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						
	\$						
2/24/2024	ALLOCATION NUMBER						
2/24/2021							

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period		2020/2						
B	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a set title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the nunting period.	m. e accounting period should su		62645		
		WAVE DIVISION HOLDINGS LLC			62645	520202		
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021						
С		STRUCTIONS: In line 1, give any business or trade names used to imes already appear in space B. In line 2, give the mailing address o						
System	1	IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND						
	2	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	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	: 1b		
Area Served	wit	h all communities. CITY OR TOWN	ISTATE					
First	CONCORD CA							
Community	E	Below is a sample for reporting communities if you report multiple ch		i	01/2	ODD#		
	Ald	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP A		GRP#		
Sample	-	ance	MD	В		2		
	Ge	ring	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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62645 WAVE DIVISION HOLDINGS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served 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 a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# CONCORD CA Α **First WALNUT CREEK** CA Α Community **CONTRA COSTA COUNTY** CA Α **PLEASANT HILL** CA Α **MARTINEZ** CA Α See instructions for additional information on alphabetization. Add rows as necessary.

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FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62645 WAVE DIVISION HOLDINGS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable

Secondary **Transmission**

Service: Sub-

scribers and

Rates

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		П	BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	9,497	\$	29.95				
 Service to additional set(s) 		ļ					
 FM radio (if separate rate) 							
Motel, hotel	208	\$	1.87				
Commercial	816	\$	19.35				
Converter							
Residential							
Non-residential		ļ		"			
		·····		1 I···			

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. BI OCK 2

	DLU	CK I				DLUCK Z	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	C	ATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
 Pay cable 	\$ 17.00	Motel, hotel					
 Pay cable—add'l channel 		Commercial			se	e attached	
 Fire protection 		• Pay cable					
Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
First set	\$ 60.00	Burglar protection					
 Additional set(s) 	\$ 30.00	Other services:					
 FM radio (if separate rate) 		Reconnect	\$	40.00			
Converter		Disconnect					
	 	Outlet relocation					
		Move to new address					

WAVE DIVISION HOLDINGS LLC - CONCORD, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Expanded Content	Expanded Content	\$	77.38
Digital Favorites	Digital Tier Packages	\$	13.00
Digital Vartiety	Digital Tier Packages	\$	8.25
Digital Sports	Digital Tier Packages	\$	12.00
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
НВО	Premium	\$	19.00
HBO Max	Premium	\$	14.99
Showtime/The Movie Channel (TMC)	Premium	\$	19.00
Cinemax	Premium	\$	18.50
Starz	Premium	\$	17.00
Movieplex	Premium	\$	5.00
HD Bonus Pack	High Definition Package	\$	7.00
CCTV4	International Premium	\$	12.00
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV Asia	International Premium	\$	14.95
TV Japan	International Premium	\$	29.95
Zee TV	International Premium	\$	12.00
Zhong Tian	International Premium	\$	12.00
Zhong Tian/ CCTV4	International Premium	\$	19.00

