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				
8/22/2019	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period		2019/1								
B	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 corpo rate 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.									
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC								
					374	620191				
					3746	2019/1				
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021								
С		STRUCTIONS: In line 1, give any business or trade names used to i								
	naı	nes already appear in space B. In line 2, give the mailing address o	f the system, if diff	erent from the address give	n in space	В.				
System	1	1 WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:									
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)								
		BOTHELL WA 98021 (City, town, state, zip code)								
	<del> </del>	F 20 - 1 - 1 - 2								
D		tructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page	; 1b				
Area Served	wit	n all communities.  CITY OR TOWN	STATE							
First	PORT TOWNSEND WA									
Community										
		elow is a sample for reporting communities if you report multiple character OR TOWN (SAMPLE)	STATE	CH LINE UP	SUR	GRP#				
	Ald		MD	A	000	1				
Sample		ance	MD	В		2				
	Ge	ing	MD	В		3				

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

ORM SA3E. PAGE 1b.			0007514 :5 "	1						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
WAVE DIVISION HOLDINGS LLC			3746							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-comchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	and a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
PORT TOWNSEND	WA	Α		First						
JEFFERSON COUNTY	WA	A		Community						
PORT LUDLOW	WA	A								
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						
		I	.l	1						

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

3746

# 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.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:							
<ul> <li>Service to first set</li> </ul>	3,704	\$	25.95				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	172	\$	25.95				
Commercial							
Converter							
Residential							
Non-residential							
		ļ					

# F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE	Y OF SERVICE RATE CATEGORY OF SERVICE RATE						CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
Pay cable	\$	17.00	Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			ľ		
Fire protection			Pay cable			ľ		
•Burglar protection			Pay cable-add'l channel			ľ		
Installation: Residential			Fire protection					
First set	\$	29.99	Burglar protection			ľ		
<ul> <li>Additional set(s)</li> </ul>	\$	14.99	Other services:			ľ		
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	29.95	ľ		
Converter			Disconnect			ı		
			Outlet relocation			ı		
			Move to new address			ľ		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 3746 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) **CBUT - CBC** 2 VANCOUVER, BC ı Yes KOMO - ABC 4 Ν No SEATTLE, WA See instructions for additional information Ν **KOMODT2 - Com** 4.2 No SEATTLE, WA on alphabetization. 4.3 Ν No **KOMODT3 - Char** SEATTLE, WA 5 Ν **KING - NBC** No SEATTLE, WA KINGDT2 - Justice 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA Ν KIRO - CBS 7 No SEATTLE, WA Ν KIRODT2 - getTV 7.2 No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KCTS - PBS 9 Ε No SEATTLE, WA KCTSDT2 - PBS I 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA Ν KSTW - CW 11 No TACOMA, WA KSTWDT2 - Deca 11.2 Ν No TACOMA, WA Ν **KVOS - Heroes &** 12.1 No BELLINGHAM, WA **KCPQ - FOX** 13 Ν No TACOMA, WA **KONG** - Independ 16 **EVERETT, WA** ı No

WAVE DIVISION HOLDINGS LLC  PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power televicarried by your cable system during the accounting period, except (1) stations carried only on a part-time FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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 station 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 sub basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log) 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 basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESP1 each multicast stream associated with a station according to its over-the-air designation. For example, recast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; f WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting o its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent of the set terms, see page (v) of	basis under [sections s carried on a stitute program  —if the some other ons located N, etc. Identify oort multi- or example ver-the-air in the channel noncommercial ent), "I-M" I multicast).  For an ex- hich your sible system is the subject n representing ne designa- For a further rm. is licensed by the	Rame  G Primary Transmitters Television
In General: In space G, identify every television station (including translator stations and low power televicarried by your cable system during the accounting period, except (1) stations carried only on a part-time FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.1(e)(2) and (4))]; and (2) certain station 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 sub basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log) 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 basis. For further information concerning substitute basis stations, see page (v) of the general instruction the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESP* (Column 1: List each station's call sign. Do not report origination program services such as HBO, ESP* (WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting o its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational for the seation is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No".  Planation of local service area, see page (v) of the general instructions located in the paper SA3	basis under [sections s carried on a stitute program  —if the some other ons located N, etc. Identify oort multi- or example ver-the-air in the channel noncommercial ent), "I-M" I multicast).  For an ex- hich your sible system is the subject n representing ne designa- For a further rm. is licensed by the	Primary Transmitters
carried by your cable system during the accounting period, except (1) stations carried only on a part-time FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain station 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 sub basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log) 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 basis. For further information concerning substitute basis stations, see page (v) of the general instruction the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPP each multicast stream associated with a station according to its over-the-air designation. For example, regulated stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for the weight of list community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independ (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) for the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on w cable system carried the distant station on a part-time basis because of lack of act	basis under [sections s carried on a stitute program  —if the some other ons located N, etc. Identify oort multi- or example ver-the-air in the channel noncommercial ent), "I-M" I multicast).  For an ex- hich your sible system is the subject n representing ne designa- For a further rm. is licensed by the	Primary Transmitters
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is in Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AB  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF S'	•	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AB  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF S'	dontitod	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF S'	Jenuleu.	
NUMBER STATION (If Distant)	TATION	
KTBW - TBN 20 N No SEATTLE, WA		
KZJO - JOEtv 22 N No SEATTLE, WA		
KZJODT3 - Anten 22.3 N No SEATTLE, WA		
KBTC - PBS 27 E Yes O TACOMA, WA		
KWPX - ION 33 N No BELLEVUE, WA	4	
KFFV - MeTV 44 N No SEATTLE, WA		
KWDK - Daystar 56 N No TACOMA, WA		

