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		
08/29/2018	\$ 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	2018/1				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account in the conduction of the country of the conduction of the country of	ss of the cable syster on the last day of the	em. the accounting period should su		744
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	WAVE DIVISION HOLDINGS LLC				
				107442018	
	401 KIRKLAND PARKPLACE SUITE500 KIRKLAND WA 98033				
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 of	of the system, if dif	ferent from the address giv	en in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND				
	MAILING ADDRESS OF CABLE SYSTEM: 401 KIRKLAND PARKPLACE SUITE 500 (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 com	munity served below and re	elist on page 1b	
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	SILVERTON	WA			
Community	Below is a sample for reporting communities if you report multiple ch				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	
Sample	Alda Alliance	MD MD	A B	2	
	Gering	MD	В	3	
		,,,2			

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			10744				
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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each relationated by a number (based on your reporting from Part 9).	e column blank. If	you report any st	ations				
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#				
SILVERTON	WA	Α		First			
WOODBURN	WA	Α		Community			
PORTLAND	WA	Α					
SUBLIMITY	WA	Α					
SALEM	WA	В					
MOLALLA	WA	A		See instructions for			
SHERIDAN	WA	C		additional information on alphabetization.			
CANBY	WA	A					
	••••••						
			•••••	Add rows as necessary.			
	•••••		•••••				
	•••••						
	••••••						
	•••••						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

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.

BLG	OCK 1	•	BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	11,358	\$ 25.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	402	\$ 25.95				
Commercial						
Converter						
 Residential 						
 Non-residential 						
		†			(·····	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 17.00				
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 29.99	 Burglar protection 			
Additional set(s)	\$ 14.99	Other services:			
FM radio (if separate rate)		 Reconnect 	\$ 29.95		
Converter		 Disconnect 			
		 Outlet relocation 			
		 Move to new address 			

FORM SA3E. PAGE 3.					OVOTEM ID#	1
LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC				SYSTEM ID# 10744	Name	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further in in the paper SA3 for Column 1: List eacl each multicast stream cast stream as "WETA-	s, identify every ystem during the ons in effect or .61(e)(2) and (is, as explaine tations: With r C rules, regulater in space only on a substand also in space formation concern. In station's call associated with .2". Simulcast	y television standard programme 24, 1964 (1964), or 76.63 (1964), or 76.63 (1964), or 76.63 (1964), or 24,	g period, except 81, permitting the referring to 76.6° paragraph. v distant stations orizations: t it in space I (the stion was carried rute basis station report origination coording to its over be reported in o	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) or program services the column 1 (list each	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the attentian basis and also on some other attention basis	G Primary Transmitters: Television
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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Mana		
WAVE DIVISION	N HOLDING	S LLC			10744	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under in network programs [sections	G		
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 Stations: With respect to any distant stations carried by your cable system on a substitute program								
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. 								
		-			s such as HBO, ESPN, etc. Identify			
			•	•	ion. For example, report multi- stream separately; for example			
WETA-simulcast).	s channel numb	or the ECC h	as assigned to t	ha talavision static	on for broadcasting over-the-air in			
			•		may be different from the channel			
on which your cable sy			ation is a netwo	rk station, an inde	pendent station, or a noncommercial			
					ast), "I" (for independent), "I-M"			
,	**		* *	•	mmercial educational multicast).			
For the meaning of the Column 4: If the sta		•	•		s". If not, enter "No". For an ex-			
planation of local servi					paper SA3 form. tating the basis on which your			
I			-	=	ering "LAC" if your cable system			
carried the distant stati	•							
					payment because it is the subject tem or an association representing			
•			•	• .	y transmitter, enter the designa-			
` '			•	•	ner basis, enter "O." For a further d in the paper SA3 form.			
					to which the station is licensed by the			
Note: If you are utilizing				-	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AB				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
KRCWDT2 - Antei	32.2	STATION	No	(If Distant)	SALEM, OR			
KRCWDT3 - This	32.3	N	No		SALEM, OR			
KPWC - Azteca	37.1	N	No		SALEM, OR			
KPDX - MyNetwor		N	No		VANCOUVER, WA			
KPDXDT2 - Escap		N	No		VANCOUVER, WA			
KPDXDT3 - Bound		N	No No		VANCOUVER, WA			
KPDXDT4 - Grit	49.4	N	No		VANCOUVER, WA			
		••••••						
		•••••						
	<u> </u>							
		••••••						

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 10744 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL NAME OF OWNER OF WAVE DIVISION HOLD						SYSTEM ID# 10744	Name
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ar explanation of the programm	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	lations, or authorization	s. For a further	I
form. 1. SPECIAL STATEMEN - During the accounting per broadcast by a distant state. Note: If your answer is "No	riod, did you tion?	ır cable systen	n carry, on a substitute ba	-	Yes	XNo	Substitute Carriage: Special Statement and Program Log
log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rescanding for futher informatititles, for example, "I Love I Column 2: If the programe Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA titute progra tice, please of every no distant stat gulations, of tion. Do no Lucy" or "Ni m was broad sign of the adcast static addian static and and day we "5/7." es when the Example: a er "R" if the and regulati rogramming	am on a separa attach addition innetwork televition and that your authorization of use general BA Basketball: dcast live, entestation broadcon's location (tons, if any, the when your system is substitute program carrolisted program carrons in effect d	ate line. Use abbreviations all pages. vision program (substitute our cable system substitute is. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "asting the substitute program community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio	wherever porprogram) that ed for the program instruction "basketball" No." am. e station is lice station is ide program. Us cable system :15 p.m. to 6: amming that d; enter the left e under FCC	essible, if their meaning t, during the accounting gramming of another s ions located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the min. List the times accura 28:30 p.m. should be your system was requireter "P" if the listed prorules and regulations in	is ation er onth eely	
	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE LIAGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	BEELTION	
						-	

GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning 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, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of	K Gross Receipts L 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. 	
If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of	
block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.	
Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 1,812,722.00 19,287.36	
Block DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.	
Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ - Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	
Line 3. Add lines 1 and 2 and enter here \$	
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. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	Cable systems submitting additional deposits under Section 111(d)(7) should contact
Line 4. FILING FEE	the Licensing additional fees. Division for the appropriate
	form for submitting the additional fees.

Name		STEM ID#
	CHANNELS	
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name OXANA SOSKOVA Telephone 425-576-8200	
	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	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
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 identifed 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	
	(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 "F button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	2"
	Typed or printed name: JOHN FEEHAN	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: August 28, 2018	

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 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
WAVE DIVISION HOLDINGS LLC	10744	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1.7 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners? X NO	sic de sub- 19." the	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
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 underpayer an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	yment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** 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 offling.	riginal	
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.

MAVE DIVISION HOLDINGS LLC SUM OF DSE3 OF CATEGORY "O" STATIONS: - Add the DSE3 of each station. Enter the sum here and in line 1 of part 5 of this schedule. Computation of DSEs for Category "O" Stations Category "O" Stations CALL SIGN DSE CALL SIGN	•	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#			
SUN OF DEEs OF CATEGORY "O" STATIONS: - Add the DEEs of each station. Criter the sum here and in line 1 of part 5 of this schedule. 2 Computation of DEEs for Category "O" Stations Add rows as necessary. Remember to copy all formula into new rows.	1	WAVE DIVISION HOLDI	NGS LLC							
Add rows as necessary. Remember to copy all formula into new rows.				NC.						
Enter the sum here and in line 1 of part 5 of this schedule. 2 Computation of DSEs for Category "0" Stations Add rows as necessary. Remember to copy all formula into new rows.										
Instructions: in the column banded "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space (6 (page 3). In the column banded "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space (6 (page 3). In the column banded "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "2.5". CALL SIGN DSE CALL SIG				0.00						
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space (or Joge 3). In the column headed "Dse": for each independent station, give the DSE as "1.0"; for each network or noncommercial column headed "Dse": for each independent station, give the DSE as "2.5". Category "O" Stations Add rows as necessary. Remember to copy all formula into new rows.					<u></u>					
Computation of DSEs for Category "O" Stations Add rows as necessary. Remember to copy all formula into new rows.	2									
Computation of DSEs for Category "O" Stations Add rows as necessary. Remember to copy all formula into new rows.			Jigii . Hat the ce	an signs of an distant stations	s identified by the	c ictici o in columno				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C	Computation	In the column headed "DSE"			as "1.0"; for e	ach network or noncom-				
Stations CALL SIGN DSE CALL S		mercial educational station, given	e the DSE as ".							
Add rows as necessary. Remember to copy all formula into new rows.				_	1					
Remember to copy all community into new rows.	Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Remember to copy all community into new rows.										
Remember to copy all community into new rows.										
Remember to copy all community into new rows.										
Remember to copy all community into new rows.										
Remember to copy all community into new rows.	Add rows as									
Remember to copy all formula into new rows.					<u> </u>					
formula into new rows.	, ·									
rows.										
										
					 					
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		 	 ······································

	LEGAL NAME OF O	WNER OF CABLE SYSTEM:					S	YSTEM ID#
Name	WAVE DIVIS	ION HOLDINGS LLC						10744
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	It the call sign of all distate: For each station, give the correspond with the information of the correspond with the information of the color of t	ne number of h mation given in ne total numbe imn 2 by the fig nal point. This station, give the lumn 4 by the f	nours your cable system space J. Calculate or r of hours that the statement of the column 3, and going the "basis of carriage "type-value" as "1.0."	in carried the stat lly one DSE for e on broadcast over give the result in a e value" for the s For each networ	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity			ATEGORY	LAC STATIONS:	COMPLITATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS :D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE
			÷		=	x		
			÷			x		
						x x		
						x		
			÷		=	x	=	
			÷		= 	x x	<u>-</u>	
4 Computation	Add the DSEs of Enter the su Instructions: Column 1: Give • Was carried tions in effe	m here and in line 2 of page 2 of page 3 of page 4 of page 5 of pa	art 5 of this sch ation listed in s itution for a pro as shown by th	pace I (page 5, the Loggram that your system	g of Substitute Pr was permitted to 7 of space I); and	o delete under FCC rules d	and regular-	
of DSEs for Substitute- Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted						m).	
		SU	BSTITUTE-	BASIS STATION	S: COMPUTA	TION OF DSEs		1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		-		=
		÷		=		-		=
		÷		=		4	•	=
		÷		=		4		=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. on here and in line 3 of pa			▶	0.00		
5		R OF DSEs: Give the ame		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number of	DSEs from part 2 ●				>	0.00	
of DSEs		DSEs from part 3 ●				<u> </u>	0.00	
	3. Number of	DSEs from part 4 ●				•	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

