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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
02/28/2018	\$ 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 Period	2017/2			
	Instructions:			
Bowner	Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	WAVE DIVISION HOLDINGS LLC			
				255442017
				25544 2017/2
	401 KIRKLAND PARKPLACE SUITE500			
	KIRKLAND WA 98033			
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	IDENTIFICATION OF CABLE SYSTEM:			
	WAVE BROADBAND			
	MAILING ADDRESS OF CABLE SYSTEM:			
	401 KIRKLAND PARKPLACE SUITE 500 2 (Number, street, rural route, apartment, or suite number)			
	KIRKLAND WA 98033			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	CAMANO ISLAND CENTRAL	WA		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace 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 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 suffciency of the fling, a determination that would be made by a court of law.

-ORM SA3E. PAGE 1b.			OVOTER ID#						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			25544						
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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns to	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
CAMANO ISLAND CENTRAL	WA	Α		First					
SEVEN LAKES	WA	A		Community					
BIG LAKE	WA	A		Community					
LA CONNER	WA	A							
BAYVIEW	WA	A							
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					
				i l					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

25544

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				BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	SUBSCRIBERS		NAIL		CATEGORY OF SERVICE	SUBSCRIBERS	NAIL		
Service to first set	12,080	\$	25.95						
Service to additional set(s)									
FM radio (if separate rate)									
Motel, hotel	366	\$	25.95						
Commercial									
Converter									
Residential									
Non-residential		ļ		١.					

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 1							BLOCK 2	
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F		CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential					
Pay cable	\$	17.00	Motel, hotel					
 Pay cable—add'l channel 			Commercial			Ī		
Fire protection			Pay cable			Ī		
Burglar protection			Pay cable-add'l channel			Ī		
Installation: Residential			Fire protection			Ī		
First set	\$	29.99	Burglar protection			Ī		
 Additional set(s) 	\$		Other services:			Ī		
 FM radio (if separate rate) 			Reconnect	\$	29.95	Ī		
Converter			Disconnect			Ī		
			Outlet relocation			Ī		
		 Move to new address 			Ī			
						ľ		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 25544 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) **CBUT - CBC** 2 Ν VANCOUVER, BC Yes KOMO - ABC 4 Ν No SEATTLE, WA See instructions for additional information Ν KING - NBC 5 No SEATTLE, WA on alphabetization. No **KONG - Independ** 16 ı **EVERETT, WA** 7 Ν No KIRO - CBS SEATTLE, WA Ν **KWPX - ION** 33 No **BELLEVUE, WA** 9 KCTS - PBS Ε No SEATTLE, WA Ν KZJO - JOEtv 22 No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA **KVOS - MeTV** 12 Ν No **BELLINGHAM, WA** Ν TACOMA, WA **KCPQ - FOX** 13 No KTBW - TBN 20 Ν No SEATTLE, WA KFFVDT2 - Azteca 44.2 Ν No SEATTLE, WA KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA 9.2 Ε KCTSDT2 - PBS K No SEATTLE, WA KINGDT2 - Justice SEATTLE, WA 5.2 Ν No **KOMODT2 - Com** 4.2 Ν SEATTLE, WA No

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/2		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
WAVE DIVISION	N HOLDING	S LLC			25544	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
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 program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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"								
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is licensed by the which the station is identifed.			
Note. If you are utilized	ig multiple chai	•	EL LINE-UP	•	спаппет ше-ир.			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA			
KOMODT3 - Char	4.3	N	No		SEATTLE, WA			
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA			
KSTWDT2 - Deca	11.2	N	No		TACOMA, WA			
								
								
	ļ							
	<u> </u>							
	<u> </u>	l			ļ			
	<u> </u>	<u> </u>			ļ			

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25544 WAVE DIVISION HOLDINGS LLC 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

						ACCOUNTING	PERIOD: 2017
					<u> </u>	SYSTEM ID# 25544	Name
E: SPECIA	AL STATEMEN	NT AND PROGRAM LOC	ì				
accounting poming that mu	eriod, under spe st be included i	ecific present and former FC n this log, see page (v) of the	C rules, regula	itions, or auth	norizations.	For a further	Substitute Carriage:
eriod, did you			is, any nonnet	work televisi			Special Statement an
	rest of this pag	ge blank. If your answer is	"Yes," you mu	st complete			Program Log
pace, please of every no a distant state gulations, continued the state of every no not be been and the state of the state	attach addition onnetwork televition and that your authorization of use general of the additional and the additional attack of the additional attack of the additional and the additional attack of	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the gereategories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	orogram) that, d for the progreeral instruction "basketball". No." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:26 amming that yol; enter the lett	during the acramming of ans located in List specific nsed by the Itified). numerals, which is the time and pur system wher "P" if the Itified where "P" it it it is the Itified where "P" it it is the Itified where "P" it is it is the Itified where "P"	ccounting another stat the paper program FCC or, in ith the mones accurate ould be vas required isted pro	tion hth ly	
SUBSTITU	TE PROGRAM	1				7. REASON FOR	
2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			DELETION	
I Speak all parting to the contract of the con	tify every no accounting poining that multiple of the counting of the counti	atify every nonnetwork televistation period, under spening that must be included in the included included in the included included included included in the included included included in the included included included included in the included included included in the included i	tify every nonnetwork television program broadcast by a accounting period, under specific present and former FC ming that must be included in this log, see page (v) of the IT CONCERNING SUBSTITUTE CARRIAGE eriod, did your cable system carry, on a substitute base action? o", leave the rest of this page blank. If your answer is been program on a separate line. Use abbreviations acce, please attach additional pages. The program on a separate line of the general categories like "movies", or a clistant station and that your cable system substitute equilations, or authorizations. See page (vi) of the general categories like "movies", or Lucy" or "NBA Basketball: 76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter "Nacional stations, if any, the community to which the nadian stations, if any, the community with which the nation and the substitute program was carried by your seem of the substitute program was carried by your seem of the substitute program was carried by your seem of the substitute program was carried by your seem of the substitute program was substituted for program or regulations in effect during the accounting period or organization in the substitute program was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete the substitute programming that your system was permitted to delete	E: SPECIAL STATEMENT AND PROGRAM LOG Itify every nonnetwork television program broadcast by a distant station accounting period, under specific present and former FCC rules, regularing that must be included in this log, see page (v) of the general instruction (in this page) and in the general instruction (in this page) blank. If your answer is "Yes," you must be of every nonnetwork television program (substitute program) that, a distant station and that your cable system substituted for the program on the program on the program (substitute program) that, a distant station and that your cable system substituted for the program on the program on the program (substitute program) that, a distant station and that your cable system substituted for the program egulations, or authorizations. See page (vi) of the general instruction ation. Do not use general categories like "movies", or "basketball". Lucy" or "NBA Basketball: 76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter "No." It sign of the station broadcasting the substitute program. In adacast station's location (the community to which the station is licer nadian stations, if any, the community with which the station is licer in and day when your system carried the substitute program. Use inve "5/7." It is substitute program was carried by your cable system. It is sex when the substitute program was carried by your cable system. It is sex when the substitute program was carried by your cable system. It is sex when the substitute program was carried by your cable system. It is sex when the substitute program was substituted for programming that your and regulations in effect during the accounting period; enter the left programming that your system was permitted to delete under FCC rustices. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	tify every nonnetwork television program broadcast by a distant station that your call accounting period, under specific present and former FCC rules, regulations, or authing that must be included in this log, see page (v) of the general instructions located in this log, see page (v) of the general instructions located in this log, see page (v) of the general instructions located in this log, see page (v) of the general instructions located in this log, see page (v) of the general instructions located in this log, see page (v) of the general instructions located in the program on a separate line. Use abbreviations wherever possible, if their acce, please attach additional pages. The program on a separate line. Use abbreviations wherever possible, if their acce, please attach additional pages. The of every nonnetwork television program (substitute program) that, during the acce, please attach additional pages. The of every nonnetwork television program (substitute program) that, during the acceptance, please attach additional pages. The of every nonnetwork television program (substitute program) that, during the acceptance, please attach additional pages. The of every nonnetwork television program (substitute program) that, during the acceptance, please attach additional pages. The of every nonnetwork television program (substituted for the programming of a general instructions located in acceptance, please attach additional pages. The of every nonnetwork television program (substituted for the program. It is specific laury or "NBA Basketball". List specific laury or "NBA Basketball". List specific laury or "NBA Basketball". Care so s. Bulls." The was broadcast live, enter "Yes." Otherwise enter "No." The station is location (the community to which the station is licensed by the finalian stations, if any, the community to which the station is identified). The additional pages. The program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shows the program was substituted for programming that your	This is the program on a separate line. Use abbreviations wherever possible, if their meaning is ace, please attach additional pages. To every nonnetwork television program broadcast by a distant station that your cable system accounting period, under specific present and former FCC rules, regulations, or authorizations. In the pain to the general instructions located in the pain to the pain to the general instructions located in the pain to the general instructions located in the pain to the general composition of the program of the program on a separate line. Use abbreviations wherever possible, if their meaning is ace, please attach additional pages. To every nonnetwork television program (substitute program) that, during the accounting a distant station and that your cable system substituted for the programming of another state egulations, or authorizations. See page (vi) of the general instructions located in the paper ation. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: "76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter "No." Isign of the station broadcasting the substitute program. Isign of the station broadcasting the substitute program. Use numerals, with the morive "57." The swhen the substitute program was carried by your cable system. List the times accurated the substitute program is dentified). The program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be ster "R" if the listed program was substituted for programming that your system was required and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in 6. TIMES WHEN SUBSTITUTE CARRIAGE OCCURRED 2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG tify every nonnetwork television program broadcast by a distant station that your cable system carried on a accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further ming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. TT CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonnetwork television program atton? Yes No

LEG.	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WA	VE DIVISION HOLDINGS LLC	25544	Name
Ins all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	condary transmission service compute this amount, see \$ 1,918,464.00	K Gross Receipts
IIVIF	ORTANT: Four must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• Cor • Cor • If you fee • If you accord	CRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. It is sufficiently any distant television stations, leave block 3 blank. Enter the after block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	parts of the DSE Schedule	Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ok 3 below.	pe entered on line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in block	
	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	ould be entered on line	
	block 4 below.		
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.	ee is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 1,918,464.00	
	Enter the result here. This is your minimum fee.	\$ 20,412.46	
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 colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and or the stations of the st	mn 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	\$ 5,103.11	
	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	\$ 5,103.11	
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	\$ 20,412.46	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.		submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 21,137.46	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	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC 25544
	CHANNELS
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
01	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
Channels	Enter the total number of channels on which the cable
	system carried television broadcast stations
	2. Enter the total number of activated channels
	on which the cable system carried television broadcast stations
	and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual
	we can contact about this statement of account.)
Individual to Be Contacted	
for Further	Name OXANA SOSKOVA Telephone 425-576-8200
Information	Name OXANA GOSTOVA
1	Address 401 KIRKLAND PARKPLACE SUITE 500
	(Number, street, rural route, apartment, or suite number)
	KIRKLAND WA 98033
	(City, town, state, zip)
	Email tax.dept@wavebroadband.com Fax (optional) 425-576-8221
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.
0	
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 system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	in line 1 of space B and that the owner is not a corporation of parties hip, of
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ John Feehan
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	- LOUN FEETIAN
	Typed or printed name: JOHN FEEHAN
	Title: CFO
	(Title of official position held in corporation or partnership)
	Date: February 28, 2018
	······································

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor 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 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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
WAVE DIVISION HOLDINGS LLC 25544	- Hame					
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."	P Special Statement Concerning					
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?	Exclusion					
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Name 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						
x days						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
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.

ACCOUNTING PERIOD: 2017/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)								
4	LEGAL NAME OF OWNER OF CABI	LE SYSTEM:			SY	STEM ID#			
•	WAVE DIVISION HOLDINGS LLC 255								
	SUM OF DSEs OF CATEGO	RY "O" STATION	NS:						
	Add the DSEs of each statio		0.05						
	Enter the sum here and in line		0.25						
2	Instructions:								
	In the column headed "Call of space G (page 3).	Sign": list the ca	Il signs of all distant stations	s identified by the	e letter "O" in column 5				
Computation	In the column headed "DSE	": for each indep	endent station, give the DSI	E as "1.0"; for ea	ch network or noncom-				
of DSEs for	mercial educational station, gi	ive the DSE as ".2	25."						
Category "O"			CATEGORY "O" STATION	T TT					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBUT - CBC	0.250		·					
				<u>.</u>					
				<mark>.</mark>					
Add rows as		···		<mark>-</mark> - 					
necessary.		<u> </u>		· - -					
Remember to copy				- 					
all formula into new				 					
rows.		···		<mark>-</mark>					
		···							
		···							
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		<mark></mark>		<u>.</u>					
		<mark></mark>		.					
				<u>.</u>					
				<u>.</u>					
				<mark>.</mark>					
		<mark></mark>		· - -					
		<u>-</u>		·					
		···		· - -					
		<u> </u>							
				- -					
		<u></u>		·					
		·		·					
		···		- -					
	L			I					

