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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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									
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2018/2								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				61498	820182				
				61498	2018/2				
	401 KIRKLAND PARKPLACE SUITE500								
	KIRKLAND WA 98033								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE 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	y only the frst com	munity served below and re	elist on pag	je 1b				
Area Served	with all communities. CITY OR TOWN	STATE							
First	SOUTH SAN FRANCISCO	CA							
Community	Below is a sample for reporting communities if you report multiple ch	l annel line-ups in S	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alda	A		1					
	Alliance Gering	MD MD	B		2 3				
form in order to pro numbers. By provid search reports pre	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect iccess your statement of account. PII is any personal information that can be used to identify ting PII, you are agreeing to the routine use of it to establish and maintain a public record, bared for the public. The effect of not providing the PII requested is that it may delay process of statements of account, and it may affect the legal sufficiency of the fling, a determination	y or trace an individual, which includes appeari ssing of your statement	such as name, address and telep ng in the Offce's public indexes ar of account and its placement in th	ohone nd in					

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/21/2019

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
WAVE DIVISION HOLDINGS LLC			61498				
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 hotels below the identified city or town.	me parks should b	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank. I	f you report any s	tations				
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro			-			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_			
SOUTH SAN FRANCISCO	СА	Α		First			
SAN FRANCISCO	СА	Α		Community			
BURLINGAME	СА	Α					
DALY CITY	СА	Α					
REDWOOD CITY	СА	Α					
SAN MATEO	СА	Α		See instructions for			
				additional information			
				on alphabetization.			
				Add rows as necessary.			

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:									S	YSTEM ID
Name	WAVE DIVISION HOLDI	NGS LLC										6149
-	SECONDARY TRANSMISSION	SERVICE: S	UBSCF	RIBERS AND F	RATES							
E	In General: The information in s			-		-						
Coordon	system, that is, the retransmissi											
Secondary Transmission	about other services (including particular about other services (including particular about the services (including par	• •	•			•	e must be	thos	se exis	sting on the		
Service: Sub-	Number of Subscribers: Bot						s to the ca	able	syster	n, broken		
scribers and	down by categories of secondar	•										
Rates	each category by counting the n									s charged		
	separately for the particular serventiate Rate: Give the standard rate of									and the		
	unit in which it is generally billed	-								-	P	
	category, but do not include disc							13 1	um a			
	Block 1: In the left-hand block					seconda	ry transmi	issio	n serv	ice that cable	•	
	systems most commonly provide										у	
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca								•		al	
	first set" and would be counted							nuci	OCIV			
	Block 2: If your cable system	0			· ·	,	ce that ar	e dif	ferent	from those		
	printed in block 1 (for example,					•				-	r	
	with the number of subscribers	and rates, in th	ne right-	hand block. A	two- or t	three-wo	rd descrip	tion	of the	service is		
	sufficient.	DCK 1						E	BLOC	K 2		
		NO. OF						NO. OF		RATE		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CA	TEGOR	T OF SEI	τνiς	, C	SUBSCRIBI	-85	RAIE
	Service to first set		8,709	\$ 25.95								
	Service to additional set(s)		0,100	φ 20.00								
	• FM radio (if separate rate)											
	Motel, hotel		279	\$ 25.95								
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC In General: Space F calls for ra					to all you	r cable sv	eton	n'e ser	vices that we	rο	
F	not covered in space E, that is,	•	'		•	•	•				.10	
	service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the up		s usuall	y billed. If any	rates are	e charge	d on a vai	riable	e per-p	program basis	s,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the cab	le system for e	each of t	he applic	able serv	ices	listed			
Rates	Block 2: List any services that			•								
	listed in block 1 and for which a	separate char	ge was	made or estab								
	brief (two- or three-word) descri	ption and inclu	ide the i	rate for each.								
		BLO	CK 1							BLOC	K 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SEF	RVICE	R	ATE	CA	TEGC	RY OF SER	VICE	RATE
	Continuing Services:		Install	ation: Non-res	sidentia	ıl						
	• Pay cable	\$ 17.00		otel, hotel								
	• Pay cable—add'l channel		-	mmercial								
	Fire protection			y cable	hav: '							
	•Burglar protection			y cable-add'l c	nannel							
	Installation: Residential • First set	\$ 20.00		e protection	,							
		\$ 29.99 \$ 14.99		rglar protectior services:	I							
	 Additional set(s) FM radio (if separate rate) 	φ 14.39		connect		\$	29.95					
	• Converter			sconnect		4	23.35					
				itlet relocation								
			• Mc	ove to new add	ress							

SYSTEM ID#

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID		
WAVE DIVISION		S LLC			61498	B Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
carried by your cable s	ystem during t	he accounting	g period except	(1) stations carrie	ns and low power television stations) ed only on a part-time basis under rtain network programs [section:	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							
Substitute Basis S basis under specifc FC			-	is carried by your	cable system on a substitute progran	Television	
				he Special Staten	nent and Program Log)—if the		
	and also in spa formation conc	ace I, if the sta			titute basis and also on some othe of the general instructions located		
Column 1: List each multicast stream	h station's call associated wit	h a station ac	cording to its o	ver-the-air design	es such as HBO, ESPN, etc. Identifi ation. For example, report multi ch stream separately; for example		
NETA-simulcast).		sucants mus		column r (list eau	ch stream separately, for example		
	e. For example	e, WRC is Ch	•		ation for broadcasting over-the-air ir s may be different from the channe		
Column 3: Indicate	in each case v	whether the s			dependent station, or a noncommercia icast), "I" (for independent), "I-M		
for independent multic	ast), "E ["] (for n	oncommercia	al educational),	or "E-M" (for none	commercial educational multicast)		
For the meaning of the Column 4: If the sta					the paper SA3 form /es". If not, enter "No". For an ex		
planation of local servio	ce area, see pa	age (v) of the	general instruc	tions located in th	ne paper SA3 form		
					, stating the basis on which you ntering "LAC" if your cable syster		
	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 representin							
of a written agreement	entered into o	n or before Ju			· · ·		
of a written agreement the cable system and a	entered into o a primary trans	n or before Ju mitter or an a	ssociation repr	esenting the prim	ary transmitter, enter the designa		
of a written agreement the cable system and a tion "E" (exempt). For s	entered into o a primary trans simulcasts, also	n or before Ju mitter or an a o enter "E". If	ssociation repr	esenting the prime channel on any o	· · ·		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
WAVE DIVISIO	N HOLDING	IS LLC			61498	
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space (carried by your cables) FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th	G, identify ever system during ions in effect of 5.61(e)(2) and sis, as explaine Stations: With CC rules, regul in here in space only on a subs and also in sp iformation con- orm. ch station's call associated with A-2". Simulcast e channel num se. For exampl ystem carried t e in each case v entering the li- cast), "E" (for r ese terms, see ation is outside ice area, see p ave entered "Y he distant statii ion on a part-ti sion of a distant simulcasts, also nee categories	y television sinthe accounting on June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or auth e G—but do lis stitute basis ace I, if the st cerning substi- l sign. Do not the station ac streams mus ber the FCC I e, WRC is Ch he station whether the s etter "N" (for r noncommercia page (v) of the ethe local ser age (v) of the fer the local ser age (v) of the sime basis bec t multicast str on or before Jus smitter or an a so enter "E". If s, see page (v)	g period except 981, permitting t referring to 76.6 paragraph y distant station horizations: st it in space I (ti ation was carried itute basis static report originatic coording to its out t be reported in has assigned to has assigned to hannel 4 in Was tation is a netw network), "N-M" al educational), re general instruction of 4, you must co accounting per ause of lack of eam that is not une 30, 2009, b association repri- you carried the of the general	(1) stations carri- the carriage of ce 51(e)(2) and (4))] is carried by your the Special Stater ed both on a subs- bons, see page (v) on program servic ver-the-air design column 1 (list ea the television sta- hington, D.C. Thi ork station, an ine (for network mult or "E-M" (for non- uctions located in to omplete column 5 iod. Indicate by e activated channe subject to a royal etween a cable s esenting the prime e channel on any instructions located	Yes". If not, enter "No". For an ex he paper SA3 form is, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subject system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form	G Primary Transmitters: Television
Column 6: Give the	e location of ea	ach station. Fo	or U.S. stations,	, list the commun	ity to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizir					ith which the station is identifed	
Note. Il you are utilizit			•		in 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 NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
KICUDT3 - CCTV	36.3		No	(II Distant)	SAN JOSE, CA	
KCNS - SBN	38	I NI	No			
		N		-	SAN FRANCISCO, CA	
KTNC - SF	42	N	No		CONCORD, CA	
KBCW - CW	44	N	No		SAN FRANCISCO, CA	
KSTS - Telemund		N	No		SAN JOSE, CA	
KSTSDT2 - TeleX	48.2	N	No		SAN JOSE, CA	
KEMO - Azteca	50.1	N	No		FREMONT, CA	
KQEHDT3 - World	54.3	Е	No		SAN JOSE, CA	
KQEHDT4 - Kids	54.4	Е	No		SAN JOSE, CA	
KCSM - Independ	60	N	No		SAN MATEO, CA	
KKPX - ION	65	N	No		SAN JOSE, CA	
KTLN - TLN	68	N	No		PALO ALTO, CA	

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High contract list every radio station carried on a separate and discrete basis and ist those FM stations carried on an all-band tasks where signals, weightered line carbing the discrete basis and ist those FM stations carried on an all-band basis where signals weightered line carbing the discrete basis and ist those FM stations carried on an all-band basis where signals weightered line carbing the discrete basis and ist those FM stations carried on an all-band basis where signals weightered line carbing the discrete discrete basis and ist those FM stations carries and the carries the discrete discrete basis and ist those FM stations carries and the paper SAA form. Column 1: electric to the station is AM or FM Station carries the station carries the station carries. Column 2: electric to the station carries the station carries the station carries the station carries. Column 3: electric the station is AM or FM is SD is AM or FM is AM or FM is SD is AM or FM is SD is AM or FM is AM or F	Name	LEGAL NAME OF O							SYSTEM ID# 61498
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Sign of the state s	Primary Transmitters:	In General: Lis all-band basis of Special Instruc- receivable if (1) on the basis of For detailed infi- located in the p Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: C	t every radio s whose signals ctions Conce) it is carried b monitoring, to ormation about paper SA3 forr dentify the cal State whether f the radio star this by placin Give the statio	station ca were "g erning A by the syster be rece ut the the n. I sign of the statistion's sig g a chec n's locat	arried on a separate and discrementally receivable" by your c II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the copyright Office regulations each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the	able system duri Copyright Office at the system's h system's FM an on this point, se sed by the cable he station is licer	ing the account regulations, a leadend, and tenna, during e page (vi) of system as a s nsed by the F	nting per an FM si (2) it car certain the gen separate	riod. gnal is generally n be expected, stated intervals. eral instructions e and discrete
		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Image: section of the section of th									
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LEGAL NAME OF OWNER OF WAVE DIVISION HOLD						61498 SYSTEM	Name		
SUBSTITUTE CARRIAGE	-: SPECIA		NT AND PROGRAM I OO	}					
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizations	. For a further	Substitute		
		NING SUBST	TITUTE CARRIAGE				Carriage: Special		
	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 								
Note: If your answer is "No log in block 2.	•		ge blank. If your answer is	"Yes," you m	nust complete the progra	am			
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the lette									
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM – TO	FOR DELETION			
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FORM SA3E. PAGE 5.

FORM	SA3E. PAGE 7.		1
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WA	VE DIVISION HOLDINGS LLC	61498	
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secc identified in space E) during the accounting period. For a further explanation of how to c e (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.	ondary transmission service	K Gross Receipts
 Instru Con Con If yo fee t If yo accord 	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ slow.	entered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 1,342,431.00	
	This is your minimum fee.	\$ 14,283.47	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X	nn 4, you must check od?	
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	\$	
	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	\$-	
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	\$ 14,283.47	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 15,008.47	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	

ACCOUNTING PERI		FORM SA3E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM 61
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadca to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	st stations
	1. Enter the total number of channels on which the cable system carried television broadcast stations	30
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	. 391
N Individual to Be Contacted for Further		ne 425-576-8200
Information	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) 425-57	6-8221
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	gulations.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab 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 a 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 contait 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 curse button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus co	
	Typed or printed name: JOHN FEEHAN	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: February 21, 2019	
form in order to pro- numbers. By provid search reports prep	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informations your statement of account. PII is any personal information that can be used to identify or trace an individual, such as na ding PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the O pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account of I statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of I	ame, address and telephon ffce's public indexes anc and its placement in t

U.S. Copyright Office

FORM	SA3F	PAGE9

LEGAL NAME OF OWNE	R OF CABLE SYSTEM: SHOLDINGS LLC	61498	Name
The Satellite Hom lowing sentence: "In determ service of	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the for ining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	sub-	P Special Statement
paper SA3 form. During the accour made by satellite X NO	tion on when to exclude these amounts, see the note on page (vii) of the general instructions in the nting period did the cable system exclude any amounts of gross receipts for secondary transmission carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SESSMENTS		
	te this worksheet for those royalty payments submitted as a result of a late payment or underpaym n of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ient.	Q
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ne 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply li	ne 2 by the number of days late and enter the sum here	-	
	ne 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- arge)	
	interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance ple Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease	
** This is the o	decimal equivalent of 1/365, which is the interest assessment for one day late.		
	filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the orig	inal	
Owner Address			
First community s			
ID number			
Privacy Act Notice: Secti	on 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 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 filing, a determination that would be made by a court of law.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SI	STEM ID#	
1	WAVE DIVISION HOLDIN	IGS LLC				61498	
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00						
2 Computation of DSEs for	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	for each indepe	endent station, give the DSE				
Category "O"			CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Add rows as necessary.							
Remember to copy all formula into new rows.							

Name		OWNER OF CABLE SY					DSE SCHEDULE. PAGE 12. SYSTEM ID# 61498		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 1: Li Column 2 figure should Column 2 be carried ou Column 2 give the type- Column 6	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: 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 total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper							
	1. CALL SIGN		UMBER DF HOURS CARRIED BY YSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5. TYPE	-		
				* * * * * * * * *		x x x x x x x x x x x x x x x			
4 Computation of DSEs for Substitute- Basis Stations	 Was called by your system in substitution for a program that your system was permitted to delete under PCC rules and regular- tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted 						es and regular- 2 of t were deleted ss than the third		
	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUM OF D	AYS	NS: COMPUTA	ATION OF DSEs 2. NUMBER OF PROGRAMS	3. NUMBER 4. DSE OF DAYS IN YEAR		
			÷ ÷ ÷ ÷				+ = + = + = + = + = + = + = + = + = + =		
	Add the DSEs	of each station.	E-BASIS STATIO e 3 of part 5 of this	NS: schedule,		0.00	<u>)</u>		
5 Total Number of DSEs	number of DSE 1. Number of 2. Number of	ER OF DSEs: Give s applicable to you of DSEs from part 2 of DSEs from part 3 of DSEs from part 4	ır system. 2 ● 3 ●	he boxes in parts 2, 3, ar	nd 4 of this schedu	le and add them to provide	e the total 0.00 0.00 0.00		
	TOTAL NUMBE	ER OF DSEs					0.00		

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID#	
WAVE DIVISIO	ON HOLDINGS	LLC						61498	Name
Instructions: Blog	ck A must be comp	oleted.							
In block A: If your answer if	"Yes," leave the re	emainder of p	art 6 and part 7	7 of the DSE sched	lule blank and	complete part	t 8, (page 16) of th	e	6
schedule.	"No," complete blo		, bolow						_
n your answer n				TELEVISION M	ARKETS				Computation of
Is the cable syster	m located wholly o	utside of all r		ler markets as defi		tion 76.5 of F	CC rules and regu	lations in	3.75 Fee
effect on June 24,									
			O NOT COMP	LETE THE REMAI	INDER OF PA	RI 6 AND 7.			
X No—Comp	blete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	Es			-
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of 1 e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	 OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) TED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] 								
	 D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. 								
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page ?	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	-
									-
								0.00	
		E	BLOCK C: CC	MPUTATION OF	= 3.75 FEE				-
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule	1			-	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve				-	
				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	ım here					-	partially permited/ partially
	·						x		nonpermitted carriage? If yes, see part
Line 6: Enter tota	al number of DSI	∟s trom line	3					-	9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

	-						DSE SCHEDULE. PAGE 14.		
Name		NER OF CABLE SYST N HOLDINGS LL					SYSTEM ID# 61498		
	WAVE DIVISIO		.0				61490		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	utating DSE dule for nittedColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. 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). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								
						ID SUBSTITUTE BASIS			
	1. CALL	2. PRIOR	3. ACCOUNTING		4. BASIS OF	5. PRESENT	6. PERMITTED		
	SIGN	DSE	PERIOD		CARRIAGE	DSE	DSE		
	Instructions, Dissis					L			
7	Instructions: Block A In block A:	A musi de completed							
Computation		"Yes," complete blo							
of the	If your answer is	"No," leave blocks E	and C blank and comp	-					
Syndicated			BLOCK A: MAJO	DR TEL	EVISION MARK	ET			
Exclusivity Surcharge	 Is any portion of the of 	cable system within a	top 100 major television	market as	s defned by section 7	6.5 of FCC rules in effect	June 24, 1981?		
0		blocks B and C .		ſ	No—Proceed to		,		
		-							
	BLOCK B: C	arriage of VHF/Grad	e 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 I						isted in block B of part 7 carried in any commu- e cable system prior to March 31, 1972? (refer		
	X Yes—List each s	tation below with its ap	propriate permitted DSE	Ш г		ation below with its appropr	iate permitted DSE		
		and proceed to part 8.				nd proceed to part 8.			
		1 11		_					
	CALL SIGN	DSE C	ALL SIGN DSE	_	CALL SIGN	DSE CALL S	GN DSE		
				······					
		т	DTAL DSES 0.	00		TOTAL D	DSEs 0.00		
				<u> </u>					

.EGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# WAVE DIVISION HOLDINGS LLC 61498	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	O
	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	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 DSE 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)	
	line C in section 2) and enter here • D. Multiply line B by line C and enter here •	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	-
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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)	
	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	

DSE SCHEDULE. PAGE 1

Name			EM ID#							
	· · · · ·	WAVE DIVISION HOLDINGS LLC)1490							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge.	<u></u>							
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.								
	• In blo	In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation of	-	 If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below 								
Base Rate Fee	blank									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
	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)								
	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.)								
	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)▶ \$ 9,410.44								
		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	<u></u>							
	1									

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
WAV	E DIVISION HOLDINGS LLC 61498	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		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ► \$	
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	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 advantage of clusion, you must:	of
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
must a	Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Distant Stations, and
	er, if your cable system is wholly located outside all major television markets, complete block A only.	for Partially
	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	: 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 cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n 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 all of the	
	bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he 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 instructions e paper SA3 form.	
page. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the part 8 of this schedule on the preceding for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

LEGAL NAME OF OWNER						S	YSTEM ID# 61498	Name	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP			
		SUBSCRIBER GROU			SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	South	San Francisco, Sa	II Franci	COMMUNITY/ AREA	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee and	
						n -		Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 1,342,431.00				Gross Receipts Secon					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon					
	THIRD	SUBSCRIBER GROUI							
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
						n n maaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa			
Total DSEs	1		0.00	Total DSEs	1		0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			ber group a	s shown in the boxes at	oove.	s	0.00		
	5, iii e 1, S	phace r (hage /)				φ	0.00		

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER WAVE DIVISION H						S	YSTEM ID# 61498	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP			IP	•
COMMUNITY/ AREA South San Francisco, San Franc			n Franc	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL		DOL	Base Rate Fee
		-						and
								Syndicated
		-						Exclusivity
								-
								Surcharge
								for
		-						Partially
								Distant
								Stations
		-						
						-		
Total DSEs0.00				Total DSEs	Total DSEs 0.00			
Gross Receipts First Group \$ 1,342,431.00			431.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
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	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	II as shown in the boxes a	bove.	\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#							
Name	WAVE DIVISION HOLDINGS LLC	61498							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation	Eirst 50 major television market	Second 50 major television market							
of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 First 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 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	Line 3: Subtract line 2 from line 1 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								
	SURCHARGE First Group	SURCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE	SURCHARGE							
	Third Group	Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag								