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 | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| AMOUNT | | | | | | |
| \$ | | | | | | |
| 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 subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 86 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC | | | | | | | | |
| | | | | 807 | 720242 | | | | |
| | | | | 807 | 2024/2 | | | | |
| | | | | | | | | | |
| | 3700 MONTE VILLA PARKWAY | | | | | | | | |
| | BOTHELL W 98021 | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to | | | | | | | | |
| | names already appear in space B. In line 2, give the mailing address | or the system, if di | merent from the address giv | en in space | ∌ D. | | | | |
| 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 W 98021 | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identi | fy only the frst com | nmunity served below and re | elist on pag | e 1b | | | | |
| Area | with all communities. | | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | |
| First | DUVALL | WA | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple of | hannel line-ups in | Space G. | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB | GRP# | | | | |
| Sample | Alda | MD | Α | | 1 | | | | |
| | Alliance | MD | В | | 2 | | | | |
| | Gering | MD | В | | 3 | | | | |

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

| FORM SA3E. PAGE 1b. | | | | | | | | | | |
|--|-------------------|------------|------------|------------------------|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | | |
| WAVE DIVISION HOLDINGS LLC | | | 807 | | | | | | | |
| | | | | | | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by | a subscriber grou | | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | | |
| DUVALL | WA | | | First | | | | | | |
| | | | | Community | | | | | | |
| | | | | Community | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | See instructions for | | | | | | |
| | | | | additional information | | | | | | |
| | | | | on alphabetization. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Add rows as necessary. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

807

WAVE DIVISION HOLDINGS LLC

_

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO | OCK 1 | | П | BLOCK 2 | | | | |
|--|-------------|----|-------|---------|---------------------|-------------|------|--|
| | NO. OF | | | П | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | Ш | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | I | | | | |
| Service to first set | 1,741 | \$ | 37.95 | | | | | |
| Service to additional set(s) | | | | ΙÏ | | | | |
| • FM radio (if separate rate) | | | | Ιľ | | | | |
| Motel, hotel | | | | Ιľ | | | | |
| Commercial | 16 | \$ | 7.12 | H | | | | |
| Converter | | | | Ιľ | | | | |
| Residential | | | | ıľ | | | | |
| Non-residential | | | | ľ | | | | |
| | | ļ | | i ľ | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 2 | | | | | | | |
|---|---------|-------|-------------------------------|----|----------------|------------------------|-------|-------|
| CATEGORY OF SERVICE RATE CATEGORY | | | CATEGORY OF SERVICE | R | ATE | 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. LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name 807 WAVE DIVISION HOLDINGS LLC 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 unde 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 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 prograr Television basis 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 th 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 other. basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO. ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl WETA-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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-N (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 experience of the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". planation 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 syste 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 subje 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 designation 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 the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AA | | |
|-----------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|------------------------|
| 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 | |
| CBUT - CBC | 2 | I | Yes | 0 | VANCOUVER, BC | |
| KBTC - PBS | 28 | Е | No | | TACOMA, WA | See instructions for |
| KCPQ - FOX | 13 | N | No | | TACOMA, WA | additional informatio |
| KCTS - PBS | 9 | Е | No | | SEATTLE, WA | "" on alphabetization. |
| KCTSDT2 - PBS Kids | 9.2 | Е | No | | SEATTLE, WA | |
| KCTSDT3 - Create | 9.3 | Е | No | | SEATTLE, WA | |
| KFFV - MeTV | 44.1 | N | No | | SEATTLE, WA | |
| KFFVDT 2- Movies! | 44.2 | N | No | | SEATTLE, WA | **** |
| KING - NBC | 5 | N | No | | SEATTLE, WA | |
| KINGDT2 - True Crime | 5.2 | N | No | | SEATTLE, WA | |
| KINGDT3 - Quest | 5.3 | N | No | | SEATTLE, WA | |
| KINGDT4 - THE365 | 5.4 | N | No | | SEATTLE, WA | |
| KIRO - CBS | 7 | N | No | | SEATTLE, WA | |
| KIRODT2 - Cozi TV | 7.2 | N | No | | SEATTLE, WA | |
| KIRODT3 - Laff | 7.3 | N | No | | SEATTLE, WA | |
| KIRODT4 - Telemundo | 7.4 | N | No | | SEATTLE, WA | |
| KOMO - ABC | 4 | N | No | | SEATTLE, WA | |
| KOMODT2 - Comet | 4.2 | N | No | | SEATTLE, WA | |
| KOMODT3 - Charge! | 4.3 | N | No | | SEATTLE, WA | |
| KONG - Independent | 16 | I | No | | EVERETT, WA | |
| KSTW - Independent | 11 | I | No | | TACOMA, WA | |
| KSTWDT2 - Decades | 11.2 | N | No | | TACOMA, WA | |
| KTBW - TBN | 20 | N | No | | SEATTLE, WA | |
| KUNS - CW | 51.1 | N | No | | BELLEVUE, WA | |
| KUNSDT2 - TBD | 51.2 | N | No | | BELLEVUE, WA | |
| KUNSDT3 - The Nest | 51.3 | N | No | | BELLEVUE, WA | |
| KVOS - Heroes & Icons | 12.1 | N | No | | BELLINGHAM, WA | |
| KVOS DT4- Decades | 12.4 | N | No | | BELLINGHAM, WA | |
| KWDK - Daystar | 56 | N | No | | TACOMA, WA | |

| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID: | | | | | | |
|---|--|---|---|--|--|-----------------------------|--|--|--|--|--|
| WAVE DIVISIO | N HOLDING | S LLC | | | 80 | 7 Name | | | | | |
| PRIMARY TRANSMITTE | RS: TELEVISION | ON | | | | | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 | In General: In space G, identify every television station (including translator stations and low power television stations) 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph | | | | | | | | | | |
| Substitute Basis S | Stations: With | respect to an | y distant station | s carried by your | cable system on a substitute progran | Transmitters: Television | | | | | |
| basis 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 in the paper SA3 form. | | | | | | | | | | | |
| | | - | | | es such as HBO, ESPN, etc. Identify ation. For example, report multi | | | | | | |
| cast stream as "WETA WETA-simulcast). | 2". Simulcast | streams mus | st be reported in | column 1 (list eac | ch stream separately; for example | | | | | | |
| its community of licens on which your cable sy | se. For examplystem carried t | e, WRC is Ch he station | nannel 4 in Was | hington, D.C. This | s may be different from the channe | | | | | | |
| educational station, by (for independent multion For the meaning of the | entering the lecast), "E" (for nese terms, see ation is outside | etter "N" (for r concommercia page (v) of the the local se | network), "N-M" al educational), ne general instru rvice area, (i.e. " | (for network multi or "E-M" (for nonc actions located in 'distant"), enter "Y | cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form 'es". If not, enter "No". For an ex | | | | | | |
| Column 5: If you ha | ave entered "Y ne distant stati | es" in columi on during the | n 4, you must co accounting per | emplete column 5, iod. Indicate by e | stating the basis on which you ntering "LAC" if your cable syster | | | | | | |
| For the retransmiss | ion of a distan | t multicast str | eam that is not | subject to a royal | ty payment because it is the subjec | | | | | | |
| ~ | | | | | ystem or an association representin ary transmitter, enter the designa | | | | | | |
| tion "E" (exempt). For | simulcasts, als | o enter "E". I | f you carried the | channel on any | other basis, enter "O." For a furthe | | | | | | |
| | | | | | ted in the paper SA3 form ty to which the station is licensed by the | | | | | | |
| FCC. For Mexican or C Note: If you are utilizing | | . , | | • | th which the station is identifed | | | | | | |
| Note. If you are utilizati | ig munipie cha | | EL LINE-UP | | п спаппет ше-цр. | _ | | | | | |
| 4 0011 | a picact | | | | 6. LOCATION OF STATION | - | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | | | |
| KWPX - ION | 33 | N | No | | BELLEVUE, WA | | | | | | |
| KWPX DT3 - Bour | 33.3 | 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 807 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2024/2