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3746 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF WAVE DIVISION HOLD						S	3746	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or author	orizations. I	For a further	Substitute
1. SPECIAL STATEMEN								Carriage:
<ul> <li>During the accounting per broadcast by a distant sta</li> </ul>	tion?	-		-		Yes	XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE			e blank. If your answer is '	"Yes," you mu	ust complete t	he progran	า	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast static adian static and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach additional network televition and that your authorization to use general of the description of the de	al pages. Ision program (substitute pur cable system substitute pur cable system substitutes. See page (vi) of the genategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball".  lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 amming that ye; enter the let under FCC residuals.	during the ac ramming of ar ins located in List specific p nsed by the F httfied). numerals, with List the times 8:30 p.m. sho our system water "P" if the lisules and regu	counting nother statisthe paper program  CC or, in the monital saccurately uld be as required sted prolations in	th y	
5	SUBSTITUT	E PROGRAM			EN SUBSTITU IAGE OCCUI	RRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	DELETION	
	<del> </del>							
					_			
					_			
					_			

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#							
WA	VE DIVISION HOLDINGS LLC		3746	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Service(s)  MPORTANT: 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, 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.										
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by ${\bf k}$ 3 below.	e entered on	line 1 of							
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be a low.	entered on lin	e 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entere	d 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.	e is 1.064 per	cent of the							
	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.  \$ 6,356.95									
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 perion in the column in the property of the property is a specific property of the property of	nn 4, you mus	st check							
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	\$	7,157.77							
	Line 2. <b>3.75 Fee:</b> 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	\$	7,157.77							
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	_\$	7,157.77	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  0.00									
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. <b>FILING FEE</b>									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	7,882.77	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
	WAVE DIVISION HOLDINGS LLC	3746									
М	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations									
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	25									
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	336									
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 425-217-4000										
	Address 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)										
	BOTHELL WA 98021 (City, town, state, zip)										
	Email tax.dept@wavebroadband.com Fax (optional) 425-217-40	01									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	utions.									
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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	er of the cable system									
	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 t "F2" 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: August 16, 2019										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
WAVE DIVISION HOLDINGS LLC	3746	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 A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursured For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursured by satellite carriers to satellite dish owners?  X NO	rstem for the basic in shall not include sub- ant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payn For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fur contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number a filing.		
Owner Address		
First community served Accounting period ID number		

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

**ACCOUNTING PERIOD: 2019/1** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
	WAVE DIVISION HOLDINGS LLC 3746										
	SUM OF DSEs OF CATEGOR										
	Add the DSEs of each statio										
	Enter the sum here and in line		s schedule.		1.25						
2	Instructions: In the column headed "Call	Sian": list the cal	I signs of all distant stations	identified by t	he letter "Ω" in column 5						
_	of space G (page 3).	oight . list the cal	i signs of all distant stations	s identified by i	The letter O in column 5						
Computation	In the column headed "DSE	": for each indepe	endent station, give the DSI	as "1.0"; for	each network or noncom-						
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	1.000									
	KBTC - PBS	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
		<mark>.</mark>									

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  3746							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATIO	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS (	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	E	
			÷		=	X	=		
			÷		=	X	=		
			÷ ÷		=	X X	=		
			÷		=	x	=		
			÷		=	X	=		
			÷ ÷		=	X X	=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  Instructions:								
Computation of DSEs for Substitute-Basis Stations	Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions 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								
		SU	BSTITUTE-BAS	SIS STATION	S: COMPUTA	TION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-		=		÷		=	
				=		÷		=	
		÷		=		÷		=	
		-		=		÷		=	
		÷	-	=		÷		=	
	Add the DSEs of	OF SUBSTITUTE-BAS f each station. n here and in line 3 of p		le,		0.00			
5		R OF DSEs: Give the am applicable to your system		es in parts 2, 3, and	4 of this schedule	and add them to provide t			
Total Number		DSEs from part 2 ●			<b>&gt;</b>		1.25		
of DSEs		DSEs from part 3 ●					0.00		
	3. Number of	DSEs from part 4 ●			<b>&gt;</b>		0.00		
	TOTAL NUMBER	R OF DSEs				<b>&gt;</b>		1.25	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C							S'	YSTEM ID#	
WAVE DIVISION	N HOLDINGS	LLC						3746	Name
Instructions: Bloc	ck A must be com	pleted.							
•	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No," complete bl	ocks B and C	below.						
				TELEVISION M					Computation of 3.75 Fee
Is the cable syster effect on June 24,	1981?		,					gulations in	
<del></del>	plete part 8 of the lete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
No—comp	mete blocks b and								
				IAGE OF PERI					
Column 1: CALL SIGN	under FCC rules	and regulations  and regulations	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 on ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and regu ed pursuant t	lations cited b to the FCC ma	elow pertain to the rket quota rules [7	ose in effect o 76.57, 76.59(b	n June 24, 198 ), 76.61(b)(c),	76.63(a) referring	y tc	
	C Noncommeric	cal educational d station (76.6 or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	*F A station pre	viously carrie JHF station w	ed on a part-tir rithin grade-B	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBUT - CB		1.00	01014	BAGIO		01014	BAGIO		
KBTC - PB	С	0.25							
								1.25	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			,		
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.	,		
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here						permited/ partially
Line 6: Enter tota	al number of DS	Es from line	3				Х		nonpermitted carriage? If yes, see part
		_000	-				,		9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

