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.

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

SA3E Long Form

coplicsoa@loc.gov

Return completed workbook by email to:

STATEMENT OF ACCOUNT

2024/2

for Secondary Transmissions by Cable Systems (Long Form)

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

Α

Accounting Period

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

3ER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
oration	give the full corpo-

B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo- rate 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. 6474 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC								
					6474202	242			
					6474 2024	4/2			
	3700 MONTE VILLA PA BOTHELL WA 98021	RKWAY							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYST WAVE BROADBAND	EM:							
	2 MAILING ADDRESS OF CABLE SY 3700 MONTE VILLA PA (Number, street, rural route, apartment, or BOTHELL WA 98021 (City, town, state, zip code)	RKWAY							
D		e D instructions, see page 1b. Identi	fy only the frst com	nunity served below and re	elist on page 1b				
Area Served	with all communities.		STATE						
First	PORT ORCHARD		WA						
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.								
	CITY OR TOWN (SAMPLE)	, i i	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	А	1						
Gample	Alliance		MD	В	2				
	Gering		MD	В	3				
form in order to pro numbers. By provid search reports pre	ess your statement of account. PII is any p ng PII, you are agreeing to the routine use ared for the public. The effect of not providi	s Code authorizes the Copyright Offce to colle ersonal information that can be used to identi of it to establish and maintain a public record, ng the PII requested is that it may delay proce ne legal suffciency of the fling, a determination	fy or trace an individual, , which includes appearing essing of your statement	such as name, address and telep ng in the Offce's public indexes ar of account and its placement in th	hone Id in				

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC			6474	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporateas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first set of the system identification hereafter known as the "first community."	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each red designated by a number (based on your reporting from Part 9).	e column blank. İ	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
PORT ORCHARD BELFAIR	WA WA	A A		First Community
ALLYN	WA	Α		
BANGOR NAVAL BASE	WA	A		
HOLLY KEYPORT NAVAL BASE	WA WA	A		
NORTHSHORE	WA	Ā		See instructions for additional information
HOOD CANAL	WA	Α		on alphabetization.
SEABECK	WA	Α		
PUGET SOUND NAVAL BASE	WA	A		
JACKSON PARK NAVAL BASE	WA	A		Add rows as necessary.

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEN		
Name	WAVE DIVISION HOLDINGS LLC								e	647	
_	SECONDARY TRANSMISSION			-	-						
E	In General: The information in s	•		-		•					
Secondary		rstem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	last day of the accounting period						e mose exis	sung on the			
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken			
scribers and	down by categories of secondar										
Rates	each category by counting the n							s charged			
	separately for the particular serverse Rate: Give the standard rate of							rae and the			
	unit in which it is generally billed										
	category, but do not include disc										
	Block 1: In the left-hand block			-							
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted of	•			· · ·						
	Block 2: If your cable system										
	printed in block 1 (for example, the with the number of subscribers and the subscribers are subscr						<i>,</i> ·				
	sufficient.		c ngn-					3011100 13			
	BLO	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CA	TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA	TE	
	Residential:	CODCOIND	LIKO	TUTE	On		INTOL	CODCORTDERC	101		
	Service to first set		8,697	\$ 37.95							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel		68	\$ 2.90							
	Commercial		623	\$ 4.71							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TR		SSIONS: RAT	ES						
-	In General: Space F calls for ra					all your cable sy	ystem's ser	vices that were			
F	not covered in space E, that is,										
Services	service for a single fee. There a furnished at cost or (2) services										
Other Than	amount of the charge and the u										
Secondary	enter only the letters "PP" in the	rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	brief (two- or three-word) description and include the rate for each.										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SEF	RVICE	RATE	CATEGO	DRY OF SERVICE	RA	TF	
	Continuing Services:			ation: Non-re				ed Content		86	
	Continuing Services.	\$ 17.00	• Mo	tel, hotel			Digital F		\$	14	
	• Pay cable	ψ 17.00	۰Co	mmercial			Digital V	/ariety	\$	9	
	-	· · · · · · · · · · · · · · · · · · ·					Digital S		\$	13	
	• Pay cable	•	•Pa	y cable				porta		20	
	• Pay cable • Pay cable—add'l channel			y cable y cable-add'l c	hannel			able Pack	\$	33	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pa • Fire	y cable-add'l c e protection			Digital C HBO	able Pack	\$	20	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	\$ 79.95	• Pa • Fire • Bu	y cable-add'l c e protection rglar protectior			Digital C HBO HBO Ma	able Pack	\$ \$	20 15	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pa • Fire • Bu Other	y cable-add'l c e protection rglar protectior services:			Digital C HBO HBO Ma Showtim	cable Pack x ne/The Movie Cha	\$ \$ \$	20 15 20	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	\$ 79.95	• Pa • Fire • Bu • Bu Other • Re	y cable-add'l c e protection rglar protectior services: connect		\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax	cable Pack x ne/The Movie Cha	\$ \$ \$ \$	20 15 20 19	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	\$ 79.95	• Pa • Fire • Bu • Bu • Bu • Re • Dis	y cable-add'l c e protection rglar protectior services: connect connect		\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax Starz	able Pack x ne/The Movie Cha c	\$ \$ \$ \$ \$	20 15 20 19 9	
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	\$ 79.95	• Pa • Fire • Bu • Bu • Cher • Re • Dis • Ou	y cable-add'l c e protection rglar protectior services: connect	1	\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax	able Pack x ne/The Movie Cha k	\$ \$ \$ \$	20 15 20 19	