FORM SA3E. PAGE 3. LEGAL NAME OF OWNE WAVE DIVISION					SYSTEM ID# 62645	Name
PRIMARY TRANSMITTER	RS: TELEVISIO	N				
carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76.0 substitute program basi	stem during the ons in effect on 61(e)(2) and (4 s, as explained	ne accounting I June 24, 198 I), or 76.63 (red In the next p	period, except (1, permitting the ferring to 76.61(aragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; an	and low power television stations) only on a part-time basis under in network programs [sections d (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc FC				carried by your ca	ble system on a substitute program	Television
	here in space (G—but do list		Special Stateme	nt and Program Log)—if the	
List the station here, a	nd also in spa	ce I, if the stat			ite basis and also on some other the general instructions located	
in the paper SA3 for Column 1: List each		sian Do not re	enort origination	nrogram services	such as HBO, ESPN, etc. Identify	
each multicast stream a	ssociated with	a station acc	ording to its ove	r-the-air designati	on. For example, report multi- stream separately; for example	
Column 2: Give the					on for broadcasting over-the-air in nay be different from the channel	
on which your cable sys Column 3: Indicate is educational station, by	stem carried the in each case we entering the let	e station. hether the statter "N" (for ne	ation is a networl	k station, an indep or network multicas	pendent station, or a noncommercial st), "I" (for independent), "I-M" nmercial educational multicast).	
For the meaning of thes	e terms, see p	age (v) of the	general instruct	ions located in the		
planation of local service						
Column 5: If you ha	ve entered "Ye	es" in column 4	4, you must com	plete column 5, st	tating the basis on which your ering "LAC" if your cable system	
carried the distant station	on on a part-tin	ne basis beca	use of lack of ac	tivated channel c	apacity.	
					payment because it is the subject em or an association representing	
the cable system and a	primary transr	nitter or an as	sociation repres	enting the primary	transmitter, enter the designa-	
					er basis, enter "O." For a further I in the paper SA3 form.	
Column 6: Give the	location of each	ch station. For	U.S. stations, li	st the community	to which the station is licensed by the	
FCC. For Mexican or Ca Note: If you are utilizing					which the station is identifed. channel line-up.	
			EL LINE-UP		· · · · · · · · · · · · · · · · · · ·	
			1			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
0.0.1	NUMBER	STATION	(100 01110)	(If Distant)		
KAXT - Decades	22	I	No		SAN FRANCISCO, CA	
KBCW - CW	44	N	No		SAN FRANCISCO, CA	See instructions for
KCNS - Independe	38	I	No		SAN FRANCISCO, CA	additional information
KCRA - NBC	3	N	No		SACRAMENTO, CA	on alphabetization.
KDTV - Univision	14	N	No		SAN FRANCISCO, CA	
KEMO - Azteca	50.1	N	No		FREMONT, CA	
KFSF - UniMas	66	N	No		VALLEJO, CA	
KFSFDT2 - Bounc	66.3	N	No		VALLEJO, CA	
KFSFDT4 - Grit	66.4	N	No		VALLEJO, CA	
KFSFDT5 - Justic	66.5	N	No		VALLEJO, CA	
KGO TV- ABC	7	N	No		SAN FRANCISCO, CA	
KGODT3 - Laff	7.3	N	No		SAN FRANCISCO, CA	
KICU - KTVU Plus	36	I	No		SAN JOSE, CA	
KICUDT2 - KEMS/	36.2	I	No		SAN JOSE, CA	
KICUDT3 - CCTV	36.3	I	No		SAN JOSE, CA	
KKPX - ION	65	N	No		SAN JOSE, CA	
KMTP - Independe	32	l	No		SAN FRANCISCO, CA	
KNTV - NBC	11	N	No		SAN JOSE, CA	
KNTVDT2 - Cozi	11.2	N .	No		SAN JOSE, CA	
	20	<u>l</u>	No		SAN FRANCISCO, CA	
		N	No		SAN FRANCISCO, CA	
KPIX - CBS	5	A.1	NI.			i
KPIX - CBS KPIXDT2 - Start T	5.2	N	No No		SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe	5.2 27	ı	No		SAN FRANCISCO, CA SAM MATEO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS	5.2 27 9	I E	No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH	5.2 27 9 9.2	I E E	No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World	5.2 27 9 9.2 54.3	I E E	No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids	5.2 27 9 9.2 54.3	I E E E	No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN	5.2 27 9 9.2 54.3 54.4	I E E E N	No No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo	5.2 27 9 9.2 54.3 54.4 8	I E E E N N	No No No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L	5.2 27 9 9.2 54.3 54.4 8 4	I E E E E N N	NO		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get T	5.2 27 9 9.2 54.3 54.4 8	I E E E N N	No No No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get T\ KRONDT4 - Court	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3	E E E N N N N N N	NO		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TV KRONDT4 - Court KSTS - Telemund	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3	I E E E E N N	NO N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TV KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4	E E E N N N N N N N N	No No No No No No No No No No		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TV KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi KTLN - Heroes &	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 48	I E E E N N N N N N N N N	No N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TV KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi KTLN - Heroes & I KTLNDT2 - METV	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 48 48.2 68		No N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TI KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi KTLN - Heroes & I KTLNT2 - METV KTNC - SBN	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 48 48.2 68		NO N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA	
KOFY - Independe KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get T KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi KTLN - Heroes & I KTLNDT2 - MeTV KTNC - SBN KTSF - Independe KTVU - FOX	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 48 48.2 68 68.2 42	I	NO N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA SAN FRANCISCO, CA	
KPIX - CBS KPIXDT2 - Start T KPJK - Independe KQED - PBS KQEDDT2 - KQEH KQEHDT3 - World KQEHDT4 - Kids KQSL - TLN KRON - MyNetwo KRONDT2 - Sky L KRONDT3 - get TI KRONDT4 - Court KSTS - Telemund KSTSDT2 - TeleXi KTLN - Heroes & I KTLNT2 - METV KTNC - SBN	5.2 27 9 9.2 54.3 54.4 8 4 4.2 4.3 4.4 48 48.2 68 68.2		NO N		SAN FRANCISCO, CA SAM MATEO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA FORT BRAGG, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA PALO ALTO, CA CONCORD, CA	