Name	WAVE DIVISION								e. SE schedule 978 and June 30, 1981 ters						
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those 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  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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.														
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_				
İ	1. CALL SIGN	2. PRIO	OR 3. ACC	COUNTING		4. BASIS OF CARRIAGE	5. PF	RESENT	6. P	6. PERMITTED					
1	SIGN	DSE	Pt	ERIOD		CARRIAGE	L	JSE		DSE	d				
<b>7</b> Computation of the	,	"Yes," comple	ete blocks B and C,		pa	art 8 of the DSE sched	ule.								
Syndicated			BLOC	( A: MAJOR	TE	ELEVISION MARK	ET								
Exclusivity	la a su candina a fillia a		::::::::::::::::::::::::::::::::::::::				0.5 - ( E00		0.4	10040					
Surcharge	l <u>—</u> * · ·	•	, ,	or television man	ket	t as defined by section 7		rules in effect J	une 24,	1981?					
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8								
	BLOCK B: Ca	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	;					
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place: ble system?	s a grade B contour	, in whole		Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)									
	Yes—List each s  X No—Enter zero a		th its appropriate perr part 8.	Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.											
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE					
		<del></del>	TOTAL DSEs	0.00			<u>.                                    </u>	TOTAL DS	Es	0.00					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 3746	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	597,458.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	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	▼ 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 NAN	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	'	WAVE DIVISION HOLDINGS LLC	3746							
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.								
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be in the image of	elow							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS      Did your 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)	.00_							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	1.25							
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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).								
		and in block 3, line 1, space L (page 7)  Base Rate Fee	7,404.00							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

	AME OF OWNER OF CABLE SYSTEM:  E DIVISION HOLDINGS LLC	SYSTEM ID# 3746	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State Content of the image of t		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	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 <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee.  Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe	•	9
receipt exclusi	G.  eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	dvantage of this	Computation of Base Rate Fee and
station DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in purpose a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		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 stat to that community.	ion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
In each Identi Give	section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fithis schedule; or,	n parts 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 b 6 of this schedule.	lock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

LEGAL NAME OF OWN WAVE DIVISION I						S	3746	Name
B	SLOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	PORT 1	OWNSEND, JEF	FERSON	COMMUNITY/ ARE	A PORT L	UDLOW		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KBTC - PBS	0.25			CBUT - CBC	1.00			Base Rate
CBUT - CBC	1.00							and
								Syndicat
								Exclusiv
								Surchar
								for
								Partiall Distan
								Station
								Station
			<u>"</u>					
otal DSEs	•	•	1.25	Total DSEs	•	-	1.00	
Gross Receipts First G	Froun	\$ 456	,957.00	Gross Receipts Sec	ond Group	<b>\$</b> 1	40,501.00	
orosa receipta i irat e	лоцр	7 700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cross receipts occ	ona Group	Ψ	40,001.00	
Base Rate Fee First G	Group	\$ 5	,662.84	Base Rate Fee Sec	ond Group	\$	1,494.93	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
			<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			riber group	as shown in the boxes	s above.		7.457	
Enter here and in bloc	k 3, line 1, s	space L (page 7)				\$	7,157.77	

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В				TE FEES FOR EACH			LID	
001414		SUBSCRIBER GROU		001444	SECOND SUBSCRIBER GROUP			9
COMMUNITY/ AREA	PURI	JUVVNSEND, JEF	LEK201	COMMUNITY/ AREA	PURIL	.UDLUW		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Succes Descripts First C		. 456	,957.00	Cross Dessints Coss	and Canalia	. 1	40,501.00	
Gross Receipts First G	roup	<u>\$ 456</u>	,957.00	Gross Receipts Seco	na Group	\$ 1	40,501.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TUIDO	SUBSCRIBER GROU	ID					
	חחותט	SUBSCRIBER GROU		COMMUNITY/ADEA		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Fotal DSEs			0.00	Total DSEs			0.00	
	Sec. 18				h Crou	•	•	
	Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
Fotal DSEs Gross Receipts Third (	Group	\$			h Group	\$	•	
Gross Receipts Third (			0.00	Gross Receipts Fourt			0.00	
Gross Receipts Third (		\$				\$	•	
Gross Receipts Third (			0.00	Gross Receipts Fourt			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group		0.00	

ACCOUNTING PERIOD: 2019/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 3746 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown