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								
Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	WAVE DIVISION HOLDINGS LLC							
				 4				
				3740	620211			
				3746	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	DENTIFICATION OF CABLE SYSTEM:	Tric System, ir un	merent from the address giv		<u></u>			
System	1 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	y only the frst com	nmunity served below and re	elist on pa	ge 1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	PORT TOWNSEND	WA						
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	SUB	GRP#			
Sample	Alda	MD	A		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.				1				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
WAVE DIVISION HOLDINGS LLC			3746					
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	d a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
PORT TOWNSEND	WA	Α		First				
JEFFERSON COUNTY	WA	Α		Community				
PORT LUDLOW	WA	Α						
				See instructions for				
				additional information				
				on alphabetization.				
				Add rows as necessary.				
				Add rows as necessary.				

1			
,		 	

Name

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

3746

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 	2,757	\$	29.95				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	216	\$	4.77				
Commercial	209	\$	18.90				
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.

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE RA		
Continuing Services:		Installation: Non-residential				
• Pay cable	\$ 17.	• Motel, hotel		Expanded Content	\$	77.38
 Pay cable—add'l channel 		Commercial		Digital Favorites	\$	13.00
Fire protection		• Pay cable		Digital Variety	\$	8.25
 Burglar protection 		Pay cable-add'l channel		Digital Sports	\$	12.00
Installation: Residential		Fire protection		Digital Cable Pack	\$	32.75
First set	\$ 80.	• Burglar protection		HBO	\$	19.00
 Additional set(s) 	\$ 30.	00 Other services:		HBOMax	\$	14.99
 FM radio (if separate rate) 		Reconnect	\$ 40.00	Showtime/The Movie Cha	\$	19.00
Converter		Disconnect		Cinemax	\$	18.50
		Outlet relocation		Starz	\$	17.00
		 Move to new address 		Movieplex	\$	5.00
				HD Bonus Pack		\$7.00

SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name 3746 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting periodexcept (1) stations carried only on a part-time basis unde 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 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 prograr 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 th 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identif each multicast stream associated with a station according to its over-the-air designation. For example, report mult cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl 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 chann∉ 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-N (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 experience of the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". planation 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 syste 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 subje 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 design 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 OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **CBUT - CBC** VANCOUVER, BC 2 Ν Yes О **KBTC - PBS** 27 Ε Yes 0 TACOMA. WA See instructions for additional information KCPQ - FOX 13 Ν No TACOMA, WA n alphabetization KCTS - PBS 9 No SEATTLE, WA Ε KCTSDT2 - PBS K 9.2 Ε No SEATTLE, WA KCTSDT3 - Create 9.3 Ε No SEATTLE, WA KFFV - MeTV 44 Ν No SEATTLE, WA KFFVDT 4 -Decad 44.4 Ν No SEATTLE, WA Ν No SEATTLE, WA KING - NBC 5 KINGDT2 - Justice 5.2 Ν No SEATTLE, WA KINGDT3 - Quest 5.3 Ν No SEATTLE, WA SEATTLE, WA KIRO - CBS 7 Ν No KIRODT2 - getTV 7.2 Ν No SEATTLE, WA KIRODT3 - Laff 7.3 Ν No SEATTLE, WA KOMO - ABC Ν SEATTLE, WA No 4 KOMODT2 - Come 4.2 Ν No SEATTLE, WA KOMODT3 - Charg Ν No SEATTLE, WA 4.3 KONG - Independ 16 No **EVERETT, WA** N KSTW - CW 11 No TACOMA, WA KSTWDT2 - Decad 11.2 Ν No TACOMA, WA KTBW - TBN 20 Ν Nο SEATTLE, WA KVOS - Heroes & 12.1 No BELLINGHAM, WA KWDK - Daystar 56 TACOMA, WA N No KWPX - ION 33 Ν No BELLEVUE, WA KZJO - JOEtv 22 Ν No SEATTLE, WA KZJODT3 - Anten 22.3 N No SEATTLE, WA