U.S. Copyright Office

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62645 WAVE DIVISION HOLDINGS LLC 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.

		CHANN	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
KRONDT3 - get T\	4.3	N	No		SAN FRANCISCO, CA
KRONDT4 - Court	4.4	N	No		SAN FRANCISCO, CA
KSTS - Telemund	48	N	No		SAN JOSE, CA
KSTSDT2 - TeleXi	48.2	N	No		SAN JOSE, CA
KTLN - Heroes & I	68	N	No		PALO ALTO, CA
KTLNDT2 - MeTV	68.2	N	No		PALO ALTO, CA
KTNC - SBN	42	N	No		CONCORD, CA
KTSF - Independe	26	I	No		SAN FRANCISCO, CA
KTVU - FOX	2	N	No		OAKLAND, CA
KTVUDT2 - LATV	2.2	N	No		OAKLAND, CA
KTVUDT3 - Movie	2.2	N	No		OAKLAND, CA

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 62645 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/2
LEGAL NAME OF OWNER OWNER OF OWNER O						SYSTEM ID# 62645	Name
			IT 4110 000000 444 4 00			02043	
In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non	network televis	ion program broadcast by a cific present and former FC0	distant station Crules, regula	tions, or authorizations. I	For a further	 Substitute
1. SPECIAL STATEMENT				-			Carriage:
During the accounting peri broadcast by a distant stat	iod, did you			s, any nonnet	work television program	n ⊠No	Special Statement and Program Log
period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every noi distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a	IMS Im on a separa attach additiona nnetwork televi ion and that you r authorizations t use general of BA Basketball: dcast live, enter station broadca on's location (th ons, if any, the of when your syste substitute pro-	te line. Use abbreviations al pages. Ision program (substitute pur cable system substitute pur cable system substitute so so See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:1	wherever postrogram) that, if for the progreal instruction "basketball". o." m. station is licentation is identation is identation.	during the accounting ramming of another states in socated in the paper. List specific program ansed by the FCC or, in tified). numerals, with the more List the times accurate 8:30 p.m. should be our system was required.	tion hth	
gram was substituted for preeffect on October 19, 1976.		that your syste	em was permitted to delete		ules and regulations in	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1	CARRIAGE OCCURRED F		FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					<u> </u>		
					_		
					_		
	1	·					í l

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

	SAJE. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: VE DIVISION HOLDINGS LLC	SYSTEM II 6264	Namo						
GR Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	you pay. Enter the total of ndary transmission service	K Gross Receipts						
Instru Cor Cor If you fee If you acc	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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block								
	Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	are required to pay at							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must check d?							
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	\$ -							
	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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 31,829.75 0.00	Cable systems submitting additional deposits under 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	\$ 32,554.75 See page (i) of the	appropriate form for submitting the additional fees.						

