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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2024/2				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC	ss of the cable syster on the last day of the unting period.	em. the accounting period should st	ubmit _	3746 620242
				0740	0004/0
				3746	2024/2
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names used to i				
C	names already appear in space B. In line 2, give the mailing address o	of the system, if dif	ferent from the address giv	en in spac	e B.
System	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)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret com	munity served below and r	elist on na	ne 1h
Area	with all communities.	, city the fist com	manity solved bolow and h	onot on pa	90 10
Served	CITY OR TOWN	STATE			
First	PORT TOWNSEND	WA			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	Α		1
Janiple	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 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.

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3746 WAVE DIVISION HOLDINGS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **PORT TOWNSEND** WA **First** JEFFERSON COUNTY WA Α Community PORT LUDLOW WA Α See instructions for additional information on alphabetization. Add rows as necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

3746

WAVE DIVISION HOLDINGS LLC

E

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				BLOCK 2			
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	1,817	\$	37.95					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	156	\$	4.26					
Commercial	208	\$	1.73	l l				
Converter								
Residential								
Non-residential								
		ļ		1 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	F	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.00	Motel, hotel			Expanded Content	\$	86.33
 Pay cable—add'l channel 			Commercial			Digital Favorites	\$	14.00
Fire protection			• Pay cable			Digital Variety	\$	9.25
•Burglar protection			Pay cable-add'l channel			Digital Sports	\$	13.00
Installation: Residential			Fire protection			Digital Cable Pack	\$	33.75
First set	\$	79.95	Burglar protection			НВО	\$	20.00
 Additional set(s) 	\$	30.00	Other services:			HBOMax	\$	15.99
• FM radio (if separate rate)			Reconnect	\$ 40.	00	Showtime/The Movie Cha	\$	20.00
Converter			Disconnect			Cinemax	\$	19.50
			Outlet relocation			Starz	\$	9.99
			Move to new address			Movieplex	\$	5.00
						HD Bonus Pack		\$7.00

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 3746 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 5. BASIS OF 1. CALL 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE ΩF (Yes or No) NUMBER STATION (If Distant) **CBUT - CBC** 0 VANCOUVER. BC 2 Yes KBTC - PBS Yes TACOMA, WA 27 Е 0 See instructions for additional information or KCPQ - FOX 13 Ν No TACOMA, WA alphabetization KCTS - PBS SEATTLE, WA 9 Ε No KCTSDT2 - PBS Kids 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA 44 Ν No KFFV - MeTV SEATTLE, WA SEATTLE, WA KFFVDT 4 -Decades 44.4 Ν No KING - NBC 5 Ν No SEATTLE, WA **KINGDT2 - True Crime** Ν 5.2 No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA KINGDT4 - THE365 5.4 N No SEATTLE, WA KIRO - CBS 7 Ν SEATTLE, WA No KIRODT2 - Cozi TV 7.2 Ν No SEATTLE, WA Ν KIRODT3 - Laff 7.3 No SEATTLE, WA KIRODT4 - Telemundo 7.4 Ν No SEATTLE, WA KOMO - ABC 4 Ν No SEATTLE, WA **KOMODT2 - Comet** N 4.2 No SEATTLE, WA

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

No

No

No

No

No

No

No

No

SEATTLE, WA

EVERETT, WA

TACOMA, WA

TACOMA, WA

BELLEVUE, WA

BELLEVUE. WA

BELLEVUE, WA

SEATTLE, WA

KOMODT3 - Charge!