LEGAL NAME OF OWNER OF CABLE SYST	EM:				SYSTEM			
WAVE DIVISION HOLDINGS	LLC				6	474 ^N	ame	
PRIMARY TRANSMITTERS: TELEVISION								
n General: In space G, identify every te							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 ε substitute program basis, as explained in the next paragraph								
Substitute Basis Stations: With res			ried by your cabl	le system on a su	bstitute program		mitters: vision	
pasis under specifc FCC rules, regulatio • Do not list the station here in space G-			ecial Statement	and Program Loc	ı)—if the			
station was carried only on a substitu	te basis							
 List the station here, and also in space basis. For further information concerr 								
in the paper SA3 form. Column 1: List each station's call sig	n Do not report o	prigination pro	aram services s	uch as HBO ESE	N etc. Identifi			
each multicast stream associated with a	•	•	•					
cast stream as "WETA-2". Simulcast stre VETA-simulcast).	eams must be rep	orted in colun	nn 1 (list each sl	tream separately;	for example			
Column 2: Give the channel number		•		•				
ts community of license. For example, V on which your cable system carried the s		in Washingto	on, D.C. This ma	ay be different from	n the chann∉			
Column 3: Indicate in each case whe								
educational station, by entering the lette for independent multicast), "E" (for non								
For the meaning of these terms, see page Column 4: If the station is outside the					For an ex			
planation of local service area, see page	e (v) of the genera	I instructions	located in the pa	aper SA3 form				
Column 5: If you have entered "Yes" cable system carried the distant station				-	-			
carried the distant station on a part-time	basis because of	lack of activa	ited channel cap	pacity				
For the retransmission of a distant m of a written agreement entered into on o								
he cable system and a primary transmit	ter or an associat	ion representi	ing the primary t	transmitter, enter t	he designa			
ion "E" (exempt). For simulcasts, also e explanation of these three categories, se	•		•					
Column 6: Give the location of each	station. For U.S.	stations, list th	ne community to	which the station	is licensed by th			
			•		Identife			
		separate spac	e G for each ch	annel line-up.	Identife			
Note: If you are utilizing multiple channe	el line-ups, use a s	separate spac	e G for each cha	annel line-up.				
Note: If you are utilizing multiple channe	2. B'CAST	CHANN 3. TYPE	e G for each cha EL LINE-UP 4. DISTANT?	annel line-up. AA 5. BASIS OF	6. LOCATION OF STATION			
Note: If you are utilizing multiple channe	el line-ups, use a s	separate spac	e G for each cha	annel line-up.				
Note: If you are utilizing multiple channe 1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	e G for each cha EL LINE-UP 4. DISTANT?	AA 5. BASIS OF CARRIAGE				
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No)	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	See instruct	ions for	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX	2. B'CAST CHANNEL NUMBER 27	3. TYPE OF STATION	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	See instruct additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS	2. B'CAST CHANNEL NUMBER 27 13	SEPARATE SPACE CHANN 3. TYPE OF STATION E N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA		nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids	2. B'CAST CHANNEL NUMBER 27 13 9	CHANN 3. TYPE OF STATION E N E	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create	2. B'CAST CHANNEL NUMBER 27 13 9 9.2	Separate space CHANN 3. TYPE OF STATION E N E E	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3	CHANN 3. TYPE OF STATION E N E E E	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies!	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1	CHANN 3. TYPE OF STATION E N E E E N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2	SEPARATE SPACE CHANN 3. TYPE OF STATION E N E E E N N N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5	Separate space CHANN 3. TYPE OF STATION E N E E E N N N N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2	Separate space CHANN 3. TYPE OF STATION E N E E E N N N N N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
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Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2	Separate space CHANN 3. TYPE OF STATION E N E E E N N N N N N N N N	e G for each chi EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KING - NBC KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3	SEPARATE SPACE CHANN 3. TYPE OF STATION E E E E E N N N N N N N N N N N N N	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KINGDT3 - Create KINGDT3 - Quest KINGDT4 - THE365 KIRODT4 - THE365 KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4	SEPARATE SPACE	e G for each cha EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA	additional i	nformation	
Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - Comet	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4	SEPARATE SPACE CHANN 3. TYPE OF STATION E N E E E N N N N N N N N N N N N N N	e G for each chi EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA	additional i	nformation	
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Note: If you are utilizing multiple channe 1. CALL SIGN KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE365 KIRODT2 - Cozi TV KIRODT3 - Laff KIRODT4 - Telemundo KOMO - ABC KOMODT2 - Comet KOMODT3 - Charge! KONG - Independent	2. B'CAST CHANNEL NUMBER 27 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4 4.2 4.3	Separate space CHANN 3. TYPE OF STATION E N E E N N N N N N N N N N N N N N N	e G for each chi EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION TACOMA, WA TACOMA, WA SEATTLE, WA	additional i	nformation	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID# 6474	Name
		-			6474	
PRIMARY TRANSMITT						
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba Substitute Basis basis under specifc F0 • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream	system during t tions in effect o 6.61(e)(2) and sis, as explaine Stations: With CC rules, regul n here in space only on a subs and also in sp oformation concorre. ch station's call associated with	the accountin on June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut e G—but do lis stitute basis ace I, if the st cerning subst sign. Do not th a station ac	g period except 081, permitting t (referring to 76.0 paragraph y distant station horizations: st it in space I (t ation was carrie itute basis station report originatio ccording to its o	(1) stations carri the carriage of ce 61(e)(2) and (4))] as carried by your he Special State ed both on a subs ons, see page (v) on program servio ver-the-air desigr	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program ment and Program Log)—if the stitute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identifi- nation. For example, report multi ach stream separately; for example	G Primary Transmitters: Television
WETA-simulcast). Column 2: Give th	e channel num	ber the FCC	has assigned to	the television st	ation for broadcasting over-the-air ir	
planation of local serv Column 5: If you h cable system carried the carried the distant star For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	tation is outside ice area, see p have entered "Y he distant stati tion on a part-ti sion of a distan t entered into c a primary trans simulcasts, als hree categories e location of ea Canadian statio	e the local services the local services the local services age (v) of the fees in column on during the basis beck the basis be	vice area, (i.e. ' a general instruct of 4, you must co accounting per cause of lack of ream that is not une 30, 2009, b association repr f you carried the /) of the general or U.S. stations we the name of	"distant"), enter "" trions located in t omplete column 5 iod. Indicate by e activated channe subject to a roya retween a cable s esenting the prime channel on any l instructions loca , list the community w	Yes". If not, enter "No". For an ex he paper SA3 form 5, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KVOS DT4- Deca	d 12.4	N	No		BELLINGHAM, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	
KWPX - ION	33	N	No		BELLEVUE, WA	
KWPX DT3 - Bou		N	No		BELLEVUE, WA	
KZJO - MyNetwo		N	No		SEATTLE. WA	
KZJODT3 - Anter					SEATTLE, WA	
KZJODIS - Aller	22.3	N	No		SEATTLE, WA	
				1		

Name	LEGAL NAME OF							SYSTEM ID# 6474
Н	all-band basis	st every radio s whose signals	station c were "g	arried on a separate and disc enerally receivable" by your o	able system dur	ing the accou	nting pe	riod.
Primary Transmitters: Radio	receivable if (1) on the basis of For detailed inf located in the p Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to cormation about paper SA3 forr dentify the cal State whether f the radio stat this by placin Give the statio	y the sys be rece ut the the n. I sign of the station tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. ynal was electronically proces sk mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an on this point, se sed by the cable the station is lice	eadend, and tenna, during e page (vi) of system as a nsed by the F	(2) it ca certain the gen separate	n be expected, stated intervals. eral instructions e and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
								··

LEGAL MARG OF OWNER OF CARLE SYSTEM WWW EDIVISION HOLDINGS LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonethoods therionin program broadcast by a distant station that your cable system cannot on a substitute basis and your cable system cannot on a substitute basis and your cable system cannot be included in this for, see page (v) of the general instructions located in the paper SA3 form. I.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Using that must be included in this for, see page (v) of the general instructions located in the paper SA3 form. I.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Using that must be included in this for, see page (v) of the general instructions located in the paper SA3 form. I.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Using the converting paper data station? I.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Column 5: Nove the rest of this page blank. If your answers is "res," you must complete the program ing in the dx? C.LOO OF SUBSTITUTE PROGRAM In General: List each substitute program on a substitute basis, any nonnetwork television program ing in the dx? C.LOO OF SUBSTITUTE PROGRAM In General: List each substitute program on a substitute bargers. C.Guium 1: Give the title of every nonnetwork their/site is paper substitute for paraming of a nonter station on further information. Do not use general categories like information: Column 4: Give the the adia add off and pages. Column 5: Give the month and day our substitute program. Use numerials, with the month file Example: or Nay 7 give '57.' Column 5: Give the month and day our substitute program. Use numerials, with the month file Example: a program categories in sociated for the program. Use numerials on the state the time should be data with the state is theread of the for or, in Column 4: Give the month and day our substitute programming but yoursystem was required in data with the indiversity is available for program state in the data off the program	FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2024/2
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further distance and the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Second State Sta	WAVE DIVISION HOLI	DINGS LL	С				6474	Name
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further distance and the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Second State Sta								
Special Special Special Special Special Special Statement and Porogram Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Yes No 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Special Column 1: Give the tile of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (iv) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community to which the station is identified). Solumn 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the the inters were the substitute program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for	In General: In space I, ident substitute basis during the a explanation of the programm	tify every not ccounting pe	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizati	ions. For a further	
* During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program Log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the total sign of the station broadcasting the substitute program. Column 6: State the times when the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed pro gram was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed pro gram was substituted for programming that your s	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				-
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was premitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" i			ur cable syster	n carry, on a substitute ba	isis, any noni		-	Statement and
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	log in block 2.			age blank. If your answer i	s "Yes," you⊣	must complete the p	orogram	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	In General: List each subsciear. If you need more special column 1: Give the title period, was broadcast by a under certain FCC rules, respectively. SA3 form for futher informatitiles, for example, "I Love Column 2: If the progratic Column 3: Give the call Column 4: Give the brothe case of Mexican or Calimn 5: Give the monofirst. Example: for May 7 ging Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules gram was substituted for program was substing f	stitute progr ace, please of every no a distant sta egulations, i ation. Do n Lucy" or "N m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat rogramming	am on a separ attach addition connetwork tele tion and that y or authorizatio ot use general BA Basketball dcast live, ent station broadc ion's location (ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", ' : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the secommunity with which the rstem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting period	program) the ted for the pre- eneral instruc- or "basketbal "No." ram. e station is lid e program. U r cable syste I:15 p.m. to 6 ramming tha od; enter the	at, during the accou ogramming of anoth tions located in the ll". List specific prog icensed by the FCC lentified). Ise numerals, with the m. List the times ac 5:28:30 p.m. should t your system was r letter "P" if the listed	or, in the month ccurately be required d pro	
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	s	UBSTITUT	E PROGRAM	1				
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
Image: series of the series						_		
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FORM	SA3E. PAGE 7.						
	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
WA	VE DIVISION HOLDINGS LLC		6474				
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.						
Instru Con Con If yo fee t If yo acco	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa impanying this form and attach the schedule to your statement of account.	arts of the D	SE Schedule	L Copyright Royalty Fee			
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be < 3 below.	entered or	n line 1 of				
If particular between seven seve	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	ntered on li	ine 2 in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be enter	ed on line				
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	4,284,359.25				
	This is your minimum fee.	\$	45,585.58				
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. International Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule. 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 	nn 4, you mu od?	ust check				
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE		0.00				
	schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	-				
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 	\$	45,585.58 0.00	Cable systems submitting additional			
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	46,310.58	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i)) of the	auanionai 1665.			

	DD: 2024/2		BE. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYS	#6474 6474
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers and (2) the cable system's total number of activated channels	-	
	Enter the total number of channels on which the cable system carried television broadcast stations	33	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	321	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDE we can contact about this statement of account.)	ED: (Identify an individual	
Be Contacted for Further Information	Name Brian Cioffi	Telephone 631-609-0917	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540		
	(City, town, state, zip) Email brian.cioffi@astound.com	Fax (optional)	
_	CERTIFICATION (This statement of account must be certifed and signed in ac	ccordance with Copyright Office regulations.)	
O Certifcation	• 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	e system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly auth in line 1 of space B and that the owner is not a corporation or partnership;		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B.	rship) of the legal entity identifed as owner of the cable system	
	I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and bel [18 U.S.C., Section 1001(1986)]		
	X /s/ Parisa Salehani		
	Enter an electronic signature on the line above using an "/s/ (e.g., /s/ John Smith). Before entering the first forward slash button, then type /s/ and your name. Pressing the "F" butto	sh of the /s/ signature, place your cursor in the box and press the "F2	"
	Typed or printed name: Parisa Salehani		
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnersh	hip)	
	Date: February 28, 2025		
	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to co cess your statement of account. PII is any personal information that can be used to ider		

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#WAVE DIVISION HOLDINGS LLC6474	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	Concerning Gross Receipts Exclusion
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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)	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period	
ID number	

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I							
1	WAVE DIVISION HOLDI	NGS LLC				6474		
	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. 0.00							
2	nstructions: n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 f space G (page 3).							
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv			as "1.0"; for	each network or noncom-			
Category "O"	,,,		CATEGORY "O" STATION	S: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								

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

FOAL MARKE OF	PAGE 13.							ACCOUNTIN	G PERIOD: 2024/
	WNER OF CABLE						S	/STEM ID# 6474	Name
								0474	
nstructions: Bloo n block A:	ck A must be com	pleted.							
	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank an	nd complete pa	rt 8, (page 16) of	the	6
If your answer if	"No," complete blo								Computation of
				ELEVISION M					3.75 Fee
ffect on June 24,		outside of all I	major and sma	ller markets as de	tined under se	ection 76.5 of F	-CC rules and reg	ulations in	
Yes—Com	plete part 8 of the	schedule—E		PLETE THE REMA	AINDER OF P	PART 6 AND 7.			
X No-Comp	lete blocks B and	C below.							
		BLOO	CK B: CARR		MITTED DS	SEs			
Column 1:	List the cell signs							to corru	
CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	irther explana	ition of permitte	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	les and regu	lations cited be	sis on which you c elow pertain to thos rket quota rules [70	se in effect or	n June 24, 198	,	to	
	 B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	al educationa d station (76.0 or DSE sched ant to individu viously carrie JHF station w	al station [76.5 65) (see parag ule). ual waiver of F ed on a part-tin rithin grade-B o	ne or substitute bas contour, [76.59(d)(63(a) referring ostitution of gr sis prior to Ju	y to 76.61(d)] randfathered s ne 25, 1981	tations in the	5)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 deter "F" in column			orksheet on page	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
ine 2: Enter the	e sum of permitte	ed DSEs from	m block B ab	ove				-	
				r of DSEs subjec 7 of this schedu		rate.		0.00	
(If zero, I	oss receipts from	ı space K (p	age 7)					75	Do any of the DSEs represe
(If zero, I ine 4: Enter gro	·		č ,				x 0.03	75	DSEs represe partially permited/
(If zero, I ine 4: Enter gro	oss receipts from ine 4 by 0.0375		č ,				x 0.03	75	DSEs represer partially
(If zero, I ine 4: Enter gro ine 5: Multiply I	·	and enter s	um here					- -	DSEs represen partially permited/ partially nonpermitted

