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.

SA1-2E Short Form

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (Y)	(YY/(Period))	
	2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional	- see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under	which the owner conducts the business of the	he cable system.	
	-		he last day of the accounting period should s	submit a
	single statement of account and roya	Ity fee payment covering the entire account	ting period.	28046
	Check here if this is the system's first	filing. If not, enter the system's ID number a	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM		
	WAVE DIVISION HOLDINGS LLC	:		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT))	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	401 KIRKLAND PARKPL (Number, street, rural route, apartment, or s			
	KIRKLAND WA 98033 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any b names already appear in space B. In I			5
System	1	M:		
	MAVE BROADBAND	TEM·		
	2 (Number, street, rural route, apartment, or s			
	KIRKLAND WA 98033 (City, town, state, zip code)			

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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Namo	WAVE DIVISION HOLDINGS LLC	2804
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	CHELAN	WA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							A1-2E. PAG
Name	WAVE DIVISION HOLDI							-	280
	SECONDARY TRANSMISSION		BSCDIB		ATES				
E	In General: The information in s			-	-	ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n							s charged	
	separately for the particular serv							as and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny stanac		o within a		
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngin-nai						
	BLO	OCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:	850		25.95					
	Service to first set								
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		108	25.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS		s				
-	In General: Space F calls for ra							vices that were	
F					spect to a	Ill your cable sy	stem's ser		
	not covered in space E, that is, t				combinati	on with any sec	ondary trar	nsmission	
Comisso	service for a single fee. There a	re two exceptior	ns: you d	o not need to	combinati give rate	on with any sec information cor	ondary trar cerning (1	nsmission) services	
Services Other Than	service for a single fee. There as furnished at cost or (2) services	re two exception or facilities furn	ns: you de iished to i	o not need to nonsubscribe	combinati give rate rs. Rate i	on with any sec information cor nformation shou	ondary tran cerning (1 Id include	nsmission) services both the	
Services Other Than Secondary	service for a single fee. There a	re two exceptior or facilities furn hit in which it is	ns: you de iished to i	o not need to nonsubscribe	combinati give rate rs. Rate i	on with any sec information cor nformation shou	ondary tran cerning (1 Id include	nsmission) services both the	
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	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	WAVE DIVISION HOLE			280
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	lso in space I, if the station was carrient of concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th	<i>bt</i> (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and al- s, see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove e station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	CBUT - CBC	2	<u> </u>	VANCOUVER, BC
Add Rows as Necessary	КОМО - АВС	4	N	SEATTLE, WA
	KOMODT3 - Charge!	4.2	N	SEATTLE, WA
	KOMODT2 - CometTV	4.3	N	SEATTLE, WA
	KING - NBC	5	Ν	SEATTLE, WA
	KINGDT2 - Justice Ne	5.2	Ν	SEATTLE, WA
	KINGDT3 - Quest	5.3	Ν	SEATTLE, WA
	KIRO - CBS	7	Ν	SEATTLE, WA
	KIRODT2 - getTV	7.2	N	SEATTLE, WA
	KIRODT3 - Laff	7.3	N	SEATTLE, WA
	KCTS - PBS	9	E	SEATTLE, WA
	KCTS Plus	9.1	E	SEATTLE, WA
	KCTSDT2 - PBS Kids	9.2	E	SEATTLE, WA
	KCTSDT3 - Create	9.3	E	SEATTLE, WA
	KSTW - CW	11	N	TACOMA, WA
	KSTWDT2 - Decades	11.2	N	ТАСОМА, WA
	KVOS - Heroes & Icor	12.1	Ν	BELLINGHAM, WA
	KCPQ - FOX	13	N	TACOMA, WA
	KONG - Independent	16	l	EVERETT, WA
	KTBW - TBN	20	N	SEATTLE, WA
	KZJO - JOEtv	22	N	SEATTLE, WA
	KZJODT3 - Antenna T	22.3	N	SEATTLE, WA
	KWPX - ION	33	Ν	BELLEVUE, WA
		00		

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	WAVE DIVISION HOLI	DINGS LLC		28046
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting 1 (2) and (4), or 76.63 (referring to 76.15 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the ne form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instra of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. it the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

WAVE DIVIS	ION HOLD	INGS L	LC					280
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be receint t the Co sign of the he static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's H system's FM ar this point, see p sed by the cable ne station is lice	leadend, and (2 tenna, during c age (v) of the <u>c</u> system as a se nsed by the FC	2) it can eertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						.		
						.		
						·		

Accounting Peric							FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	С					28046
	SUBSTITUTE CARRIAG							
1					-	tion that was	ur aabla ava	tone convictions
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 				isis, any noni	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta		2			Г	YES	× NO
Trogram Log	-				" "		-	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Lina abbraviation	a whorever p	aaaibla if th	oir moonin	a io
	clear. If you need more spa				s wherever p			y 15
	· ·			vision program ("substitute	e program") t	hat, during f	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, (ries like "mo	or autnorizatio ovies" or "bask	ns. See page (V) of the ge rethall " List specific progra	neral instruct	ions for furt	ner informa Love Lucv"	or
	"NBA Basketball: 76ers vs.					skampie, in		01
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by t	ha ECC ar	in
	the case of Mexican or Car	adian stati	ons. if any. the	e community with which the	e station is id	entified).	THE FUU OI,	
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitute	e program. U	se numerals	s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to c			
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976		your system w	as permitted to delete und		s and regula	luons in	
		•						1
						N SUBSTI		
	S		E PROGRAM		-	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM -	IMES – TO	5222.000
		100 01 110	ONEL CIGIT		AND BAT		10	
					·		_	
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						-	_	
						-	_	
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1								

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			S	YSTEM ID# 28046
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (vii) of the general instructions located in the paper SA1-2 form. 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	ystem's se on of how t	condary transm o compute this	nission service amount, see	7,669.00
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	,	263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	147,669.00	_	
	3. Subtract line 2 from line 1	\$	116,131.00	_	
	4. Enter the amount of gross receipts from space K		. \$	147,669.00	
	5. Enter the amount from line 3		\$	116,131.00	
	6. Subtract line 5 from line 4		\$	31,538.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	157.69
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	157.69
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			_	
	2. Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	157.69	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	177.69
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		jhts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: ION HOLDINGS LLC	SYSTEM ID# 28046
M Channels	to its subscribe	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	22
	on which the	tal number of activated channels cable system carried television broadcast stations dcast services	354
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
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	
O Certification	I, the undersig (Owr (Age in X (Off in I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system n line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of n line 1 of space B. end the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ John Feehan Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: JOHN FEEHAN Title: CFO (Title of official position held in corporation or partnership)	
		Date: 8/28/2018	

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 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 Office'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 SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
VE DIVISION HOLDINGS LLC	2804
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	- Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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 located in the paper SA1-2 form.	Q
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 located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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