ACCOUNTING PERIOD: 2020/2
FORM SASE PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WAVE DIVISION HOLDINGS LLC	62645
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.	
Chameis	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 404	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Chris Connolly Telephone 609-681-2178	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
	Princeton, NJ 08540 (City, town, state, zip)	
	Email chris.connolly@rcn.net Fax (optional)	
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.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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/ Parisa Salehani	
	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 "F button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	⁻ 2"
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	Date: February 24, 2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nome
WAVE DIVISION HOLDINGS LLC		62645	Name
The Satellite Home Viewer Act of 1988 amer lowing sentence: "In determining the total number of suservice of providing secondary transmoscribers and amounts collected from a scribers and amounts collected from suservice information on when to exclude the paper SA3 form. During the accounting period did the cable sumade by satellite carriers to satellite dish own	NG GROSS RECEIPTS EXCLUSIONS ided Title 17, section 111(d)(1)(A), of the Copyribescribers and the gross amounts paid to the callissions of primary broadcast transmitters, the subscribers receiving secondary transmissions pase amounts, see the note on page (vii) of the general exclude any amounts of gross receipts for the secondary transmissions passed in the secondary transmission passed in th	ble system for the basic ystem shall not include sub- pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS			
•	royalty payments submitted as a result of a late page (viii) of the general instructions in the page		Q
Line 1 Enter the amount of late payment or	underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* ar	d enter the sum here	<u> </u>	
Line 3 Multiply line 2 by the number of days	late and enter the sum here	xdays	
		x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter her	re and on line 3, block 4,	\$ -	
		(interest charge)	
 * To view the interest rate chart click on v contact the Licensing Division at (202) 	www.copyright.gov/licensing/interest-rate.pdf. For 707-8150 or licensing@loc.gov.	or further assistance please	
** This is the decimal equivalent of 1/365	, which is the interest assessment for one day la	ite.	
	ng a statement of account already submitted to the mmunity served, accounting period, and ID num		
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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGI					<u>-</u> -	/OT=1::-::						
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
•	WAVE DIVISION HOLDIN	NGS LLC				62645						
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:									
	• Add the DSEs of each station			0.00								
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00							
2	Instructions:											
	In the column headed "Call S of space G (page 3).	i gn": list the cal	ll signs of all distant stations i	identified by th	e letter "O" in column 5							
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give	e the DSE as ".2	25."	,								
Category "O" Stations			CATEGORY "O" STATION	IS: DSEs								
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
												
						<u> </u>						
												
												
						ļ						
I .		i		I								

Name		ION HOLDINGS LLC							62645
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distant: For each station, give the correspond with the inform: For each station, give the Divide the figure in colurat least to the third decime: For each independent sizualue as ".25."	ne number of heation given in the total number of the total number of the fixed point. This tation, give the tumn 4 by the fixed point.	nours your cable system a space J. Calculate only or of hours that the static gure in column 3, and gi is the "basis of carriage e "type-value" as "1.0."	carried the station of one DSE for each on broadcast over the result in de value" for the state of each network	n during the acch station. the air during the accimals in colur tion. or noncommer	the accountinn 4. This figure cial education during to no less t	ng period. ure must nal station, than the	
Capacity		(CATEGOR	Y LAC STATIONS	COMPUTATI	ON OF DSE	======================================		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF	=	5. TYPE VALUE	6. DS	iΕ
					=	x		=	
					=				
			•		=				
					=				
					_	v		=	
			÷		=	х		=	
	Add the DSEs	of each station.		nedule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv Was carried tions in effetal Broadcast of space I). Column 2: at your option. Column 3: Column 4:	by your system in substited to n October 19, 1976 (anne or more live, nonnetwoest for each station give the IThis figure should correspendent the number of days Divide the figure in column this is the station's DSE (I	ution for a pross shown by the programs do number of live pond with the in the calendar 2 by the figure for more informatics.	ogram that your system ne letter "P" in column 7 uring that optional carriate, nonnetwork programs information in space I. ar year: 365, except in a tre in column 3, and givermation on rounding, se	was permitted to of space I); and ge (as shown by th carried in substituleap year. the result in colue page (viii) of the	delete under FC we word "Yes" in ution for progra mn 4. Round to general instru	CC rules and column 2 of ms that were ono less that ctions in the p	deleted	
		Sl	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF D	SEs		T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	OF DA	YS	1. CALL SIGN	OF		3. NUMBER OF DAYS IN YEAR	4. DSE
		-	-	=			÷		=
				=			÷		=
		-	-	=			÷		=
		-	-	=			÷		=
	Add the DSEs	of each station.					0.00		
5				boxes in parts 2, 3, and	4 of this schedule	and add them	o provide the	total	
Total Number	1. Number	of DSEs from part 2 ●				-		0.00	
of DSEs	2. Number	CATEGORY LAC STATIONS: COMPUTATION OF DSES 2. NUMBER OF HOURS OF HOURS CARRIAGE VALUE 3. NUMBER OF HOURS CARRIAGE VALUE 4. BASIS OF CARRIAGE VALUE 5. TYPE 6. DSE CARRIAGE VALUE 4. BASIS OF CARRIAGE VALUE 5. TYPE 6. DSE CARRIAGE VALUE 5. TYPE 6. DSE CARRIAGE VALUE 6. DSE DSES OF CATEGORY LAC STATIONS: DSES OF SUBSTITUTE-BASIS STATIO							
	3. Number	of DSEs from part 4 ●				-		0.00	
	TOTAL NUMBE	R OF DSEs							0.00
	1								