| TORWOADE. FACE 5. | | | | | | ACCOUNTING | T LINIOD. 2024/2 | | | | | |
|---|--|--|--|--|--------------------------------|------------------|-------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF WAVE DIVISION HOLD | | | | | S | YSTEM ID# 807 | Name | | | | | |
| SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a | ify every noi | nnetwork televi | sion program broadcast by | a distant stati | , | | ı | | | | | |
| explanation of the programm form. | ing that mus | st be included in | n this log, see page (v) of th | e general ins | tructions located in the pa | per SA3 | Substitute Carriage: | | | | | |
| 1. SPECIAL STATEMEN | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | | | |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | | | | | |
| 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 SUBSTITUTI | E PROGRA | AMS | | | | | | | | | | |
| In General: List each subsclear. If you need more spa | | | | s wherever p | oossible, if their meaning | is | | | | | | |
| | | | nai pages. vision program (substitute | program) th | at, during the accounting | 9 | | | | | | |
| | egulations, o ation. Do no Lucy" or "N m was broa | or authorizatio ot use general BA Basketball adcast live, ent | ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter | eneral instructor or "basketba "No." | ctions located in the pape | er | | | | | | |
| Column 4: Give the bro the case of Mexican or Car | adcast stati nadian stati | ion's location (ons, if any, the | | e station is li e station is id | dentified). | | | | | | | |
| Column 5: Give the mol first. Example: for May 7 gi | | / when your sy | stem carried the substitute | e program. U | lse numerals, with the m | onth | | | | | | |
| Column 6: State the time to the nearest five minutes | | | ogram was carried by you | | | itely | | | | | | |
| stated as "6:00-6:30 p.m." | · | | | · | • | | | | | | | |
| Column 7: Enter the let to delete under FCC rules | | | n was substituted for prog | | | | | | | | | |
| gram was substituted for p | rogramming | | | | | | | | | | | |
| effect on October 19, 1976 | - | | | | | | | | | | | |
| s | UBSTITUT | E PROGRAM | 1 | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON FOR | | | | | | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | · | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| LEGA | AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | |
|--|---|----------------------------|---|--|--|--|--|--|--|
| | VE DIVISION HOLDINGS LLC | 807 | 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 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. \$ 641,126.39 | | | | | | | | | |
| IMP | ORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gross receipts) | | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | |
| bloc | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below. | | | | | | | | |
| 3 be | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elelow. | | | | | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below. I | ıld be entered on line | | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. | | | | | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | \$ 641,126.39 | | | | | | | |
| | Enter the result here. This is your minimum fee. | \$ 6,821.58 | | | | | | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. No—Leave block 3 below blank and control to the property of the property | n 4, you must check | | | | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ 6,821.58 | | | | | | | |
| | 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 | \$ 6,821.58 | | | | | | | |
| 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 | \$ 6,821.58 | Cable systems | | | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE : Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | 0.00 | submitting additional deposits under | | | | | | |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | 0.00 | Section 111(d)(7) should contact | | | | | | |
| | Line 4. FILING FEE | \$ 725.00 | the Licensing 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 | \$ 7,546.58 | appropriate form for submitting the | | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.) | See page (i) of the | additional fees. | | | | | | |

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

| Name | LEGAL NAME OF OWNER OF O | | | SYSTEM ID# | | | | | | | |
|--|---|-------------|--|--------------------------------------|--|--|--|--|--|--|--|
| M | | | the number of channels on which the cable system carried television broable system's total number of activated channels, during the accounting pe | | | | | | | | |
| Channels | 1. Enter the total number of channels on which the cable system carried television broadcast stations | | | | | | | | | | |
| | - | stem c | tivated channels arried television broadcast stations | 340 | | | | | | | |
| N Individual to | INDIVIDUAL TO BE C we can contact about to | | TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.) | | | | | | | | |
| Be Contacted for Further Information | Name Brian Cioffi Telephone 631-609-0917 | | | | | | | | | | |
| | (Number, stree | et, rural r | pad East, Suite 3100 ute, apartment, or suite number) | | | | | | | | |
| | Princetol (City, town, sta | ate, zip) | | | | | | | | | |
| | Email t | oriani.c | ioffi@astound.com Fax (optional) | | | | | | | | |
| 0 | CERTIFICATION (This s | stateme | nt of account must be certifed and signed in accordance with Copyright Off | ice regulations.) | | | | | | | |
| Certifcation | • I, the undersigned, here | eby cert | fy that (Check one, but only one, of the boxes.) | | | | | | | | |
| | (Owner other than o | corpora | ion or partnership) I am the owner of the cable system as identifed in line 1 o | f space B; or | | | | | | | |
| | | | corporation or partnership) I am the duly authorized agent of the owner of the hat the owner is not a corporation or partnership; or | e cable system as identified | | | | | | | |
| | (Officer or partner) in line 1 of space | | officer (if a corporation) or a partner (if a partnership) of the legal entity identife | d as owner of the cable system | | | | | | | |
| | | correct t | of account and hereby declare under penalty of law that all statements of fact on the best of my knowledge, information, and belief, and are made in good faith | | | | | | | | |
| | | X | /s/ Parisa Salehani | | | | | | | | |
| | (| e.g., /s/ | electronic signature on the line above using an "/s/" signature to certify this statem lohn Smith). Before entering the first forward slash of the /s/ signature, place your en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo | cursor in the box and press the "F2" | | | | | | | |
| | 1 | Гуреd с | r printed name: Parisa Salehani | | | | | | | | |
| | 1 | Γitle: | Senior Vice President, Controller (Title of official position held in corporation or partnership) | | | | | | | | |
| | С | Date: | February 28, 2025 | | | | | | | | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | M ID# | |
|---|----------|---|
| WAVE DIVISION HOLDINGS LLC | 807 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | | Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - ays | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | | |
| Owner Address | | |
| First community served | | |
| Accounting period | | |
| ID number | | |