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
WAVE DIVISIO	N HOLDING	S LLC			3746	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable s	In General: In space G, identify every television station (including translator stations and low power television stations) 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								
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									
basis under specific 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									
 Do not list the station station was carried 	•		st it in space I (ti	he Special Statem	ent and Program Log)—if the				
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.									
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi				
cast stream as "WETA			•	•	th stream separately; for example				
WETA-simulcast). Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air ir				
on which your cable sy	ystem carried t	he station		•	may be different from the channe ependent station, or a noncommercia				
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for neese terms, see	etter "N" (for r oncommercia page (v) of th	network), "N-M" al educational), d de general instru	(for network multion or "E-M" (for nonc actions located in t	cast), "I" (for independent), "I-M ommercial educational multicast)				
planation of local servi					e paper SA3 form stating the basis on which you				
cable system carried t	he distant stati tion on a part-ti	on during the me basis bec	accounting peri ause of lack of	iod. Indicate by er activated channel	ntering "LAC" if your cable syster capacity				
of a written agreement the cable system and tion "E" (exempt). For	t entered into c a primary trans simulcasts, als	on or before Jo smitter or an a o enter "E". If	une 30, 2009, b association repre you carried the	etween a cable sy esenting the prima channel on any o	y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further basis, enter "O." For a further basis, enter "O."				
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, e the name of t	list the communit the community wit	ed in the paper SA3 form y to which the station is licensed by the h which the station is identifec				
Note: If you are utilizing	ng multiple cha	•	•	•	n channel line-up.				
			EL LINE-UP						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
						1			
						ļ			

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3746 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

				S	3746	Name		
ify every no	nnetwork televi	sion program broadcast by a	a distant statio C rules, regul	lations, or authorizations.	For a further	Substitute		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper								
tion. Do not not not not not not not not not no	ot use general BA Basketball adcast live, ent station broadd ion's location (ons, if any, the when your sy e substitute pra program car e listed prograrions in effect of	categories like "movies", (276ers vs. Bulls." er "Yes." Otherwise enter casting the substitute progethe community to which the community with which the stem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for progeturing the accounting period.	or "basketbal" "No." ram. e station is lie e station is id program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	censed by the FCC or, lentified). se numerals, with the n m. List the times accura 5:28:30 p.m. should be t your system was requ letter "P" if the listed pro	in nonth ately ired			
UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR			
2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
	E: SPECIJITY T CONCEITY TONCEITY TONCEITY	ify every nonnetwork televice counting period, under specing that must be included in the transfer of the tran	E: SPECIAL STATEMENT AND PROGRAM LO ify every nonnetwork television program broadcast by a counting period, under specific present and former FC ing that must be included in this log, see page (v) of the T CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute ba ttion? T', leave the rest of this page blank. If your answer is E PROGRAMS titute program on a separate line. Use abbreviations ace, please attach additional pages. of every nonnetwork television program (substitute distant station and that your cable system substitut egulations, or authorizations. See page (vi) of the ge attory or "NBA Basketball: 76ers vs. Bulls." m was broadcast live, enter "Yes." Otherwise enter sign of the station broadcasting the substitute progradcast station's location (the community to which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any, the community with which the hadian stations, if any the community with which the hadian stations, if any the community with which the hadian stations, in effect during the accounting perior gramming that your system was permitted to dele her "R" if the listed program was substituted for program regramming that your system was permitted to dele UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG ify every nonnetwork television program broadcast by a distant static accounting period, under specific present and former FCC rules, reguing that must be included in this log, see page (v) of the general instance, and in the general instance, and in the general instance, please attach additional pages. FROGRAMS ittute program on a separate line. Use abbreviations wherever program on a separate line. Use abbreviations wherever program on a separate line in the general instance, please attach additional pages. of every nonnetwork television program (substitute program) the distant station and that your cable system substituted for the program or authorizations. See page (vi) of the general instruction. Do not use general categories like "movies", or "basketball Lucy" or "NBA Basketball: 76ers vs. Bulls." m was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. adcast station's location (the community to which the station is in addian stations, if any, the community with which the station is in the and day when your system carried the substitute program. Use "5/7." es when the substitute program was carried by your cable system. Example: a program carried by a system from 6:01:15 p.m. to 6 the "R" if the listed program was substituted for programming that and regulations in effect during the accounting period; enter the rogramming that your system was permitted to delete under FCC underwise and regulations in effect during the accounting period; enter the rogramming that your system was permitted to delete under FCC underwise and regulations in effect during the accounting period; enter the rogramming that your system was permitted to delete under FCC underwise and regulations. UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	E: SPECIAL STATEMENT AND PROGRAM LOG If yevery nonnetwork television program broadcast by a distant station that your cable system counting period, under specific present and former FCC rules, regulations, or authorizations, ing that must be included in this log, see page (v) of the general instructions located in the page of the program of the page of the program of a substitute basis, any nonnetwork television progration? Yes Yes	E: SPECIAL STATEMENT AND PROGRAM LOG Ify every nonnetwork television program broadcast by a distant station that your cable system carried on a cocunting period, under specific present and former FCC rules, regulations, or authorizations. For a further ing that must be included in this log, see page (v) of the general instructions located in the paper SA3 IT CONCERNING SUBSTITUTE CARRIAGE riod, did your cable system carry, on a substitute basis, any nonnetwork television program ton? Iton? PYes No It leave the rest of this page blank. If your answer is "Yes," you must complete the program EPROGRAMS It tute program on a separate line. Use abbreviations wherever possible, if their meaning is acce, please attach additional pages. of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another station regulations, or authorizations. See page (vi) of the general instructions located in the paper retion. Do not use general categories like "movies", or "basketball". List specific program Lucy" or "NBA Basketball: 76ers vs. Bulls." In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. adcast station's location (the community to which the station is identified). In addian stations, if any, the community with which the station is identified). In the and day when your system carried the substitute program. Use numerals, with the month we "SIT." BY IT THE STATION IN THE STATION IN THE SUBSTITUTE CARRIAGE OCCURRED FOR DELETION IN THE STATION IN THE SUBSTITUTE CARRIAGE OCCURRED FOR DELETION IN THE STATION IN T		

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
WA	VE DIVISION HOLDINGS LLC		3746	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,130,976.44									
IMP	DRTANT: You must complete a statement in space P concerning gross receipts.	(<i>F</i>	amount of gross receipts)						
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ς 3 below.	e entered	d on line 1 of						
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered o	on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be er	ntered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064	percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 1,130,976.44						
	Enter the result here. This is your minimum fee.	\$	12,033.59						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the perion of	nn 4, you iod?	must check						
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	_	\$ 6,015.85						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	6,015.85						
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	_	\$ 12,033.59	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	12,758.59	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page	e (i) of the	additional lees.					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC 374								
	WAVE DIVISION HOLDINGS LLC 374								
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.								
onao.o	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 339								
	and nonbroadcast services								
N Individual to 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)								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0	CENTILIDATION (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: SYSTEM ID	Namo					
WAVE DIVISION HOLDINGS LLC 374	6					
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.	Concerning Gross Receipts Exclusion					
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						
Name Mailing Address 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						
x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further 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 CAE WAVE DIVISION HOLD				SYSTEM ID: 3740		
	SUM OF DSEs OF CATEGO • Add the DSEs of each static Enter the sum here and in lin	0.50					
2 Computation of DSEs for	Instructions: In the column headed "Call of space G (page 3). In the column headed "DSE mercial educational station, g	E": for each indep	endent station, give the DSB 25."	≣ as "1.0"; for			
Category "O"			CATEGORY "O" STATION		1	1	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	CBUT - CBC	0.250					
	KBTC - PBS	0.250					
A dd ==================================							
Add rows as							
necessary. Remember to copy							
all formula into new							
rows.							
						ĺ	

