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				
8/30/21	\$ 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	2021/1				
Period					
B Owner	Instructions:     Give the full legal name of the owner of the cable system. If the owner is a rate 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 a single statement of account and royalty fee payment covering the entire acco     Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  WAVE DIVISION HOLDINGS LLC	ss of the cable system on the last day of the counting period.	em. the accounting period should su		10744
				1074	420202
				10744	2021/1
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of				
System	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>		· ·	
	WAVE BROADBAND				
	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY  (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 com	munity served below and re	elist on pa	ge 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	SILVERTON	OR			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	GRP#
Sample	Alda	MD	Α		1
•	Alliance	MD	В		2
	Gering	MD	В		3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the 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			10744						
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.									
<b>Note:</b> 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 by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SILVERTON	OR	Α		First					
WOODBURN	OR	Α		Community					
PORTLAND	OR	A							
SUBLIMITY	OR	A							
SALEM MOLALLA	OR OR	В <b>А</b>							
SHERIDAN	OR	C		See instructions for additional information					
CANBY	OR	A		on alphabetization.					
				Add rows as necessary.					
				Add Tows as flecessary.					
		l		ı					

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC

SYSTEM ID# 10744

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	8,579	\$	29.95				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>				ľ			
Motel, hotel	371	\$	2.70				
Commercial	711	\$	14.75	ľ			
Converter				"			
Residential				"			
Non-residential				"			
ſ	<u> </u>	•		I I''		<b> </b>	•

# 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.

		BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RA <sup>*</sup>	TE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
• Pay cable	\$	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		Refer tab "Pg 2- Section F	
Fire protection			• Pay cable			
•Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential			Fire protection			
• First set	\$ (	60.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$ :	30.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$ 40.00		
Converter			Disconnect			***************************************
			Outlet relocation			
			Move to new address			

# WAVE DIVISION HOLDINGS LLC - SILVERTON, OR

## Page 2 - Section F- Block 2

#### Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Retail 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	
Channel One - Russian	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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name WAVE DIVISION HOLDINGS LLC 10744 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 [section: 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 ε Primary Transmitters: substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i 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 noncommercia 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 th 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 CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) KATU - ABC 2 Ν No PORTLAND, OR KATUDT2 - MeTV 2.2 Ν No PORTLAND, OR See instructions for additional information or KATUDT3 - CometTV 2.3 Ν No PORTLAND, OR alphabetization. KATUDT4 - Stadium 2.4 Ν No PORTLAND, OR PORTLAND, OR KGW - NBC 8 Ν No **KGWDT2 - Justice Network** 8.2 Ν No PORTLAND, OR PORTLAND, OR KGWDT3 - Estrella TV 8.3 N No KGWDT4 - Quest 8.4 Ν No PORTLAND, OR KNMT - TBN 24 Ν No PORTLAND, OR **KOIN - CBS** 6 Ν No PORTLAND, OR KOINDT2 - getTV 6.2 N No PORTLAND, OR **KOINDT3 - Decades** 6.3 N No PORTLAND, OR **KOPB - PBS** 10 Ε No PORTLAND, OR 49 Ν No KPDX - MyNetworkTV VANCOUVER, WA VANCOUVER, WA KPDXDT2 - Escape 49.2 N No **KPDXDT3 - Bounce TV** 49.3 No VANCOUVER, WA N KPDXDT4 - Grit 49.4 N No VANCOUVER, WA **KPTV - FOX** No PORTLAND, OR 12 N KPTVDT2 - Cozi 12.2 Ν No PORTLAND, OR **KPTVDT3 - Laff** N PORTLAND, OR 12.3 No **KPWC - Azteca** 37.1 Ν No SALEM, OR **KPXG - ION** 22 N SALEM. OR No **KRCW - CW** 32 Ν No SALEM, OR KRCWDT2 - Antenna TV 32.2 N No SALEM, OR 32.3 Ν KRCWDT3 - This TV No SALEM, OR KWVT - Youtoo America 17.1 Ν SALEM, OR No

**ACCOUNTING PERIOD: 2021/1** 

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10744 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. 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 LOCATION OF STATION S/D

TORWISASE, FAGE 5.							ACCOUNTING	11 LINIOD. 2021/1		
LEGAL NAME OF OWNER OF WAVE DIVISION HOLE						S	YSTEM ID# 10744	Name		
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
In General: In space I, ident substitute basis during the acceptantion of the programm form.	tify every no ccounting pe	nnetwork televiseriod, under spe	sion program broadcast by a	a distant statio C rules, regu	lations, or	authorizations.	For a further	<b> </b> Substitute		
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					Carriage: Special		
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?  Yes XNo  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
·	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must com	· • ·	· -	Program Log		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, ation. Do not Lucy" or "Norm was broad sign of the padcast state and and the example:  ter "R" if the and regulation of the and regulation of the example:	am on a separa attach addition connetwork tele ation and that your authorizatio ot use general IBA Basketball adcast live, enta station broaddion's location (ions, if any, the your sy the substitute pra program care listed program cartions in effect of	nal pages. vision program (substitute four cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise entercasting the substitute program carried the substitute for carried the substitute or carried by you ried by a system from 6:01 m was substituted for programing the accounting period	program) the ed for the program instructor "basketbal" 'No." ram. e station is life station is life program. Ur cable syste :15 p.m. to 6 ramming that d; enter the	at, during ogrammin tions loca I". List sp censed by lentified). se numer. m. List the 6:28:30 p. It your sys letter "P" i	the accounting of another sted in the papecific progran  the FCC or, als, with the net times accurate, should be tem was required.	g station er in nonth ately			
	LIDETITLIT		1		N SUBS		7. REASON			
1. TITLE OF PROGRAM	2. LIVE?	TE PROGRAM  3. STATION'S	1	5. MONTH		CURRED TIMES	FOR DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO				
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LEG	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	:						
WA	VE DIVISION HOLDINGS LLC 10744	Name						
Inst all a (as pag	ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 3,010,306.84	<b>K</b> Gross Receipts						
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)							
• Cor • Cor • If your fee • If you acc	RIGHT ROYALTY FEE  Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. It is system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account.	L Copyright Royalty Fee						
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below.							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.							
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.							
	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  \$ 3,010,306.84							
	Enter the result here.  This is your minimum fee.  \$ 32,029.66							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and complete line 1, block 4.							
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 \$ -							
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero							
	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	Cable systems						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	additional deposits under						
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	Section 111(d)(7) should contact						
	Line 4. FILING FEE	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	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)							

ACCOUNTING PERIOD: 2021/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  10744										
	WAVE DIVISION HOLDINGS ELC										
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.										
Onamiers	Enter the total number of channels on which the cable system carried television broadcast stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations and nonbroadcast services										
N Individual to											
Be Contacted for Further Information	her Name Katie Lake Telephone 516-521-3549										
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)										
	Princeton, NJ 08540 (City, town, state, zip)										
	Email katie.lake@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 identified in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.										
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]										
	X /s/ 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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.										
	Typed or printed name: Parisa Salehani										
	Title: Senior Vice President, Controller  (Title of official position held in corporation or partnership)										
	Date: August 30, 2021										

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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:  WAVE DIVISION HOLDINGS LLC  10744	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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 Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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.

1	LEGAL NAME OF OWNER OF CABL WAVE DIVISION HOLDI		S	STEM ID# 10744						
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	า.			0.00					
<b>2</b> Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION		T 0411 01011	B05				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
necessary.										
Remember to copy										
all formula into new										
rows.										
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		I		1		Ī				


Name		OWNER OF CABLE SYSTEM:  ION HOLDINGS LLC					S	10744
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-of Column 6	st the call sign of all dista: For each station, give the correspond with the infor: For each station, give the Divide the figure in colulat least to the third decire: For each independent sizulue as ".25.":	he number of hours y mation given in space he total number of hours in 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure	rour cable systeme J. Calculate onlours that the static column 3, and g "basis of carriage"-value" as "1.0."	carried the state of the state of the product of th	ion during the accounting ach station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		C	CATEGORY LAC	STATIONS: (	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS OF	JMBER HOURS ATION NAIR	4. BASIS OF CARRIAG VALUE		6. DS	SE.
			÷	=		<u>x</u>	=	
			÷ ÷	_		x x		
				=		x	=	
			÷			x	=	
			÷ ÷			x x	<u>-</u>	
			÷	=		x	=	
	Add the DSEs	OF CATEGORY LAC Sof each station. m here and in line 2 of p		,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I).     Column 2: If at your option.     Column 3: If Column 4: If Column 4: If the same broadcast of the same broadcast	ct on October 19, 1976 ( ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a program as shown by the lette ork programs during to number of live, nonrespond with the informs in the calendar year in 2 by the figure in compared to the content of the c	that your system or "P" in column 7 hat optional carria network programs nation in space I. or 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by carried in substance the result in co	o delete under FCC rules	2 of were deleted s than the third	m).
		SU	BSTITUTE-BAS	S STATIONS	: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
								=
		÷		_		+		=
		·						=
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of p.		,		0.00		
5		R OF DSEs: Give the am applicable to your systen		in parts 2, 3, and 4	of this schedule	and add them to provide	the total	
Total Number	1. Number of	f DSEs from part 2 ●				•	0.00	
of DSEs	2. Number of	f DSEs from part 3 ●			!	<b>-</b>	0.00	
	3. Number of	f DSEs from part 4 ●				·	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

