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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2019/1								
Period									
Bowner	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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	WAVE DIVISION HOLDINGS LLC								
				6149820191					
				61498 2019/1					
	3700 MONTE VILLA PARKWAY								
	BOTHELL WA 98021								
	NATRUCTIONS IS IN A STATE OF THE STATE OF TH	Jacob Danie Com							
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of								
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>					
 	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3700 MONTE VILLA PARKWAY 2 (Number, street, rural route, apartment, or suite number)								
	BOTHELL WA 98021								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.	,	,	er en page 12					
Served	CITY OR TOWN	STATE							
First	SOUTH SAN FRANCISCO	CA							
Community	Below is a sample for reporting communities if you report multiple cha	I annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
Janipie	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b.				1						
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 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-community basis, associate each community with a										
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns in	l a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
SOUTH SAN FRANCISCO	CA	Α		First						
SAN FRANCISCO	CA	Α		Community						
BURLINGAME	CA	A								
DALY CITY	CA	A								
REDWOOD CITY	CA	Α								
SAN MATEO	CA	Α		See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						
	·									
	· · · · · · · · · · · · · · · · · · ·									
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		L		1						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#
61498

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential: • Service to first set	7,728	\$	25.95			
Service to additional set(s) FM radio (if separate rate)						
Motel, hotel	279	\$	25.95			
Commercial Converter		ļ				
Residential Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 61498 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 SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) KTVU - FOX 2 Ν No OAKLAND, CA KTVUDT2 - LATV 2.2 Ν No OAKLAND, CA See instructions for additional information Ν **KRON - MyNetwo** 4 No SAN FRANCISCO, CA on alphabetization. 4.3 Ν No KRONDT3 - get T SAN FRANCISCO, CA 5 Ν No **KPIX - CBS** SAN FRANCISCO, CA Ν **KPIXDT2 - Decade** 5.2 No SAN FRANCISCO, CA No **KGO TV- ABC** 7 Ν SAN FRANCISCO, CA Ν **KGODT2 - Live W** 7.2 No SAN FRANCISCO, CA 7.3 **KGODT3 - Laff** Ν No SAN FRANCISCO, CA 9 Ε No **KQED - PBS** SAN FRANCISCO, CA **KQEDDT2 - KQEH** 9.2 Ε No SAN FRANCISCO, CA KNTV - NBC 11 Ν No SAN JOSE, CA KNTVDT2 - Cozi 11.2 Ν No SAN JOSE, CA **KOFY** - Independe 20 ı No SAN FRANCISCO, CA KTSF - Independe 26 Τ No SAN FRANCISCO, CA 32 KMTP - Independ ı No SAN FRANCISCO, CA **KICU - KTVU Plus** 36 No SAN JOSE, CA **KICUDT2 - KEMS** 36.2 SAN JOSE, CA 1 No

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 61498 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 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 AB									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
KICUDT3 - CCTV	36.3	I	No		SAN JOSE, CA					
KCNS - SBN	38	N	No		SAN FRANCISCO, CA					
KTNC - SF	42	N	No		CONCORD, CA					
KBCW - CW	44	N	No		SAN FRANCISCO, CA					
KSTS - Telemund	48	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	E	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					
	†				1					

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61498 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 HOLE						SYSTEM ID# 61498	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i			
In General: In space I, ident	ify every nor	nnetwork televis	sion program broadcast by a	distant station	n that your cable syst	em carried on a	I
substitute basis during the a explanation of the programm							Substitute
1. SPECIAL STATEMENT							Carriage: Special
During the accounting per broadcast by a distant star	tion?		•		□Ye	s XNo	Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ist complete the pro	gram	
2. LOG OF SUBSTITUTE			(P 1 1 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .	1		. •.	
In General: List each substiclear. If you need more spa				wherever pos	sible, if their meanin	g is	
period, was broadcast by a	distant stat	ion and that yo		d for the prog	ramming of another	station	
under certain FCC rules, re SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or				
titles, for example, "I Love I Column 2: If the program			76ers vs. Bulls." r "Yes." Otherwise enter "N	lo."			
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra ne community to which the	m.	nsed by the ECC or	in	
the case of Mexican or Car	adian statio	ns, if any, the	community with which the	station is iden	tified).		
Column 5: Give the mor first. Example: for May 7 gives		when your sys	tem carried the substitute	orogram. Use	numerals, with the i	month	
Column 6: State the time to the nearest five minutes.			gram was carried by your o			ately	
stated as "6:00-6:30 p.m."	·			·	•		
to delete under FCC rules a	er "R" if the and regulation	listed program ons in effect du	was substituted for progra iring the accounting period	mming that yo ; enter the let	our system was requ ter "P" if the listed pr	uired o	
gram was substituted for preffect on October 19, 1976.	ogramming						
enection October 19, 1970.	•			I MAILE	N OUDOTITUTE		
S	SUBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — 1	-0	
					_		
					_		
					<u> </u>		
					<u> </u>		
					_		

	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
	VE DIVISION HOLDINGS LLC		61498	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. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e entered o	on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on	line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be ente	ered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 p	percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	<u> </u>	1,234,223.00						
	This is your minimum fee.	\$	13,132.13						
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule.	mn 4, you n	nust check						
Block	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	<u></u> \$	13,132.13	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, ente zero.	r	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 the Licensing					
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,857.13	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						

	FURIN OASE, FAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 6149
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
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) 425-217-4001
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	[(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ John Feehan
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	61498	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shar scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general inst paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondal made by satellite carriers to satellite dish owners? X NO	n for the basic ill not include sub- o section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	nterest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a 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 Copyri please list below the owner, address, first community served, accounting period, and ID number as giv 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 CABL	E SYSTEM:			SY	STEM ID#					
1	WAVE DIVISION HOLDINGS LLC 6										
	SUM OF DSEs OF CATEGOR										
	 Add the DSEs of each station 										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00						
	Instructions:										
2		Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5						
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
of DSEs for											
Category "O" Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
						•					
						•					

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				\$	61498	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		C	ATEGORY I	LAC STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE	
			÷		= <u> </u>	x	=		
				:		х х			
			÷		=	x			
			÷	:	=	x			
							=		
			÷	:		x	=		
	Add the DSEs	oF CATEGORY LAC Sof each station. Im here and in line 2 of p		edule,	▶	0.00			
Computation of DSEs for Substitute-Basis Stations	 Instructions: 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 at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). 								
	1			BASIS STATION			T	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=			÷	=	
		÷		=			- ÷	=	
		÷		=			÷	=	
		÷		=			÷ -		
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p		edule,		0.00))	-	
5		ER OF DSEs: Give the am sapplicable to your system		poxes in parts 2, 3, and	4 of this schedul	le and add them to provide	e the tota		
Total Number	1. Number o	f DSEs from part 2●				•	0.00		
of DSEs		f DSEs from part 3 ●				>	0.00		
	3. Number o	f DSEs from part 4 ●				>	0.00		
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.00	

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

LEGAL NAME OF C							S	YSTEM ID# 61498	Name
								01490	
Instructions: Bloc In block A:				7 (1) 505 1			10 (10) (6
schedule.				7 of the DSE sche	edule blank al	na complete pa	art 8, (page 16) of	tne	6
If your answer if	"No," complete blo			ELEVISION M.	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fune 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 reguled pursuant	llations cited be to the FCC ma	usis on which you delow pertain to tho rket quota rules [76.59(d)(1), 76.61(ose in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	j tc	
	C Noncommeric D Grandfathered instructions for E Carried pursu	cal educational distation (76. or DSE scheolant to individual)	al station [76.5 65) (see parag dule). ual waiver of F	9(c), 76.61(d), 76. graph regarding su CC rules (76.7)	63(a) referring bstitution of g	g to 76.61(d) randfathered s			
	•	JHF station w	vithin grade-B	ne or substitute ba contour, [76.59(d)(eam.	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
								0.00	
		В	LOCK C: CO	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 from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	: 3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	- mod dottono.

Name	WAVE DIVISION								S	48TEM ID# 61498				
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										ere TTED inu- e SE			
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_			
İ	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE			6. P					
1	5.5.1	302		_		0, 1, 1, 1, 1, 1, 1		-		302				
					••••									
											-			
7 Computation of the Syndicated	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete	•	art 8 of the DSE sched								
Exclusivity			BLUC	K A: MAJOR	11	ELEVISION MARK	EI	1981/1) pwing letters 31. gunder FCC rules, sections 6.63 (referring to lanation, see page (vi) of the lanation, see page (vi) of the land 4 of this schedule reschere. This figure should be entered by verification from the designated DESTITUTE BASIS 5. PRESENT DSE 6. PERMITTED DSE DSE 6 PERMITTED DSE 6 PERMITTED DSE 6 PERMITTED DSE Computation of Exempt DSEs Ock B of part 7 carried in any commustem prior to March 31, 1972? (refe Delow with its appropriate permitted DSE Deced to part 8. SE CALL SIGN DSE SE CALL SIGN DSE						
Surcharge	• Is any portion of the	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	MITTED SE MITTED SE DSE DSE			
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			e entere RMITTED DSE P817 PSE PSE DSE DSE DSE				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3				
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? 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)										TED			
	X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.					X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.								
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE				
			-											
			-											
		ļ	-	-			 							
		 					 							
		<u> </u>		-										
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 61498	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,234,223.00	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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			STEM ID#						
	'	WAVE DIVISION HOLDINGS LLC	61498						
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$							
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in							
		section 2) and enter here							
		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	································						
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: nust 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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to the complete part of your subscribers ocated 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 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) ▶ _\$ 1,234,223.00							
	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.)							
	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)							
		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								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	61498	Name
	01100	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) > \$		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) ▶ \$		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	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television b	roadcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple	ū	9
Space G.	and a first transit of the	_
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation of
exclusion, you must:	· ·	Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are di	stant to the same	and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determined by the portion of your system's gross receipts attributable to that group, and calculate a separate base rate		Syndicated Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your systematic to the separate base rate fees for each subscriber group.		Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exer	npt in part 7, you must	for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A ar	d B below. However,	Distant
if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant.	ant station you	Permitted
carried to that community.	ant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers v		
outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)	hat station (and, by	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are d	istant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. It system will have only one subscriber group when the distant stations it carried have local service areas that coincide		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups.	ui system s substituel	
In each section:		
• Identify the communities/areas represented by each subscriber group.	at to all of the	
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distar subscribers in the group. 	il lo aii oi the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you go	ave it in parts 2, 3,	
and 4 of this schedule; or,2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.	e it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ge in the paper SA3 form. 	neral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule of page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groups for that group's complement of stations and total gross receipts from the subscribers in that group). You do not be subscribered to the particular subscriber group in the subscribers in that group.	oup (that is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

LEGAL NAME OF OWNE WAVE DIVISION H						S	YSTEM ID# 61498	Name	
В	LOCK A:	COMPUTATION OF	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GROU	JP	•	
COMMUNITY/ AREA		San Francisco, S		COMMUNITY/ ARE			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
		-				 -		and	
		_	<u></u>			<u> </u>		Syndicated	
							····	Exclusivity	
						-		Surcharge for	
	·	-				-	····	Partially	
	······································	-	···					Distant	
						<u> </u>		Stations	
		_							
Total DSEs			0.00	Total DSEs		_	0.00		
Gross Receipts First G	roup	\$ 1,234	1,223.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_	<u></u>			<u> </u>			
						-			
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		-	···						
		_							
		-							
		-							
		-	<u></u>				<u> </u>		
						 			
Total 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 Four	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	0.00		

LEGAL NAME OF OWNE			•			S	YSTEM ID# 61498	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GROU			SECONE	SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA		San Francisco, Sa		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		_			<u></u>			and
								Syndicated
								Exclusivity
					<mark></mark>			Surcharge for
					····			Partially
					····			Distant
					••••			Stations
		_						
			ļ					
			ļ					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 1,234	,223.00	Gross Receipts Second Group \$ 0.00				
3ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
31.22.31311								
		_			<u></u>			
			·····					
Total DSEs			0.00	Total DSEs			0.00	
	_						•	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	he base rat	te fees for each subsc	riber aroun	as shown in the boxes	s above			
Enter here and in block			group	as shown in the boxes	. 45546.	\$	0.00	

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

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