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 | E 11. (CONTINUED) | | | | | | | | | | | |
|----------------------|---|--------------------|----------------------------------|---------------------|--------------------------|-----|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM | | | | | | | | | | | |
| ' | WAVE DIVISION HOLDI | NGS LLC | | | | 807 | | | | | | |
| | SUM OF DSEs OF CATEGOR | | NS: | ı | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | | | |
| | Enter the sum here and in line | | 1.00 | | | | | | | | | |
| | | , - | | | | i | | | | | | |
| 2 | Instructions: | a | | | | | | | | | | |
| | In the column headed "Call | Sign": list the ca | Il signs of all distant stations | s identified by the | e 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, gi | | | , | | | | | | | | |
| Category "O" | 70 | | CATEGORY "O" STATION | NS: DSEs | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | |
| | CBUT - CBC | 1.000 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Add rows as | | | | | | | | | | | | |
| necessary. | | | | | | | | | | | | |
| Remember to copy | | | | | | | | | | | | |
| all formula into new | | | | | | | | | | | | |
| rows. | | | | | | | | | | | | |
| 10113. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | ··· | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | ļ | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| N | LEGAL NAME OF C | OWNER OF CABLE SYSTEM: | | | | | • | SYSTEM ID# | | |
|---|--|--|--|--|---|---|--|------------|--|--|
| Name | WAVE DIVIS | SION HOLDINGS LLC | : | | | | | 807 | | |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6 | CAPACITY st the call sign of all dista 2: For each station, give to correspond with the information of the correspond with the information of the correspond of the figure in collection of the corresponding of the corres | the number of hou mation given in spather total number oumn 2 by the figurenal point. This is to station, give the figurenal 4 by the figurenal point. | rs your cable syst pace J. Calculate of f hours that the st- e in column 3, and he "basis of carria ype-value" as "1.0 ure in column 5, and | em carried the sonly one DSE for ation broadcast of give the result ge value" for the properties." For each network give the result give give give give give give give give | station during the accor r each station over the air during the in decimals in column e station. vork or noncommercia | accounting period. 4. This figure must I educational station to no less than the | | | |
| Capacity | CATEGORY LAC STATIONS: COMPUTATION OF DSEs | | | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | IRS C | NUMBER OF HOURS STATION ON AIR | 4. BASIS OI CARRIAC VALUE | | | SE | | |
| | | | ÷ | | = <u> </u> | <u>x</u> | = | | | |
| | | | ÷ | | = <u> </u> | <u>x</u> | = | | | |
| | | | <u>.</u> | | | x | <u>-</u> | | | |
| | | | <u> </u> | | | x x | | | | |
| | | | <u>-</u> | | | x | | | | |
| | | | ÷ | | = | x | = | | | |
| | | | ÷ | | = | x | = | | | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Giv • Was carried tions in efference ellower e | This is the station's DSE | ation listed in space itution for a progratian shown by the learn programs during a number of live, not spond with the infection of the calendar years of the figure in (For more informatical interests). | ce I (page 5, the L am that your syste etter "P" in columr ig that optional car connetwork prograt cormation in space ear: 365, except i in column 3, and g ation on rounding, | og of Substitute m was permitted n 7 of space I); a rriage (as shown I ms carried in sub I. n a leap year. give the result in see page (viii) o | Programs) if that statid to delete under FCC and by the word "Yes" in column to postitution for programs column 4. Round to not the general instruction | t station: FCC rules and regularing column 2 of | | | |
| | | SUI | BSTITUTE-BA | SIS STATION | S: COMPUTA | ATION OF DSEs | | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | |
| | | ÷ | | = | | | + | = | | |
| | | ÷ | | = | | | ÷ | = | | |
| | | | | | | | | | | |
| | | ÷ | | = | | | - | = | | |
| | | ÷ | | = | | | ÷ | = | | |
| | Add the DSEs | s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p | | ule, | | 0.0 | 00 | | | |
| 5 | | ER OF DSEs: Give the ams applicable to your system | | es in parts 2, 3, an | d 4 of this sched | ule and add them to pro | | | | |
| Total Number | | f DSEs from part 2 ● | | | | - | 1.00 | | | |
| of DSEs | 2. Number o | f DSEs from part 3 ● | | | | <u>}</u> | 0.00 | | | |
| | 3. Number of DSEs from part 4 ● ▶ 0.00 | | | | | | | | | |
| | TOTAL NUMBE | ER OF DSEs | | | | | <u></u> | 1.00 | | |

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

| LEGAL NAME OF C | | | | | | | S | YSTEM ID# 807 | Name |
|--|--|--|---|---|--|---|--|------------------|--|
| schedule. | "Yes," leave the re | emainder of p | · | 7 of the DSE sche | edule blank ar | nd complete pa | rt 8, (page 16) of | the | 6 |
| If your answer if | "No," complete blo | | | ELEVISION M. | ARKETS | | | | Computation of |
| effect on June 24, | 1981? | utside of all | major and sma | ller markets as de | fined under s | | · | ulations in | 3.75 Fee |
| <u> </u> | plete blocks B and | | JO NOT COM | - LETE THE KEIVIP | AINDER OF F | AITI O AIND T. | | | |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: CALL SIGN | under FCC rules | and regulations of DSE Sche | ons prior to Jur dule. (Note: Th | part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below ro Act of 2010.) | ırther explana | ation of permitte | ed stations, see th | e | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC r. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre | eles and regued pursuant to a defined al education of the station (76.) It is station to individually carries the station which is station to individually carries the station which is the station which is the station where the station which is the station of the station which is the station which is the station of the station which is the station of the station of the station which is the station of the station | lations cited be to the FCC mand in 76.5(kk) (7 al station [76.565) (see paragulule). Lal waiver of Fed on a part-timitrithin grade-B of the station of the | ne or substitute bas contour, [76.59(d)(| se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g | n June 24, 198), 76.61(b)(c), 1) referring to 7 g to 76.61(d)] randfathered si | 76.63(a) referring 5.61(e)(1) tations in the | | |
| Column 3: | | e stations ide | ntified by the le | parts 2, 3, and 4 o | | | 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 | (D | 1.00 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 1.00 | |
| | | F | BLOCK C: CC | MPUTATION O | F 3.75 FEF | | | | |
| ine 1: Enter the | total number of | | | | | | | | |
| ine 2: Enter the | sum of permitte | ed DSEs fro | m block B ab | ove | | | | | |
| | | | | r of DSEs subject 7 of this schedu | | rate. | , | | |
| ine 4: Enter gro | oss receipts from | space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represen partially |
| ine 5: Multiply I | ine 4 by 0.0375 | and enter si | um 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 I | ine 6 by line 5 a | nd enter her | e and on line | 2. block 3. spac | e L (page 7) |) | | 0.00 | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 807 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET** Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSF CALL SIGN DSE CALL SIGN DSF CALL SIGN DSE **CBUT - CBC CBUT - CBC** 1.00 1.00 1.00 1.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC | SYSTEM ID# 807 | Name |
|---------------|---|-------------------|-------------------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 641,126.39 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 1.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 1.00 | of the Syndicated Exclusivity |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. | 0.00 | Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 | J. | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | , L | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | _ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | |
| Section 4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | SE | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | | DSE SCHEDUL ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC | STEM ID# |
|---------------------------|------------------------|---|----------|
| 7 | Section | | |
| - | 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| Syndicated 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 | <u></u> |
| | Instru | ctions: | |
| 8 | | 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 | |
| 0 | | checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | |
| Computation | | ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. | |
| of Base Rate Fee | - | ar 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 What i | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | |
| | | ocated 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. | |
| | | 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 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. | |
| | 2 | (If block A of part 6 was checked "Yes," | |
| | C#: | 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) | 0.00 |
| | | Base Rate Fee | 0.00 |

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

| DSE SCF | EDULE. PAGE 17. | ACCOUNTING | 1 PERIOD: 2024/2 |
|----------|---|---------------------|----------------------------|
| LEGAL N | AME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
| WAVI | E DIVISION HOLDINGS LLC | 807 | Nume |
| 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 gross receipts | | 8 |
| | (the amount in section 1) | | |
| | `************************************** | | |
| | B. Enter 0.00701 of gross receipts | | Computation |
| | (the amount in section 1) \$ | | of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here \$ | | Dado Hato I do |
| | 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) | 0.00 | |
| | Base Rate Fee | 0.00 | |
| | | | |
| | PTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broastead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip | | _ |
| | Space G. | io diamioi mio | 9 |
| In Gen | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate | e fee, to exclude | Computation |
| | s from subscribers located within the station's local service area, from your system's total gross receipts. To tal | ke advantage of | of |
| this exc | clusion, you must: | | Base Rate Fee |
| | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista | | and Syndicated |
| | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe | | Exclusivity |
| | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | | Surcharge |
| _ | If any portion of your cable system is located within the top 100 television market and the station is not exemp | | for Partially |
| | is any portion of your capie system is located within the top 100 television market and the station is not exemp Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A | | Distant |
| Howev | er, if your cable system is wholly located outside all major television markets, complete block A only. | | Stations, and |
| How to | Identify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| - | : For each community served, determine the local service area of each wholly distant and each partially distant | station you | Stations |
| | to that community. | | |
| outside | : For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to that ne token, the station is distant to the subscriber.) | | |
| Step 3 | : Divide your subscribers into subscriber groups according to the complement of stations to which they are dist | ant. Each | |
| | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide. | e that a cable | |
| | Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups. | system's | |
| In each | section: | | |
| • Identi | fy the communities/areas represented by each subscriber group. | | |
| | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant t | o all of the | |
| | bers in the group. | | |
| • If: | aveters is leasted whelly sylvide all major and another television manufactor give each station's DCF as you may | a it in manta 2, 2 | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave of this schedule; or, | e it in parts 2, 3, | |
| 2) any | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule. | in block B, | |
| • Add t | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene | eral instructions | |
| | e paper SA3 form. | . S. IIIOG GOGOTIO | |
| - | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on | | |
| DSEs f | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ctual calculations on the form. | , | |

| WAVE DIVISION H | IOLDING | S LLC | | | | | 807 | Nan |
|-------------------------|--------------------|-----------------------|--------------|-----------------------|-----------|------------------|----------|-------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | FIRST | SUBSCRIBER GRO | UP | | SECONE | SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA | DUVAL | L | | COMMUNITY/ AREA | | | | 9 Comput |
| CALL SIGN | DSE | | | | | DSE | of | |
| CBUT - CBC | 1.00 | | | | | | | Base Rat |
| | | | | | | | | and |
| | | | | | | | | Syndica |
| | - | | | | | n - | | Exclusi |
| | - | | | | ····· | | | Surcha |
| | | | | | | | | for |
| | - | | | | | | | |
| | | | | | | | | Partial |
| | | | | | | | | Distar |
| | | | | | | | | Station |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | H | | |
| | <u> </u> | | <u></u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 1.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ 641 | ,126.39 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ 6 | ,821.58 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | UP | | FOURTH | I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| | | | | COMMONTT / ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | - | | | | | n - | | |
| | ··· | | . | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | ĺ | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | <u> </u> | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | • | | | th Cons | | | |
| Gross Receipts Third C | oroup | \$ | 0.00 | Gross Receipts Four | ın Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add th | ne base rat | e fees for each subsc | criber group | as shown in the boxes | above. | | | |
| Enter here and in block | | | vinei Aionb | as shown in the boxes | . ಎು∪೪೮. | \$ | 6,821.58 | |

| EGAL NAME OF OWNE | | | | | | | SYSTEM ID# 807 | Name |
|---|----------|----------------|----------|---|-----------|----------------|-------------------|----------------|
| BI | | | | TE FEES FOR EAC | | | | |
| 201111111111111111111111111111111111111 | | SUBSCRIBER GRO | UP | 001111111111111111111111111111111111111 | | SUBSCRIBER GRO | UP 0 | 9 |
| COMMUNITY/ AREA | DUVAL | .L | | COMMUNITY/ ARE | Α | | Computa | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate |
| | | | | | | - | | and |
| | | | | | | | | Syndicat |
| | | | | | | | | Exclusiv |
| | | H | | | | | | Surchar for |
| | | | | | | | | Partiall |
| | | | | | | | | Distan |
| | | | | | | | | Station |
| | | | | | | | | |
| | <u> </u> | | ļ | | | | | |
| | <u> </u> | | | | | | | |
| | <u>-</u> | | <u> </u> | | | | | |
| | <u> </u> | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | ralla | 6 641 | | | | | | |
| Gross Receipts First G | roup | \$ 641 | ,126.39 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | UP | | FOURTH | SUBSCRIBER GRO | UP | |
| OMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | - | | |
| | | | | | | | | |
| | | _ | | | | | | |
| | <u> </u> | H | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | | _ | | | | | | |
| | | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| Fotal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Fotal DSEs Gross Receipts Third C | · | \$ | 0.00 | Gross Receipts Fou | · | | 0.00 | |
| | · | \$ | | | · | \$ | | |
| ross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | | 0.00 | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 807 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$