KONG - Independent

KSTW - Independent

KSTWDT2 - Decades

KUNSDT3 - The Nest

KUNS - CW

KTBW - TBN

KUNSDT2 - TBD

4.3

16

11

11.2

51.1

51.2

51.3

20

Ν

Ī

ī

Ν

N

Ν

N

Ν

LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	1
WAVE DIVISION	N HOLDING	S LLC			3746	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
In General: In space of carried by your cable is FCC rules and regular 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis For Outlier For Column 4: List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast". Column 2: Give the	G, identify ever system during ions in effect of 6.61(e)(2) and sis, as explaine stations: With CC rules, regula here in space only on a subs and also in space and also in space formation con- rm. th station's call associated with a-2". Simulcast e channel number. For example	ry television single the accounting on June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or autile G—but do list stitute basis ace I, if the structuring substitute is generally substitute as the station action ac	g period except 981, permitting to (referring to 76.1) paragraph y distant station horizations: st it in space I (to action was carried itute basis station report origination coording to its of the reported in thas assigned to	(1) stations carricthe carriage of ce 61(e)(2) and (4))] as carried by your the Special Stater ed both on a subsons, see page (v) on program serviciver-the-air design column 1 (list eap the television state)	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections; and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located ses such as HBO, ESPN, etc. Identify nation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air in s may be different from the channe	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the licast), "E" (for rese terms, see ation is outside ce area, see pave entered "Yes he distant statifion on a part-ticion of a distant entered into ca primary transisimulcasts, also ree categories e location of ea Canadian statificasts, attained a primary transismulcasts, also ree categories e location of ea Canadian statificasts, attained a primary transismulcasts, also ree categories e location of ea Canadian statificasts, attained a primary transismulcasts, also ree categories e location of ea Canadian statification is seen a primary transismulcasts, also ree categories e location of ea Canadian statification is seen a primary transismulcasts, also ree categories e location of ea Canadian statification is seen a primary transismulcasts.	etter "N" (for r noncommercia page (v) of the the local ser page (v) of the fes" in column fon during the on during the the multicast str on or before Just smitter or an a so enter "E". If s, see page (v ach station. Fo	network), "N-M" all educational), ne general instructivice area, (i.e. degeneral instruction 4, you must contact accounting persuase of lack of the earn that is not that is not the earn that is not that is n	(for network mult or "E-M" (for non- uctions located in "distant"), enter "\ ctions located in the omplete column 5 riod. Indicate by e activated channe subject to a royal between a cable s eseenting the prime e channel on any I instructions loca , list the community with	Yes". If not, enter "No". For an ex ne paper SA3 form, stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subject ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the the which the station is identifec	
Troto: ii you aro amizii		•	EL LINE-UP	•	onamio into ap.	
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	
KVOS - Heroes &	12.1	N	No		BELLINGHAM, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	
KWPX - ION	33	N	No		BELLEVUE, WA	
KZJO - MyNetwor	22	N	No		SEATTLE, WA	
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 3746 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD					5	SYSTEM ID# 3746	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the avexplanation of the programm form.	ify every no	nnetwork televi	sion program broadcast by a	a distant statio	lations, or authorizations	. For a further	Substitute
	T CONCE	DNING SUBS	TITLITE CARRIACE				Carriage:
 During the accounting pe broadcast by a distant sta 	riod, did yo			sis, any noni	network television prog	ram X No	Special Statement and Program Log
Note: 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 ı		· ·	Trogram 20g
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 Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not observed a distant stategulations, of the state of the stat	am on a separ attach addition onnetwork teletion and that your authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ons, if any, the your sy e substitute pra program care listed programions in effect of	nal pages. vision program (substitute your cable system substitute rour cable system substitut ns. See page (vi) of the ge categories like "movies", ref "Yes." Otherwise enter casting the substitute prog- the community to which the restem carried the substitute rogram was carried by you ried by a system from 6:07 m was substituted for prog- during the accounting perio-	program) thated for the preparation instructor "basketbal" "No." ram. e station is lide program. U r cable systed: 15 p.m. to 6 ramming thated; enter the	at, during the accounting ogramming of another stions located in the paper. List specific programming by the FCC or, lentified). See numerals, with the rown. List the times accur. E28:30 p.m. should be tyour system was required.	g station per n in nonth ately	
, , , , , ,				WHE	EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					_		
						···	
					<u> </u>	·	
					<u> </u>		
					_		
					<u> </u>		
					_		
					_		
						†	
							
					<u> </u>	-	
					_		

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#							
WA	VE DIVISION HOLDINGS LLC		3746	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)										
IMP	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 998,077.81 (Amount of gross receipts)									
• Com • Com • If yo fee f • If yo	RIGHT ROYALTY FEE tions: 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 paympanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee						
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ς 3 below.	e ente	ered on line 1 of							
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entere	d on line 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		064 percent of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 998,077.81							
	Enter the result here. This is your minimum fee.	\$	10,619.55							
	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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion in the column in t	nn 4, y od?	ou 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		\$ 12,368.68							
	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	\$	12,368.68							
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		\$ 12,368.68	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	r	0.00	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 appropriate						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,093.68	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 pa	age (i) of the							

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

Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 3746
	CHANNELS		<u></u>	
M	Instructions: You n		the number of channels on which the cable system carried television broadcast stable system's total number of activated channels, during the accounting period.	ations
Channels			annels on which the cable adcast stations	32
	2. Enter the total nu	mher of ac	tivated channels	
	on which the cable	system c	arried television broadcast stations	323
N Individual to	INDIVIDUAL TO BE we can contact abou		ETED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.)	
Be Contacted for Further Information	Name Brian (Cioffi	Telephone (531-609-0917
			oad East, Suite 3100 bute, apartment, or suite number)	
	Prince (City, town,	ton, NJ	08540	
	Email	brian.c	ioffi@astound.com Fax (optional)	
	CERTIFICATION (Th	is stateme	nt of account must be certifed and signed in accordance with Copyright Office regula	ations.)
O Certifcation	• I, the undersigned, h	nereby cert	ify that (Check one, but only one, of the boxes.)	
	(Owner other tha	n corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space B;	; or
			corporation or partnership) I am the duly authorized agent of the owner of the cable sy hat the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partn in line 1 of spa	•	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned	er of the cable system
		nd correct t	of account and hereby declare under penalty of law that all statements of fact contained o the best of my knowledge, information, and belief, and are made in good faith.	herein
		X	/s/ Parisa Salehani	
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
		Typed o	r printed name: Parisa Salehani	
		Title:	Senior Vice President, Controller (Title of official position held in corporation or partnership)	
		Date:	February 28, 2025	

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:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	3746	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system of services and amounts collected from subscribers receiving secondary transmissions put	e system for the basic tem shall not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners?	econdary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late pa For an explanation of interest assessment, see page (viii) of the general instructions in the pap		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4. Multiply line 2 by 0.00074** onter bare and on line 2. block 4.	X 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$ -	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late	ı.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number filing.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:											
1	WAVE DIVISION HOLDINGS LLC 374											
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	• Add the DSEs of each station.											
	Enter the sum here and in line 1 of part 5 of this schedule.											
		·		<u>P</u>								
2	Instructions:	Ciam'll, list the se	ll siams of all distant stations	المراجع المساورة	ha latter "O" in askuma F							
_	In the column headed "Call	Sign": list the ca	il signs of all distant stations	s identified by t	ne letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	CBUT - CBC	1.000										
	KBTC - PBS	0.250										
	KBIC-FBS	0.230										
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				S	3746
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried ou Column 9 give the type- Column 6	st the call sign of all dista 2: For each station, give correspond with the infor 3: For each station, give 4: Divide the figure in col t at least to the third deci 5: For each independent value as ".25." 6: Multiply the figure in col	the number of h rmation given in the total numbe umn 2 by the fig mal point. This i station, give the olumn 4 by the f	nours your cable syst is space J. Calculate of r of hours that the st gure in column 3, and is the "basis of carria e "type-value" as "1.0	em carried the sonly one DSE for ation broadcast digive the result ge value" for the "." For each network give the result and	station during the accoun r each station over the air during the ac in decimals in column 4.	ecounting period. This figure must ducational station, no less than the	
Capacity		С	ATEGORY L	AC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS D BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE			SE.
			÷			X	=	
			÷ ÷			x x	=	
			÷		=	x	=	
			· · · · · · · · · · · · · · · ·		=	x	=	
			÷ ÷		=	x x	=	
			÷	:	=	x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		nedule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effet Broadcast of space I). Column 2: at your option. Column 3: Column 4:	I by your system in subsited on October 19, 1976 one or more live, nonnetween station give the This figure should corrected the number of day Divide the figure in colur	titution for a pro (as shown by th york programs du e number of live, spond with the i is in the calenda mn 2 by the figur	gram that your syste to letter "P" in column uring that optional can, nonnetwork programinformation in space ar year: 365, except in column 3, and of the letter in column 4.	m was permitted of 7 of space I); a rriage (as shown the string of the sulful of the s	Programs) if that station d to delete under FCC ru and by the word "Yes" in column ostitution for programs the column 4. Round to no I of the general instructions	les and regular n 2 of at were deleted ess than the thirc	form)
		SU	BSTITUTE-B	BASIS STATION	S: COMPUT	ATION OF DSEs	_	,
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	8	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		4		=
		÷		<u>-</u>		-		=
		÷		=		=		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	SIS STATIONS:			0.00]	
5		ER OF DSEs: Give the ams		poxes in parts 2, 3, ar	d 4 of this sched	ule and add them to provi	de the total	
Total Number	1. Number o	f DSEs from part 2 ●				•	1.25	
of DSEs		f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	ER OF DSEs						1.25