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC					S	3746
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 decires : For each independents	the number of hours y mation given in space the total number of ho umn 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 gi "basis of carriage -value" as "1.0." In column 5, and	a carried the stat y one DSE for each on broadcast over tive the result in a value" for the state For each network	ion during the accounting ach station. If the air during the accounting the air during the accounting the acco	unting period. is figure must cational station, ess than the	
Capacity		C	CATEGORY LAC	STATIONS: 0	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS OF ED BY ST	JMBER HOURS ATION NAIR	4. BASIS OF CARRIAG VALUE		6. DS	SE.
			÷	=		<u>x</u>	=	
			<u></u>	_		x x	=	
				=		x	=	
			÷	=		x	=	
			÷ ÷	=		x x	=	
			÷	=		x	=	
	Add the DSEs	OF CATEGORY LAC S of 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	e the call sign of each sta by your system in subst ct on October 19, 1976 (ne or more live, nonnetwon for each station give the This figure should correse inter 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 in 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 age (as shown by carried in subst a leap year. e the result in co	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
		÷						=
						÷		
		÷	<u> </u>	_		÷		=
		 -				÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	IS STATIONS:	,		0.00		
5		R OF DSEs: Give the am applicable to your systen		in parts 2, 3, and 4	1 of this schedule	and add them to provide	the total	
Total Number	1. Number of	f DSEs from part 2 ●				•	0.50	
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						0.50

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

WAVE DIVISION							S	YSTEM ID# 3746	Namo
Instructions: Bloc In block A: • If your answer if '			part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if "No," complete blocks B and C below.									
- II your answer II	140, complete bit			ELEVISION M.	ARKETS				Computation of
ls the cable syster effect on June 24,	•	utside of all ı	major and sma	iller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
Yes—Com	plete part 8 of the	schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (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: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathera- instructions fc E Carried pursua *F A station pre	ules and regued pursuant of the pursuant of th	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 n), 76.61(b)(c), referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN CBUT - CB	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		-
KBTC - PB		0.25							
								·	1
								0.50	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				-
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-		
ine 2: Enter the	sum of permitte	d DSEs froi	m block B ab	ove			11-		
				r of DSEs subject 7 of this schedu		rate.	·		
_ine 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ine 4 by 0.0375	and enter si	um here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see par
ne 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 3746 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those 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 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** 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? Surcharge Yes—Complete blocks B and C . X 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# 3746	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,130,976.44	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	25	
	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.	DE	
	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#
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.	
		Syndicated Exclusivity Surcharge.	· · · · · · · · · · · · · · · · · · ·
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: Just complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. Jock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Just answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "No," compute your system carried any partially distant stations.	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)	44_
	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.)	<u>.50</u>
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	<u>79</u>
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 7,928.14	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	6,016.79

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

The state of the s		0.0000111110	
LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC		3746	
Section 4 If the figure in section 2 is more than 4.00	00, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts			8
(the amount in section 1)	<u></u> ▶ <u>\$</u>		
B. Enter 0.00701 of gross receipts			Computation
(the amount in section 1)	<u> </u>		of
C. Multiply line B by 3.000 and ente			Base Rate Fee
D. Enter 0.00330 of gross receipts			
(the amount in section 1)	> \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and ente	r here >		
F. Multiply line D by line E and ente	r here ▶ <u>\$</u>		
G. Add lines A, C, and F. This is you	ur base rate fee		
Enter here and in block 3, line 1, Base Rate Fee	space L (page 7) ▶ \$	0.00	
Dase Rate Fee		0.00	
IMPORTANT: It is no longer necessary to rep	ort television signals on a system-wide basis. Carriage of telev	ision broadcast signals	
	community basis (subscriber groups) if the cable system report		9
In General: If any of the stations you carried	were partially distant, the statute allows you, in computing your	base rate fee, to exclude	Computation
	tation's local service area, from your system's total gross receip	ots. To take advantage of	of
this exclusion, you must:			Base Rate Fee
	criber groups, each group consisting entirely of subscribers that		and Syndicated
	reat each subscriber group as if it were a separate cable systen receipts attributable to that group, and calculate a separate bas		Exclusivity
	or each subscriber group. That total is the base rate fee for you		Surcharge for
	ocated within the top 100 television market and the station is no		Partially
must also compute a Syndicated Exclusivity S	Surcharge for each subscriber group. In this case, complete bot ed outside all major television markets, complete block A only.	h block A and B below.	Distant Stations, and
			for Partially
How to Identify a Subscriber Group for Pa	rtially Distant Stations ne the local service area of each wholly distant and each partial	lly distant station you	Permitted
carried to that community.	to the local service area of each wholly distant and each partial	ly distant station you	Stations
_ · · · · · · · · · · · · · · · · · · ·	tially distant station you carried, determine which of your subsci scriber located outside the local service area of a station is dista abscriber.)		
subscriber group must consist entirely of subs	er groups according to the complement of stations to which they scribers who are distant to exactly the same complement of stat hen the distant stations it carried have local service areas that o	tions. Note that a cable	
	criber group: Block A contains separate sections, one for each		
subscriber groups.	Soling Acoupt Diook A contains separate sections, one for each	i or your systems	
In each section:			
Identify the communities/areas represented	,		
• Give the call sign for each of the stations in subscribers in the group.	the subscriber group's complement—that is, each station that is	s distant to all of the	
• If:			
	ajor and smaller television markets, give each station's DSE as	you gave it in parts 2, 3,	
	najor or smaller televison market, give each station's DSE as yo	ou gave it in block B,	
·	ou the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber g	roup. For further explanation of gross receipts see page (vii) of	the general instructions	
in the paper SA3 form. • Compute a base rate fee for each subscribe	r group using the formula outline in block B of part 8 of this sch	edule on the preceding	
page. In making this computation, use the DS	SE and gross receipts figure applicable to the particular subscrii and total gross receipts from the subscribers in that group). Yo	ber group (that is, the total	

		S LLC					3746
E				TE FEES FOR EAC			
COMMUNITY/ AREA	FIRST SUBSCRIBER GROUP A PORT TOWNSEND, JEFFERSON			SECOND SUBSCRIBER GROUP COMMUNITY/ AREA PORT LUDLOW			
CALL SIGN	L SIGN DSE CALL SIGN DSE			CALL SIGN DSE CALL SIGN DSE			
KBTC - PBS	0.25			CBUT - CBC	0.25		
CBUT - CBC	0.25						
Total DSEs			0.50	Total DSEs			0.25
Gross Receipts First (Group	\$ 1,130),621.01	Gross Receipts Second Group \$ 355.43			
Base Rate Fee First (Group	\$	6,014.90	Base Rate Fee Sec	ond Group	\$	0.95
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	JP 0	FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third	Croup	•	0.00	Base Rate Fee Four	rth Group	\$	0.00

LEGAL NAME OF OWNE						S	3746	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	PORT 1	TOWNSEND, JEF	FERSON	COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
		_						Distant
								Stations
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 1,130	,621.01	Gross Receipts Second Group \$			355.43	
Base Rate Fee First G	Group	\$	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	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Raco Data Coc. Add 4	no hoos ==	to foos for each sub	oribor grave	as shown in the have-	ahovo			
Enter here and in block			nnei group	as shown in the boxes	anove.	\$	0.00	

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	WAVE DIVISION HOLDINGS LLC	3746							
	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 the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge	First 50 major television market Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.								
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.								
	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 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	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							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	computation SYNDICATED EXCLUSIVITY 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)								