	OWNER OF CABLE ON HOLDINGS						S	49744 10744	Name
	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 p	art 8, (page 16) of	the	6
chedule. If your answer if	"No," complete blo	ocks B and C	below.						
			BLOCK A: 1	ELEVISION M	ARKETS				Computation of 3.75 Fee
fect on June 24,			•					gulations in	
	plete part 8 of the		DO NOT COM	PLETE THE REM	AINDER OF I	PART 6 AND	7.		
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			-
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju dule. (Note: T	ne 25, 1981. For fi ne letter M below i	urther explan	ation of permi	stem was permitte tted stations, see t st stream as set fo	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathers for E Carried pursuants *F A station pre	ed pursuant on as define al education d station (76. or DSE schee ant to individ viously carri	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su FCC rules (76.7) ne or substitute ba contour, [76.59(d))	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goasis prior to June 2007.	on June 24, 19 b), 76.61(b)(c) a) referring to g to 76.61(d)] grandfathered une 25, 1981	, 76.63(a) referring 76.61(e)(1)		
Column 3:	*( <b>Note:</b> For those this schedule to	e stations ide determine th	entified by the I e DSE.)	T	n 2, you must	complete the	worksheet on pag	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	_
						II		0.00	-
		E	SLOCK C: CC	MPUTATION O	F 3.75 FEE				_
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1111-	-	
ne 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			no-		
	line 2 from line 1 leave lines 4–7 b			•		5 rate.	HII-	0.00	
ine 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.0	375	Do any of the DSEs represe partially
ne 5: Multiply I	ine 4 by 0.0375 a	and enter s	um here				X		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSI	Es from line	: 3				Χ		carriage? If yes, see pa 9 instructions
ine 7 <sup>.</sup> Multiply I	ine 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	ce L (page 7	)		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 10744 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. 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 Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE 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 ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? 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) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE 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# 10744	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,010,306.84	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 defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS 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 DS 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:  WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744
_		Z. I. Z. I. Z.	
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	
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part of the Author work as of DSEs from part 5.	art
		checked "Yes," use the total number of DSEs from part 5.  bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low
Buse Rate Fee		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	.84_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)  ■ 0	0.00
	Section		<u> </u>
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	<u>-                                      </u>
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ <u>\$</u> -	<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> l

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

. = 0		0)/0==14.15.//	•
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAV	E DIVISION HOLDINGS LLC	10744	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
-	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts (the amount in section 1)  ▶ \$		
	(the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00	
	Base Rate Fee	0.00	
IMPOR	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	C
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
must a	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to	dentify 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 distan	t station you	Stations
	to that community.	ura lagated	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the ne 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 dist	ant. Each	
	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your iber groups.	system's	
	section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
	ibers in the group.		
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav	e it in parts 2 3	
	of this schedule; or,	e it iii parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i .6 of this schedule.	t in block B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene	eral instructions	
	e paper SA3 form.		
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on		
DSEs 1	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group for that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	• •	

LEGAL NAME OF OWNE						S	YSTEM ID# 10744	Na
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	Silverto	on, Woodburn, Po	ortland, \$	COMMUNITY/ AREA	4		0	Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Ra
								an
								Syndic
								Exclus
								Surch
								fo
								Parti
								Dist
	<u> </u>							Statio
						·		Juni
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,010	,306.84	Gross Receipts Seco	ond Group	\$	0.00	
<b>3ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>					n = 1		
	<u> </u>							
	<u> </u>							
							······	
						H		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		*			<b>0</b> .04p	*		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee: Add th	ne base rat	te fees for each subsc	riber aroup	as shown in the boxes	above			
inter here and in block			iboi gioup	ac shown in the boxes	abovo.	\$	0.00	

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE WAVE DIVISION H						S	10744	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	Ω
COMMUNITY/ AREA	Silverto	on, Woodburn, P	ortland,	COMMUNITY/ AREA	Α		0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroun	\$ 3,010	,306.84	Gross Receipts Seco	and Group	\$	0.00	
oross receipts i list c	поир	5,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cross Receipts deck	ona Group	<u> </u>	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	•	0.00	Gross Receipts Four	rth Group	•	0.00	
orosa izereibis IIIIi.	υιοαρ	\$	0.00	Jose Receipts Four	ы Стоир	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in blocl			criber group	as shown in the boxes	s above.	\$	0.00	
	.,	· (F-3* · /				l'		

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 10744
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of		☐ Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent	for the VHF Grade B contour stations that were classified as ter zero.
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	,
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

No	I	1.00	0
Yes	N	0.25	Ε
	E	0.25	LAC
	I-M	1.00	
	N-M	0.25	
	F-M	0.25	