Name		ER OF CABLE SYSTEM				SYSTEM ID# 6474
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spe 76.59(B—Late-night pri 76.61(S—Substitute ca genera Column 5: Indicate t Column 6: Compare in block	r to June 25, 1981, un call sign for each distant the DSE for this statio the accounting period the basis of carriage of CC rules and regulatio ecialty programming: C d)(1),76.61(e)(1), or 7 ogramming: Carriage e)(3)). urriage under certain F al instructions in the pat the station's DSE for t e the DSE figures liste B, column 3 of part 6	der former FCC rules gov nt station identifed by the n for a single accounting p and year in which the car n which the station was c ns cited below pertain to t Carriage, on a part-time ba 6.63 (referring to 76.61(e) under FCC rules, sections CC rules, regulations, or a aper SA3 form. he current accounting per d in columns 2 and 5 and for this station.	erning part-time and sub letter "F" in column 2 of beriod, occurring betwee riage and DSE occurred arried by listing one of th hose in effect on June 2 asis, of specialty program (1)). 5 76.59(d)(3), 76.61(e)(3 authorizations. For furthe iod as computed in parts list the smaller of the tw	part 6 of the DSÉ schedule n January 1, 1978 and Jur (e.g., 1981/1). ne following letters: 4, 1981.) nming under FCC rules, se	e 30, 1981. actions i) of the le. should be entered
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	ND SUBSTITUTE BASIS 5. PRESENT	6. PERMITTED
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE
7 Computation of the	-	"Yes," complete block	s B and C, below. nd C blank and complete	part 8 of the DSE sched	lule.	
Syndicated				TELEVISION MARI		
Exclusivity						
Surcharge	 Is any portion of the c 	able system within a to	p 100 major television marl	ket as defned by section	76.5 of FCC rules in effect J	une 24, 1981?
	Yes—Complete	blocks B and C .		X No—Proceed t	o part 8	
		arriage of VHF/Grade	P. Contour Stations	PL O	CK C: Computation of Exer	nnt DSEn
	Is any station listed in	•			•	•
	commercial VHF statio				d in block B of part 7 carrie ble system prior to March	
	or in part, over the cat	-		to former FCC rule 7	,	
		ation below with its appr nd proceed to part 8.	opriate permitted DSE		station below with its appropri and proceed to part 8.	ate permitted DSE
		na proceed to part o.			and proceed to part o.	
	CALL SIGN	DSE CAI	L SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE
		тот	AL DSEs 0.00		TOTAL D	SEs 0.00
				'	IGINED	0.00

DSE SCHEDULE. PAGE 14.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,284,359.25	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. 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? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) • \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2024/2

DSE	SCHEDULE.	PAGE	16

	LEGAL NAM	DSE SCHEDULE. PA ME OF OWNER OF CABLE SYSTEM: SYSTEM	
Name	<u>۱</u>	WAVE DIVISION HOLDINGS LLC	6474
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		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
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	
			_
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
Computation of	-	ir answer is "No, compute your system's base rate ree in block b. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers boated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	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)▶ \$ 30,033.36	
		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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
WAVE DIVISION HOLDINGS LLC	6474	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4 A Enter 0.01064 of grace receipte		8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1)		of
C. Multiply line B by 3.000 and enter here►\$		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
E. Subtract 4,000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	dcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple		9
ups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	fee to exclude	-
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation of
this exclusion, you must:		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		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
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Partially Distant
However, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant at	station you	Permitted
carried to that community.	station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distat subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your s subscriber groups.	system's	
In each section: • Identify the communities/areas represented by each subscriber group.		
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to 	all of the	
subscribers in the group.		
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave 	it in narte 2-3	
and 4 of this schedule; or,		
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it i part 6 of this schedule. 	n block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gener	al instructions	
 in the paper SA3 form. Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on t 	he precedina	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not i your actual calculations on the form.	(that is, the total	

FORM SA3E. P/	AGE	19.
---------------	-----	-----

LEGAL NAME OF OWNE							6474 6474
В				TE FEES FOR EA			
COMMUNITY/ AREA		SUBSCRIBER GRC		COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
		-					
						-	
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First G	roup	\$ 4,28	4,359.25	Gross Receipts Se	cond Group	\$	0.00
·			<u>,</u>			·	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	0.00
	THIRD	SUBSCRIBER GRC	UP			SUBSCRIBER GRO	UP
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-						
		-					
						-	
						-	
otal DSEs			0.00	Total DSEs			0.00
Gross Receipts Third (Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00
	_						
Base Rate Fee Third (iroup	\$	0.00	Base Rate Fee For	urth Group	\$	0.00
				11			
Base Rate Fee: Add th			criber group	as shown in the boxe	es above.		
nter here and in block	< 3, line 1, s	space L (page 7)				\$	0.00

ACCOUNTING PERIOD: 2024/2

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						SY	STEM ID#	Name
WAVE DIVISION F	IOLDING	SLLC					6474	Name
B	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP			-	
COMMUNITY/ AREA PORT ORCHARD, BELFAIR, AL			COMMUNITY/ AREA 0			9		
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						-		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 4,284	,359.25	Gross Receipts Second Group \$ 0.00				
						- T		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
			U				.	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DGE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			I					
			I					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourt	n Group	\$	0.00			
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group \$ 0.		0.00		
			•					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.								
Enter here and in block 3, line 1, space L (page 7)								

ACCOUNTING PERIOD: 2024/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474				
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: □ First 50 major television market □ Second 50 major television market 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 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				