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	Office the full legal fiame of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-								
				1405	220211				
				14052	2021/1				
	3700 MONTE VILLA PARKWAY								
	BOTHELL W 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	of the system, if dif	Terent from the address giv	en in spac	e B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	WAVE BROADBAND								
	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY								
	2 (Number, street, rural route, apartment, or suite number)								
	BOTHELL W 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	ROCKLIN	CA							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	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.			ACCOUNT	ING PERIOD: 2021/1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			14052						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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 to	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
ROCKLIN	CA			First					
				Community					
				See instructions for					
				additional information on alphabetization.					
				on alphabetization.					
				Add rows as necessary.					

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14052

WAVE DIVISION HOLDINGS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1				BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	9,679	\$	29.95					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	657	\$	2.07					
Commercial	925	\$	13.50					
Converter								
Residential		1						
Non-residential		1						
		†		····			ф	

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	F	RATE	CATEGORY OF SERVICE	RATE	C	ATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel				
 Pay cable—add'l channel 			Commercial		S	ee details on section F E	
 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 - ROCKLIN, CA

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	
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00	
The Filipino Channel (TFC)	International Premium	\$	12.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4 DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER **STATION** (If Distant) KCRA - NBC 3 Ν No SACRAMENTO, CA KCRADT2 - MeTV 3.2 Ν No SACRAMENTO, CA See instructions for additional information or KCSO - Telemuno 33 Ν No SACRAMENTO, CA alphabetization KCSODT3 - TeleX 33.3 Ν No SACRAMENTO, CA KMAX - CW 31 Ν No SACRAMENTO, CA KOVR - CBS 13 Ν No SACRAMENTO, CA **KOVRDT2 - Deca** 13.2 Ν No SACRAMENTO, CA **KQCA - MyNetwo** Ν 58 No STOCKTON, CA **KQCADT2 - Movie** 58.2 Ν No STOCKTON, CA **KQCADT3 - Estre** 58.3 Ν No STOCKTON, CA KSPX - ION 29 Ν No SACRAMENTO, CA KTFK - UniMas 64.1 Ν No SACRAMENTO, CA KTFKDT3 - getTV 64.3 Ν No SACRAMENTO, CA KTFKDT4 - Grit 64.4 Ν No SACRAMENTO, CA SACRAMENTO, CA 40 Ν No KTXL - FOX KTXLDT2 - Anten 40.2 Ν No SACRAMENTO, CA KTXLDT3 - This T 40.3 Ν No SACRAMENTO, CA **KUVS - Univision** 19.1 Ν No SACRAMENTO, CA KUVSDT3 - Bound 19.3 Ν No SACRAMENTO, CA KVIE - PBS Ε 6 No SACRAMENTO, CA KVIEDT2 - PBS Ei 6.2 Ε No SACRAMENTO, CA **KVIEDT4 - PBS K** Ε No SACRAMENTO, CA 6.4 KXTV - ABC 10 SACRAMENTO, CA Ν No **KXTV - Justice Ne** 10.2 Ν No SACRAMENTO, CA

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 14052 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

TOTAL OTOE. I TAGE 0.							Accounting	
WAVE DIVISION HOLI						S	14052	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G				
In General: In space I, iden substitute basis during the a explanation of the programn form.	ccounting po	eriod, under sp	ecific present and former FC	C rules, regu	lations, or a	authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant start	eriod, did yo		-	sis, any noni	network te	levision progr		Special Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must com	olete the prog	ram	
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 Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every nead distant state gulations, ation. Do n Lucy" or "Nam was broad sign of the badcast state and and the state when the Example: "Example: "Te "R" if the and regulation of the programming areas when the state "R" if the and regulation of the programming areas when the state "R" if the and regulation of the state of the st	am on a sepa attach addition connetwork tele- ition and that your authorization of use general BA Basketball adcast live, endi- station broaddion's location (ions, if any, the yowhen your sy- ne substitute pro a program car elisted progra- cions in effect of	nal pages. evision program (substitute rour cable system substitute) four cable system substitute, so see page (vi) of the get categories like "movies", so the evision of the get categories like "movies", so the evision of the substitute program the substitute program was carried by you ried by a system from 6:00 m was substituted for programing the accounting period or the program that is the evision of the	program) the ded for the program instructor "basketbal" "No." ram. e station is life station is ide program. U r cable systee: 15 p.m. to 6 ramming that id; enter the	at, during ogrammin otions local li". List spotentified). Is se numerate. List the 6:28:30 p.r tyour system.	the accounting g of another sted in the paper ecific program at the FCC or, it als, with the man etimes accurate and should be term was requificated program.	g tation er n nonth ately	
					EN SUBST		7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OC	TIMES	FOR DELETION	
1. THE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		•
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LEG	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
WA	VE DIVISION HOLDINGS LLC 14052	Name								
Inst all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of imounts (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. \$ 4,084,693.32	K Gross Receipts								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of sk 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 blow.									
	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 4,084,693.32									
	Enter the result here. This is your minimum fee. \$ 43,461.14									
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 \$ -									
	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	Cable systems submitting								
	(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	additional deposits under Section 111(d)(7)								
	(Interest Worksheet)	should contact the Licensing								
	Line 4. FILING FEE	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: SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC 14052
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	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 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 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 "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 14052	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	P 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 herex days	
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# 14052				
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	า.			0.00					
2 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"	CALL CICAL	DOE	CATEGORY "O" STATION		CALL CION	DOE				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
						Ī				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 14052									
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		C	CATEGORY LAC	STATIONS: (COMPUTATION	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NU JRS OF ED BY ST	JMBER HOURS ATION AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE.		
			÷	=		<u>x</u>	=			
			<u></u>	_		x x	=			
				=		x	=			
			÷	=		x	=			
			÷ ÷	=		x x	=			
			÷	=		x	=			
	Add the DSEs	OF CATEGORY LAC Sof each station. Im 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	e the call sign of each sta by your system in substact on October 19, 1976 (one or more live, nonnetwo For each station give the This figure should correse Enter the number of days Divide the figure in colum This is the station's DSE	itution for a program as shown by the lette ork programs during t number of live, nonrespond with the informs in the calendar year an 2 by the figure in c	that your system or "P" in column 7 hat optional carria etwork programs ation in space I. : 365, except in a olumn 3, and give	was permitted to of space I); and ge (as shown by the carried in substitute in substit	o delete under FCC rules the word "Yes" in column 2 itution for programs that lumn 4. Round to no less	of were deleted	m).		
		SU	BSTITUTE-BASI	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		ER OF DSEs: Give the am sapplicable 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 ●			!	·	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	YSTEM ID# 14052	Name
In block A:	ck A must be com	•	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation of
la tha aabla ayata	m located wholly o					action 76 F of	FCC rules and re-	aulations in	3.75 Fee
effect on June 24,	,		•				·	guiations in	
X No—Comp	plete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			-
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju edule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(d)] C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
									-
								0.00	
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE				-
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply l	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	÷ 3				X		carriage? If yes, see part 9 instructions.
ine 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name WAVE DIVISION HOLDINGS LLC 14052 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? 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 X 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 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# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,084,693.32	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			SYSTEM ID# 14052					
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		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the 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.						
		Syllacated Exclusivity Surcharge.						
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle decked "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that is, if you carried one or more part	ow					
		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.						
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	Section 1	Enter the amount of gross receipts from space K (page 7)	32_					
	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.)	.00					
	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)							
	B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -						
		D. Multiply line B by line C and enter here ▶ <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						

		ING PERIOD: 2021/1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID	Nama
WAVE	E DIVISION HOLDINGS LLC 1405	52
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	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	0
	(the amount in section 1) \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	F. Multiply line D by line E and enter here \$	-
	G. Add lines A, C, and F. This is your base rate fee	7
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00	
		<u> </u>
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line. Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage o	of of
uns exc	clusion, you must:	Base Rate Fee
	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 numbe Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each grou	Evelueivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE.	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	for Partially
must al	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Distant
Howeve	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, line token, the station is distant to the subscriber.)	by
Step 3:	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
•	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	section:	
• Identif	y the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3 f this schedule; or,	'9
2) any p	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, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form.	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	tal
DSEs fo	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show tual calculations on the form.	lai

LEGAL NAME OF OWNE						S	YSTEM ID# 14052
В		COMPUTATION OF		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP
COMMUNITY/ AREA				COMMUNITY/ ARE			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE		
						-	
		-					
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First G	roup	\$ 4,084	1,693.32	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DST-			0.00	Total DCC-			0.00
otal DSEs Bross Receipts Third (Proup	•	0.00	Total DSEs Gross Receipts Fou	urth Group	•	0.00
noss neocipis IIIII (Σισαμ	\$	0.00	Torosa Necelpia Pou	nai Gioup	\$	<u> </u>
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00
				11			_
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE							14052	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
FIRST SUBSCRIBER GROUP			UP	SECOND SUBSCRIBER GROUP			UP	•
COMMUNITY/ AREA	ROCKL	CKLIN COMMUNITY/ AREA 0			9 Computa			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
						n=		Exclusiv
			<u> </u>			" -		Surchar
	<u> </u>		<u>"</u>			+		for
						H		Partially
							······	Distant
								Stations
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 4,084	,693.32	Gross Receipts Sec	ond Group	\$	0.00	
sase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						n=		
			<u></u>			######################################		
						H		
							······	
	-					H		
otal DSEs			0.00	Total DSEs			0.00	
	5							
Gross Receipts Third (∍roup	\$	0.00	Gross Receipts Fou	rın Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
ase Rate Fee: Add the nter here and in block			criber group	as shown in the boxe	s above.	•	0.00	
indi nere and in bioch	vo, iiie 1, s	space L (page /)				Ф	0.00	

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14052					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby section 76.5 of FCC rules in effect on June 24, 1981:	· · · · · · · · · · · · · · · · · · ·					
Computation of	☐ First 50 major television market	Second 50 major television market					
Base Rate Fee	INSTRUCTIONS:	ancial VIIII Conda D acertain stational listed in block A mort O of					
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.	ercial VHF Grade & contour stations listed in block A, part 9 of					
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group						
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number						
Partially Distant Stations	Partially Distant Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of the schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need						
	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 total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE					
	First Group	Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE Third Group	SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)						