPUTATION OI	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			.,		
				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	ı space K (p	page 7)						Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375	and enter si	um here				x 0.03	010	partially permited/ partially
Line 6: Enter tota	al number of DS	Es from line	3				х		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multinly li	ine 6 by line 5 a	nd enter her	re and on line	2. block 3. spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET** Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSF CALL SIGN DSE CALL SIGN DSF CALL SIGN DSE **CBUT - CBC CBUT - CBC** 1.00 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	WAVE DIVISION HOLDINGS LLC	31268	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,042,907.77	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  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 DS	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)		
	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	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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name			31268							
-		TAVE SINGLE NOEDINGO EEG	3.200							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here	_							
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.								
	Instru	ctions:								
8	You m	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	t							
		checked "Yes," use the total number of DSEs from part 5.  bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	-	ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
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 blank.									
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	X Yes—Complete part 9 of this schedule.									
	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	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶								
	Section									
	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	_							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	_							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00							
	1	F	<u> </u>							

		6 PERIOD: 2024/
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
WAV	E DIVISION HOLDINGS LLC 31268	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts  (the amount in section 1)	Computation of
	(the amount in Section 1)	Base Rate Fe
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) <b>\$</b>	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	(the figure in section 2) and office field	
	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
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
his ex	clusion, you must:	Base Rate Fe
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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	Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
		for Partially
	Identify a Subscriber Group for Partially Distant Stations	Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you 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.)	
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber 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.	
	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	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	
subscri	bers in the group.	
· If:		
	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,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	ne 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	
in the	paper SA3 form.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or 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# 31268	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CBUT - CBC	1.00							Base Rate F
	-					  -		and
	-							Syndicated Exclusivity
								Surcharge
	-							for
								Partially
								Distant
	-							Stations
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,042	,907.77	Gross Receipts Sec				
Base Rate Fee First G	roup	\$ 11	,096.54	Base Rate Fee Sec				
	THIRD	SUBSCRIBER GROU	JP					
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
	<u></u>		<b></b>					
Total DSEs	· '		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00				Gross Receipts Fourth Group \$ 0.00				
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	11,096.54	

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						5	31268	Name
В		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EA		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SEATT	LE		COMMUNITY/ ARE	0	9 Computatio		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 1,042	2,907.77	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	<u>l</u>					
COMMUNITY/ AREA	TTIIICD	OODOONIDEN ONC	0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				_		
			_					
Total DSEs 0.00				Total DSEs				
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$	0.00	
	. ,	,						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 31268 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$