Name			;				,	SYSTEM ID# 25544
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should 6 Column 3 Column 4 be carried out Column 5 give the type-	st the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the control of the column of	he number of h mation given in he total number umn 2 by the fig mal point. This i station, give the flumn 4 by the f	ours your cable syste space J. Calculate or or of hours that the stat pure in column 3, and is the "basis of carriage "type-value" as "1.0.' igure in column 5, and igure in column 5,	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the ' For each netwo	ation during the account each station. ver the air during the acc decimals in column 4 station. ork or noncommercial ec in column 6. Round to n	ting period. This accounting period. This figure must ducational station, no less than the actions in the paper E	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	Instructions: CAPACITY Column 1: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 4: The figure should continue 2 by the figure in column 2 by the figure in column 4: This figure must be carried out at least to the third declinal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the Lype value sa *1.0". Column 5: For each independent station, give the Lype value sa *1.0". Column 6: For each independent station, give the Lype value sa *1.0". Column 6: Author) the station of the station. Column 6: For each independent station, give the Lype value sa *1.0". Column 6: Author) the station of the station. Column 6: For each independent station, give the Lype value sa *1.0". Column 6: Author) the station of the station of the station of the station of the station. Column 6: For each independent station, give the Lype value sa *1.0". Column 6: Author) the station of th						SE	
			······		······		=	
			÷		=	x		
			÷		=	x	=	
							_	
					=		=	***************************************
	Add the DSEs	of each station.		edule,	▶	0.0	0	
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv Was carried tions in effe Broadcast c space I). Column 2: at your option. Column 3: Column 4:	I by your system in substact on October 19, 1976 (one or more live, nonnetwood of the This figure should correst of the number of days bride the figure in column of the Station's DSE	itution for a pro as shown by th ork programs du number of live spond with the is in the calenda in 2 by the figur (For more infor	gram that your systen e letter "P" in column uring that optional carr, nonnetwork program information in space I. Ir year: 365, except in re in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of	to delete under FCC rul d y the word "Yes" in column stitution for programs the column 4. Round to no let the general instructions	es and regular- n 2 of at were deleted ess than the third	orm).
	1							
		OF	OF DAY	S	1. CALL SIGN	OF	OF DAYS	4. DSE
		÷		=			÷	=
		÷		=			÷	
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs	of each station.				0.0	0	25544 SE SE
5				poxes in parts 2, 3, and	4 of this schedul	le and add them to provid	le the tota	
Total Number	1. Number o	f DSEs from part 2●				>	0.25	
of DSEs		·				>		
	3. Number o	f DSEs from part 4 ●				>	0.00	B form). RR 4. DSE R = = = = = = = = = = = = = = = = = = =
	TOTAL NUMBE	R OF DSEs					>	0.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF C							S	YSTEM ID# 25544	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
	, ,			ELEVISION M	ARKETS				Computation of
l <u>=</u>	1981?	schedule—[•	aller markets as de				gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant to on as defined all educations of station (76.0 or DSE sched ant to individuation with the station will be station w	lations cited boothe FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-ting grade-Boothe fitting	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e)	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the v	. °	Т	
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		0.25	0.0.1	27.10.10		5.5.1	27.10.10		
							<u> </u>		
						l		0.25	
		В	I OCK C: CO	MDUTATION OF				<u> </u>	
		В	LOCK C. CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the								0.25	
Line 2: Enter the	sum of permitte	a DSEs fror	m block B ab	ove			.	0.25	
Line 3: Subtract (If zero, l				r of DSEs subject 7 of this schedu		rate.	<u>.</u>	0.00	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				·	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	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 25544 Instructions: You must complete this worksheet for those stations identifed 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 Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) 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 A—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 3. ACCOUNTING 6. PERMITTED 1. CALL 2. PRIOR 4. BASIS OF 5. PRESENT **PERIOD CARRIAGE** DSE DSE SIGN DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 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 community served by the cable system prior to March 31, 1972? (refe commercial VHF station that places a grade B contour, in whole 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 DSE CALL SIGN CALL SIGN DSE DSE CALL SIGN DSE CBUT - CBC 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name					
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	20011						
Section								
1	Enter the amount of gross receipts from space K (page 7)	1,918,464.00	/					
Section 2	A. Enter the total DSEs from block B of part 7	0.25	Computation of the					
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	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 defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.							
	SECTION 3: TOP 50 TELEVISION MARKET							
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.							
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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							
	Synticated Exclusivity Suicharge							
	SECTION 4: SECOND 50 TELEVISION MARKET							
Section 4a	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 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							

LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
,	WAVE DIVISION HOLDINGS LLC	25544
Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). 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. \$	
You m 6 was In blo If you blank What i	nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A or checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B is. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B is. but a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscriber occated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area.	below
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
• Did v		
	Yes—Complete part 9 of this schedule. X 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)	4.00
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.).	0.25
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). \$\begin{array}\$ \$ \text{5,10} \\ \end{array}\$ 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. \$\\ \end{array}\$	3.11
	Instru You m 6 was In blo If you If you blank What were I service Did y Section 1 Section 2	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4 a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	SYSTEM ID# 25544	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 gross receipts (the amount in section 1) * **Tender of the image is a content of the image is a conte		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) * \$		Computation 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) \$ \bigset\$		
	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	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		ο.
receipt	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Identi Give	section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n 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 in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestalculations on the form.	at is, the total	

BLOCK A COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP O	LEGAL NAME OF OWN						S	YSTEM ID#	Name
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CAMANO ISLAND CENTRAL, BI CALL SIGN DE CALL	WAVE DIVISION I	HOLDING	SS LLC					25544	Name
CALL SIGN DSE CALL SIGN	B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group Sase Rate Fee Third Group Sase Rate Fee Fourth		FIRST	SUBSCRIBER GROU	IP		SECONE	SUBSCRIBER GRO	UP	^
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA	CAMAN	NO ISLAND CENT	RAL, BI	COMMUNITY/ ARE	Α		0	9
Base Rate Fee First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN									Computation
and and Exclusivity Surcharge for Surcharge for Partially Distant Stations Fortal DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Country Coun									
Saucharge Total DSEs Soross Receipts First Group Soross Receipts Soross Receip									
fortal DSEs		 				····-		·····	
Partially Distant Stations Total DSEs									
Sase Rate Fee Third Group Sase Rate Fee Finit Group Total DSEs O.00 Total DSEs O.00 Total DSEs O.00 Base Rate Fee Second Group OCMMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ AREA OCMUNITY		 	-	 		·····			
Stations Stations		 		•					
Total DSES Gross Receipts First Group Total DSES Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE		···	-	†		•••••			
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		••••••••							
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN				ļ					
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CAL	Total DSEs			0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CA	Gross Receipts First G	Group	\$ 1,918	,464.00	Gross Receipts Sec	ond Group	\$	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CA	Base Bate Foe First C	roup	*	0.00	Paca Pata Fac Soc	and Croup	•	0.00	
COMMUNITY/ AREA O CALL SIGN D SE CALL SIGN	base Rate Fee Filst G	поир	Þ	0.00	Dase Nate Fee Sec	ond Group	Þ	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	UP	
Total DSEs O.00 Gross Receipts Third Group Base Rate Fee Third Group O.00 Base Rate Fee Third Group O.00 Base Rate Fee Third Group O.00 Base Rate Fee Fourth Group O.00 Company the state of t	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
Total DSEs O.00 Gross Receipts Third Group Base Rate Fee Third Group O.00 Base Rate Fee Third Group O.00 Base Rate Fee Third Group O.00 Base Rate Fee Fourth Group O.00 Company the state of t									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				-			-		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			-						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		···		+		·····			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		 		+					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		•	-			•••••			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			-						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		<u></u>							
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			_						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		 		+		····			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs		II	0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receints Third (Group	\$		Gross Receints Fou	rth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		W	·			Этоар	<u>*</u>		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		_							
	Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
					<u> </u>				
	Raco Dato Eco. Add 4	he hace ===	to fooe for each subse	riber group	as shown in the have	a abovo			
				ιιυ υ ι gιουβ	as shown in the boxes	abuve.	\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION F						S	YSTEM ID# 25544	Name
В				TE FEES FOR EAC				
	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA	NO ISLAND CEN	IRAL, BI	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	<mark>.</mark>							Exclusivity
								Surcharge
	<mark>.</mark>				<u>.</u>		<u></u>	for
	··	<u> </u>	···		····		····	Partially Distant
						+		Stations
			<u></u>					
	Ļ					Ц		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,918	3,464.00	Gross Receipts Seco	and Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>				<u>.</u>		<u></u>	
					····	-		
			•••		····		<u></u>	
	<mark>.</mark>							
		-						
			•••				····	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Page Bata Fee Third	roup	c c	0.00	Page Pate Fee Fee	th Crows	•	0.00	
Base Rate Fee Third (oroup	\$	0.00	Base Rate Fee Four	ш Стоир	\$	0.00	
3 B - 4 - E · A - 1 - 1 4 b	e hase ra	te tees for each subs	criber aroun	as shown in the boxes	s above.			

ACCOUNTING PERIOD: 2017/2

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 25544 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 mustalso 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 Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown