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 Period	2019/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa 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								
				647	420191				
				6474	2019/1				
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021								
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND	the system, if diff	erent from the address give		<u>. </u>				
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (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	e 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First Community	PORT ORCHARD	WA							
Johnnanty	Below is a sample for reporting communities if you report multiple cha			01.10	. CDD#				
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB	3 GRP#				
Sample	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.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
WAVE DIVISION HOLDINGS LLC			6474							
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 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 be	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
PORT ORCHARD	WA	Α		First						
BELFAIR	WA	A		Community						
PANCOR NAVAL BASE	WA	A								
BANGOR NAVAL BASE HOLLY	WA WA	Α								
KEYPORT NAVAL BASE	WA	Α Α		See instructions for						
NORTHSHORE	WA	A A		additional information						
HOOD CANAL	WA	Α		on alphabetization.						
SEABECK	WA	Α								
PUGET SOUND NAVAL BASE	WA	A								
JACKSON PARK NAVAL BASE	WA	Α		Add rows as necessary.						
			•••••••••••							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

WAVE DIVISION HOLDINGS LLC

SYSTEM ID#

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:						
 Service to first set 	19,532	\$	25.95			
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	657	\$	25.95			
Commercial						
Converter						
Residential						
Non-residential						
		1				

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **WAVE DIVISION HOLDINGS LLC** 6474 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) **KOMO - ABC** 4 Ν No SEATTLE, WA KOMODT2 - Come 4.2 Ν No SEATTLE, WA See instructions for additional information KOMODT3 - Char 4.3 Ν No SEATTLE, WA on alphabetization. 5 Ν No KING - NBC SEATTLE, WA 5.2 Ν No KINGDT2 - Justice **SEATTLE, WA** Ν **KINGDT3 - Quest** 5.3 No SEATTLE, WA No KIRO - CBS 7 Ν SEATTLE, WA Ν KIRODT2 - getTV 7.2 No SEATTLE, WA 7.3 KIRODT3 - Laff Ν No SEATTLE, WA 9 Ε No **KCTS - PBS** SEATTLE, WA SEATTLE, WA KCTSDT2 - PBS I 9.2 Ε No KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KSTW - CW 11 Ν No TACOMA, WA KSTWDT2 - Deca 11.2 Ν No TACOMA, WA Ν **KVOS - Heroes &** 12.1 No BELLINGHAM, WA 13 Ν KCPQ - FOX No TACOMA, WA **KONG** - Independ 16 ı No **EVERETT, WA** KTBW - TBN 20 Ν SEATTLE, WA No

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
WAVE DIVISION	1 HOLDING	S LLC			6474	rame
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
•		,	, ,		and low power television stations)	G
• •		-		• •	d only on a part-time basis under ain network programs [sections	
•				•	and (2) certain stations carried on a	Primary
substitute program bas					1.00	Transmitter
oasis under specifc FC				s carried by your c	able system on a substitute program	Television
				e Special Stateme	ent and Program Log)—if the	
station was carried	•		ation was somice	d b a t b a a a a c b a t i t	uto basis and also an asmo ather	
	•				ute basis and also on some other f the general instructions located	
in the paper SA3 for	rm.	•			-	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			0	0	n stream separately; for example	
VETA-simulcast).			·	,		
					on for broadcasting over-the-air in	
ts community of licens on which your cable sy	•		anner 4 m vvasn	iiigioii, D.C. This i	may be different from the channel	
Column 3: Indicate	in each case v	whether the st			pendent station, or a noncommercial	
•	-				ast), "I" (for independent), "I-M"	
For the meaning of the	,		**	•	mmercial educational multicast). ne paper SA3 form.	
					s". If not, enter "No". For an ex-	
planation of local service					paper SA3 form. Stating the basis on which your	
•			•	•	ering "LAC" if your cable system	
carried the distant stati	on on a part-tir	me basis beca	ause of lack of a	ctivated channel o	capacity.	
					payment because it is the subject stem or an association representing	
-				•	y transmitter, enter the designa-	
` ' '			•	•	her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
KZJO - JOEtv	22	N	No		SEATTLE, WA	
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA	
KBTC - PBS	27	Е	No		TACOMA, WA	1
KWPX - ION	33	N	No		BELLEVUE, WA	
KWDK - Daystar	56	N	No		TACOMA, WA	
(WDIX - Daystal			140		TACOMA, WA	1
						-
	<u> </u>			ļ	ļ	
						i
	 I	1		1	ļ	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6474 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					,	SYSTEM ID#	Name			
SUBSTITUTE CARRIAGE			IT AND PROGRAM LOG			0474				
							ı			
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further	Substitute			
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
During the accounting per broadcast by a distant star		ır cable system	carry, on a substitute basi	s, any nonne	twork television prograr ☐Yes		Special Statement and Program Log			
Note: If your answer is "No log in block 2.			ge blank. If your answer is "	Yes," you mu	ust complete the progra	m				
2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please and of every no distant state gulations, oution. Do not a compare the state of the	am on a separa attach additional nnetwork televition and that your authorization at use general cast live, enterstation broadca on's location (thous, if any, the when your system of a program carried listed program ons in effect du	al pages. ision program (substitute pur cable system substitute pur cable system substitute pur cable system substitute pur cable system substitute pur categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute pur carried the substitute pur carried by a system from 6:01:10 was substituted for programing the accounting period.	rogram) that, d for the progeral instruction "basketball". o." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that yearner the let	during the accounting ramming of another states and located in the paper List specific program need by the FCC or, in ntified). List the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	nth ly				
5	SUBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	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. TIMES FROM — TO	DELETION				
					<u> </u>					
					_					
					_					
					_					
					_					
										
										

LEG	SAJE. PAGE 7. LI NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
WA	VE DIVISION HOLDINGS LLC		6474						
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.									
	Int 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	e entered on line 1 o	f						
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in b	lock						
▶ If p	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	uld be entered on lin	е						
2 in block 4 below. Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 3,	111,993.00						
	This is your minimum fee.	\$	33,111.61						
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 Yes—Complete the DSE schedule.	nn 4, you must checlod?	k						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	<u>\$</u>	33,111.61	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					
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	33,836.61	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		additional 1665.					

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	6474
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadc	ast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period	l.
Channels	1. Enter the total number of channels on which the cable	
	Enter the total number of channels on which the cable system carried television broadcast stations	23
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	328
	and nonbroadcast services	
Z	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to Be Contacted		
for Further	Name OXANA SOSKOVA Telephon	ne 425-217-4000
Information		
	Address 3700 MONTE VILLA PARKWAY	
	(Number, street, rural route, apartment, or suite number)	
	BOTHELL WA 98021 (City, town, state, zip)	
		7 4004
	Email tax.dept@wavebroadband.com Fax (optional) 425-21	7-4001
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, but only one, of the boxes.)	
	I, and an assigned, not as you and the action of the state of the stat	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp.	ace B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca in line 1 of space B and that the owner is not a corporation or partnership; or	able system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	s owner of the cable system
	in line 1 of space B.	, owner or and saudio eyetom
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact cont	ained 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)]	
	[10 0.0.0., deciron 1001(1900)]	
	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 cur- "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo	
	Turned on address of COUNTERPORT	
	Typed or printed name: JOHN FEEHAN	
	Title: CFO	
	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#	Nome
WAVE DIVISION HOLDINGS LLC	6474	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the system is scribers and amounts collected from subscribers receiving secondary transmissions pursuant. For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite dish owners? X NO	em for the basic hall not include sub- t to 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 payme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		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)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further 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 Copplease list below the owner, address, first community served, accounting period, and ID number as 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						STEM ID#						
1												
•	WAVE DIVISION HOLDI	NGS LLC				6474						
	SUM OF DSEs OF CATEGOR											
	 Add the DSEs of each station 											
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00							
_	Instructions:					•						
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5							
	of space G (page 3).											
Computation of DSEs for	In the column headed "DSE"			= as "1.0"; for	each network or noncom-							
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
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.												
10W3.												
						[
		<u> </u>				<u> </u>						

Name		DWNER OF CABLE SYSTEM: SION HOLDINGS LLC	;				5	SYSTEM ID# 6474		
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		С	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE		
			÷		= <u> </u>	<u>x</u>	=			
						х х				
			÷	:	=	x				
			÷		=	x	=			
							=			
			÷		=	x	=			
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		edule,	▶	0.00	o o			
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 DAY: IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=			÷	=		
		÷		=			- ÷	=		
		÷		=			÷	=		
		÷		=			÷ -	=		
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa			▶	0.00	· D			
5		ER OF DSEs: Give the am s applicable to your systen		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	2. Number o	f DSEs from part 3 ●				>	0.00			
	3. Number o	f DSEs from part 4 ●				-	0.00			
	TOTAL NUMBE	R OF DSEs				,	•	0.00		

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

LEGAL NAME OF C							S'	YSTEM ID#	Name
WAVE DIVISION	ON HOLDINGS	LLC						6474	Name
Instructions: Block In block A:	ck A must be com	pleted.							_
	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo				ABUETO				Computation of
Is the cable syster	m located wholly o			ELEVISION M		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	1981?		•					galations in	
	plete part 8 of the plete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
X 140—00111	DICKS DICKS DIANG								
Column 1:	Liet the cell signs			IAGE OF PERI			tom was normitto	d to corn	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For for ne 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	ules and regu	lations cited b	nsis on which you on elow pertain to tho Irket quota rules [7	se in effect o	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	al educational at attachment a	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	E Carried pursus *F A station pre	ant to individe viously carrie JHF station w	ual waiver of Fed on a part-ting within grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:	List the DSE for	each distant	station listed ir	n parts 2, 3, and 4					
	*(Note: For those this schedule to		•	etter "F" in column	1 2, you must	complete the v	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			<u>-</u>		
Line 2: Enter the	sum of permitte	ed DSEs fro	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				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						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	

Name	WAVE DIVISION HOLDINGS LLC SYSTEM ID# 6474										
Worksheet for Computating the DSE Schedule for Permitted 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										
1		PERMITT	ED DSE FOR STA	TIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			٦
	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD CARRIAGE DSE								6. P	ERMITTED DSE	
l											
					••••						•••
7 Computation of the	In block A: If your answer is	tructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity										10010	
Surcharge	l <u>—</u> * · ·	•	, ,	or television mar	ke	t as defned by section 7		rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	ł C .			No—Proceed to	part 8				
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of								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? (refer to former FCC rule 76.159)										
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero								ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
				<u> </u>							
				.							
		<u> </u>		0.00			<u> </u>			2.25	
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,111,993.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 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		ME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
	'	WAVE DIVISION HOLDINGS LLC 6474								
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 ▶ 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								
8 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 part checked "Yes," use the total number of DSEs from part 5. lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. lar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. lar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below lar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated 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)								
	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) ▶ <u>\$ 21,815.07</u>								
		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.								

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

	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC	SYSTEM ID# 6474	Name
		0414	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	_	0
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigsim \bigsim \bigsi		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 \$		
	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	
	Base Rate Fee ▶ \$	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	Ivantage of this	of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to 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	and Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pumpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
Step 2	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loger the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
Step 3 subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Iber 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.		
groups		em's subscriber	
	n section: fy the communities/areas represented by each subscriber group.		
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ibers in the group.	of the	
• If:		,	
and 4	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	•	
part	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.	UCK D,	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in e paper SA3 form.		
page.	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 In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

LEGAL NAME OF OWN						S	YSTEM ID#	Name
WAVE DIVISION I	HOLDING	SS LLC					6474	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	PORT (ORCHARD, BELF	AIR, ALL	COMMUNITY/ ARE	A		0	9
							Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			ļ	-				Base Rate Fe
		_						and
			-					Syndicated
				-				Exclusivity Surcharge
	<u></u>		+	-				for
	···	-	†		•••••	•		Partially
		_					••••	Distant
		-						Stations
		_						
			<u> </u>					
								
								
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 3,111	,993.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-		<u>'</u>				<u>,</u>	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	
		-	+					
				-				
								
		_	-					
			+					
		+	†		····			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	<u> </u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- ·	·			2.00p	<u>*</u>		
_	_							
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Raco Dato Eco: Add 4	ne hace s et	to fooe for each subse	riber group	as shown in the house	a abovo			
Base Rate Fee: Add the Enter here and in block			iibei group	as shown in the boxes	above.	\$	0.00	
	, , ,					Ė		

WAVE DIVISION H	IOLDING	S LLC					6474	Name
В	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA	PORT	ORCHARD, BELF	AIR, ALI	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
						•		Syndicate
						+	·····	Exclusivit
			·····		····	 		
								Surcharg
						.		for
								Partially
								Distant
								Stations
		-			<u> </u>			
			·····		····	<u> </u>		
	·					-	····	
							<mark></mark>	
					<u></u>			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$ 3,111	,993.00	Gross Receipts Seco	and Group	\$	0.00	
iloss receipts i ilst o	ioup	<u> </u>	,550.00	Oloss Receipts occe	ла Огоар	Ψ	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
			'				<u></u>	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO	UP	
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ACCOUNTING PERIOD: 2019/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 6474 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