	WNER OF CABLE S ON HOLDINGS						S	48TEM ID# 10744	Name
	ck A must be comp	leted.							
In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.								e	6
• If your answer if "No," complete blocks B and C below.								Computation	
BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in									Computation 3.75 Fee
fect on June 24,	1981?		,				CC rules and regu	iations in	
_	lete blocks B and		O NOT COME	PLETE THE REMA	INDER OF PA	ART 6 AND 7.			
		BLO	CK B: CARF	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For ful ne letter M below re Act of 2010.)	rther explanat	ion of permitte	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regued pursuant to a selfined al educational station (76.6 r DSE sched and to individuationally carried HF station well as selfined and to individuationally carried HF station well and to individuationally carried HF station well and to individuationally carried HF station well appears to a selfined and the station well as selfined	lations cited be to the FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-timithin grade-B of the south of the state of the	ne or substitute bas contour, [76.59(d)(5	se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring estitution of grants	June 24, 1987, 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 cetter "F" in column			orksheet on page	Г	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of l	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitte
ne 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see pa 9 instruction
ne 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 10744 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE 7 Instructions: Block A must be completed. In block A: 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? No—Proceed to part 8 Yes—Complete blocks B and C. 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 X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,812,722.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	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 fqure 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 Dis 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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	١	WAVE DIVISION HOLDINGS LLC	10744							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	<u></u>							
	Inotru	ctions:								
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pact checked "Yes," use the total number of DSEs from part 5.	art							
		checked 163, doc the total number of boes from part of boes from p								
Computation	_	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	• If you blank	your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
	What i	лалк. Inat is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		were located within that station's local service area and others were located outside that area. For the definition of a station's "local								
	SCIVICO	ervice area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		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)	00_							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ■ 0	.00							
	Section		<u></u>							
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)								
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee.	-							
İ	1	<u> </u>								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

	AND OF OUR FOR ARISE OVERTELL		
	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC SYST	EM ID# 10744	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee \$	0.00	
shall ins	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast s stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
-	Space G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to	exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advai dusion, you must:	ntage of	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 the or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	number o	and
must al	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B ter, if your cable system is wholly located outside all major television markets, complete block A only.		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 station to that community.	you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were locate the station's local service area. A subscriber located outside the local service area of a station is distant to that station to to the subscriber.)		
subscril	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
-	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system' ber groups.	s	
	section:		
• Give t	y the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	he	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pa f this schedule; or,	ırts 2, 3,	
, , ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block 6 of this schedule.	(В,	
	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 instrupaper SA3 form.	uctions	
page. I DSEs fo	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prec n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to tual calculations on the form.	, the total	

LEGAL NAME OF OWNER WAVE DIVISION H						S	YSTEM ID# 10744	Name
							10/44	
B		COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH			IP.	
COMMUNITY/ AREA		n, Woodburn, Po		SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Compute
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computar of
								Base Rate
								and
						<u> </u>		Syndicat
								Exclusiv
								Surchar
								for
						+		Partiall Distan
						+		Station
	.							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 1,812,722.00			,722.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIRD SUBSCRIBER GROUP			P		FOURTH	I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·							
								
	. 							
	 				<u></u>			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	s	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	. ~~P	. *		S. 222 . (200)pto i ouit	C. Oup	<u>*</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H			•			S	YSTEM ID# 10744	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	NITY/ AREA Silverton, Woodburn, Portland, S			COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		-						and
								Syndicated
		-						Exclusivity
					 			Surcharge for
	+							Partially
••••••					•		<u> </u>	Distant
								Stations
	<u> </u>							
								
	-				<u>.</u>			
								
T-4-L DOT-			0.00	T-4-LD05-			0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 1,812,722.00				Total DSEs	d Croup		0.00	
31088 Receipts Filst Gi	oup	\$ 1,812	,122.00	Gross Receipts Secon	и Стоир	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRD SUBSCRIBER GROUP					FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	+	-			·-		<u></u>	
	†				<u>-</u>		<u></u>	
					<u>.</u>			
								
			ļ					
	+							
	 				···	 	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes al	bove.	\$	0.00	

ACCOUNTING PERIOD: 2018/1

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	WAVE DIVISION HOLDINGS LLC	10744							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	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 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 of	☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS:								
Base Rate Fee									
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 								
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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)							