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

LEGAL NAME OF C							S	YSTEM ID# 3746	Namo
schedule.	"Yes," leave the re	emainder of p	·	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			TELEVISION M	ARKFTS				Computation o
effect on June 24, Yes—Com	1981?	outside of all n	najor and sma	uller markets as de	fined under s		•	gulations in	3.75 Fee
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For function in the contraction in th	f this schedule urther explana	e that your syst ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	ales and reguled pursuant to on as defined al educational distation (76.6 or DSE schedunt to individuations) carries of the station with the station will be s	ations cited be to the FCC ma in 76.5(kk) (7 I station [76.5 S5) (see paragule). Ital waiver of F d on a part-tin tithin grade-B of	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(be)(1), 76.63(a63(a) referring bestitution of gesis prior to Ju	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d)] irandfathered s	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:		e stations ider	ntified by the I	parts 2, 3, and 4 etter "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	
CBUT - CB		1.00	SIGN	BAGIG		SIGN	BAGIG		1
KBTC - PB		0.25							
<mark></mark>						•			
								1.25	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
	total number of						1)-		
.ine ≥: Enter the	sum of permitte	ea DSEs fror	п ріоск В аб	ove			u-		
				r of DSEs subject 7 of this schedu		o rate.	.,		
ine 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
₋ine 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
ine 7: Multiply li	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

ACCOUNTING PERIOD: 2024/2

Name	WAVE DIVISION							SYS	3746
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Utating DSE Utating DSE Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 19 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections						30, 1981. tions of the		
		PERMITT	ED DSE FOR STA	TIONS CARRIE	D ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIO DSE		COUNTING ERIOD	4. BASIS OF CARRIAGE		RESENT DSE		RMITTED OSE
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE	U	JSE
7 Computation of the		"Yes," comple	te blocks B and C, ocks B and C blank	and complete p	art 8 of the DSE schedu				
Syndicated	BLOCK A: MAJOR TELEVISION MARKET								
Exclusivity Surcharge	Is any portion of the contract the contract that the contract	able system w	ithin a top 100 majo	r television marke	et as defned by section 76	6.5 of FCC ru	ules in effect Jun	ne 24, 1981	?
-	Yes—Complete blocks B and C . X No—Proceed to p								
	BLOCK B: C	arriage of VHF	f 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 commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of nity served by the cable system prior to former FCC rule 76.159)	of part 7 carried in any commu-							
	Yes—List each si X No—Enter zero a	h its appropriate pern part 8.	Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGI	N	DSE
			TOTAL DSEs	0.00			TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 3746	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	998,077.81	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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 is 4.00 as lease, multiply the green receipts by 00500 by the DSE. Total the result on line A helicy.	E	
	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)	E	
	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		

	LEGAL NAM	DSE SCHEDULE. PAGE 16 ME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
Name		WAVE DIVISION HOLDINGS LLC 3746					
Computation of the Syndicated	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)					
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.					
		Gynalicated Excitativity Guronalige:					
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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. sick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. sir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. sir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local earea," see page (v) of the general instructions.					
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS					
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?					
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.					
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	Section 1 Enter the amount of gross receipts from space K (page 7)						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)					
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)					
		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					

DSE SCHEDULE. PAGE 17.			6 PERIOD: 2024/2
LEGAL NAME OF OWNER OF C.	ABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLD	DINGS LLC	3746	- Italiic
Section If the figure in section 2	is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 o	f gross receipts		8
	ection 1) ►	_	
B. Enter 0.00701 o			Computation
(the amount in s	section 1) \$		Computation of Base Rate Fee
C. Multiply line B by	y 3.000 and enter here \$	_	2400 1440 1 00
D. Enter 0.00330 or (the amount in s	of gross receipts section 1) ▶ \$		
E. Subtract 4.000 fi			
(tile ligure iii sec	ction 2) and enter here		
F. Multiply line D by	y line E and enter here \$		
	and F. This is your base rate fee		
Enter here and in Base Rate Fee	in block 3, line 1, space L (page 7)	0.00	
Dase Nate i ee		0.00	
IMPORTANT: It is no longer	necessary to report television signals on a system-wide basis. Carriage of television broad	dcast signals	
	a community-by-community basis (subscriber groups) if the cable system reported multiple		9
	ions you carried were partially distant, the statute allows you, in computing your base rate		Computation
receipts from subscribers loc this exclusion, you must:	cated within the station's local service area, from your system's total gross receipts. To take	advantage of	of
•			Base Rate Fee and
	cribers into subscriber groups, each group consisting entirely of subscribers that are distant stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
	r system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity
Finally: Add up the separate	base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
must also compute a Syndica	cable system is located within the top 100 television market and the station is not exempt i ated Exclusivity Surcharge for each subscriber group. In this case, complete both block A am is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscribe	er Group for Partially Distant Stations		for Partially
Step 1: For each community carried to that community.	served, determine the local service area of each wholly distant and each partially distant s	station you	Permitted Stations
-	ant and each partially distant station you carried, determine which of your subscribers were rvice area. A subscriber located outside the local service area of a station is distant to that s distant to the subscriber.)		
subscriber group must consis	ers into subscriber groups according to the complement of stations to which they are distan st entirely of subscribers who are distant to exactly the same complement of stations. Note abscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fe subscriber groups.	ee for each subscriber group: Block A contains separate sections, one for each of your s	ystem's	
In each section:			
Identify the communities/are	eas represented by each subscriber group.		
 Give the call sign for each of subscribers in the group. 	of the stations in the subscriber group's complement—that is, each station that is distant to	all of the	
• If:			
1) your system is located who and 4 of this schedule; or,	olly outside all major and smaller television markets, give each station's DSE as you gave	it in parts 2, 3,	
any portion of your system part 6 of this schedule.	n is located in a major or smaller televison market, give each station's DSE as you gave it i	n block B,	
Add the DSEs for each stat	tion. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for in the paper SA3 form.	r the subscriber group. For further explanation of gross receipts see page (vii) of the genera	al instructions	
page. In making this comput	or each subscriber group using the formula outline in block B of part 8 of this schedule on the tation, use the DSE and gross receipts figure applicable to the particular subscriber group dement of stations and total gross receipts from the subscribers in that group). You do not rate form.	(that is, the total	

LEGAL NAME OF OWNE						S	YSTEM ID# 3746	Name
В		COMPUTATION OF		TE FEES FOR EAC				
COMMUNITY/ AREA PORT TOWNSEND, JEFFERSON			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KBTC - PBS	0.25							Base Rate F
CBUT - CBC	1.00							and Syndicated Exclusivity Surcharge
								for Partially Distant
								Stations
Total DSEs			1.25	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 998	3,077.81	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$ 12	2,368.68	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
			<u>"</u>					
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		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	12,368.68	

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 3746							Name	
В				TE FEES FOR EAG				
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA PORT TOWNSEND, JEFFERSO!				COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE CALL SIGN DSE			CALL SIGN	DSE	CALL SIGN	DSE	Computati
				07.22 010.1				Base Rate F
		-						and
								Syndicate Exclusivity
								Surcharge
						,		for
								Partially Distant
		-						Stations
		_				-		
		_						
						<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 998	3,077.81	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourth Group \$ 0.00		0.00				
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			<u> </u>				-	
ooo Dota Face Add of	o bos : : :	to food for an all or t	oniber	an above in the t	o obcer			
ase Kate Fee. Add th	e nase rai	te rees for each subs	scriper group	as shown in the boxe	s apove	i .		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 3746 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$