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

	WNER OF CABLE S						S	YSTEM ID# 62645	Name
	ck A must be comp	leted.							
•	'Yes," leave the rer	mainder of pa	ırt 6 and part 7	of the DSE schedu	ule blank and	complete part 8	8, (page 16) of the		6
schedule. If your answer if '	"No," complete bloo	cks B and C t	pelow.						
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
s the cable systen ffect on June 24,	•	itside of all m	ajor and smalle	er markets as defin	ed under sec	tion 76.5 of FC	C rules and regula	tions in	3.73166
_			O NOT COMP	LETE THE REMAII	NDER OF PA	RT 6 AND 7.			
X No—Comp	elete blocks B and	C below.							
		BLO	CK B: CARR	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 Iule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathered instructions fo E Carried pursus *F A station prev	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedunt to individuciously carried HF station wield pursuant to individuations wield to wield to wield to wield to station wield pursuant to individuations wield to pursuant to pu	ations cited be to the FCC marin 76.5(kk) (76 I station [76.59 5) (see paragrule). all waiver of FC d on a part-timethin grade-B co	e or substitute basi ontour, [76.59(d)(5]	e in effect on a series of the	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)] andfathered star	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from լ	part 5 of this s	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	block B abo	ve					
				of DSEs subject 7 of this schedule		ate.		0.00	
ine 4: Enter gro	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 9 instructions
ine 7: Multinly li	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 62645 Instructions: You must complete this worksheet for those stations identified 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.) Worksheet for 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. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,991,517.55	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 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		IE OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	62645
		WAVE DIVIDION HOLDINGS ELO	02040
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u> </u>
8 Computation of Base Rate Fee	6 was c In bloc If your If your blank. What is	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. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	.55
	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.)	0.00
	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) ▶ _ \$	<u>-</u>
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ <u>\$ 20,970.54</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	<u>-</u>
		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>

		PERIOD: 2020/2
	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC 62645	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	base Rate ree
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, sable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and

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 station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable 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 system's subscriber groups.

In each section:

- Identify 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 of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave 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 it in block B, part 6 of this schedule.
- 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 general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Stations, and for Partially Permitted **Stations**

WAVE DIVISION H						S	YSTEM ID# 62645	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROUI			SECOND	SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA	CONCO	ORD, WALNUT CRI	EEK, CO	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
	<u></u>				····		····	Surcharge
		-						for
								Partially
								Distant
								Stations
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$ 2,991	,517.55	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU)		FOURTH	I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···				····		·····	
	<u></u>				···		····	
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	e hase rate	a fees for each subscrib	ner droup or	s shown in the hoves ch	ove			
Enter here and in block			. 5. 5. oup ac		- / - /	\$	0.00	

LEGAL NAME OF OWNE			•			S	62645	Name
I	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONI	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	CONC	ORD, WALNUT C	REEK, CC	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
								Partially
								Distant
			<u>.</u>					Stations
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,99	1,517.55	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURT	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	\$	0.00	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 62645 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown