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

Return completed workbook by email to:

# 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				

## coplicsoa@loc.gov

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

	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting Period	2021/1					
<b>B</b> Owner	Instructions:         Give the full legal name of the owner of the cable system. If the owner rate title of the subsidiary, not that of the parent corporation.         List any other name or names under which the owner conducts the bull of there were different owners during the accounting period, only the casingle statement of account and royalty fee payment covering the entire or Check here if this is the system's first filing. If not, enter the system	usiness of the cable system owner on the last day of the accounting period.	n. e accounting period should s		647	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM WAVE DIVISION HOLDINGS LLC					
				6474	42021	
				6474	2021/1	
	3700 MONTE VILLA PARKWAY					
	BOTHELL WA 98021					
С	BOTHELL WA 98021 INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addre					
C System	INSTRUCTIONS: In line 1, give any business or trade names use					
•	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addre					
•	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree I IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021	ess of the system, if diffe	erent from the address gi	ven in spac	e B.	
System D Area	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree 1 IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page 1b. Ide with all communities.	ess of the system, if difference of the system of the syst	erent from the address gi	ven in spac	e B.	
System D Area Served	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page 1b. Ide with all communities. CITY OR TOWN	ess of the system, if difference of the system of the syst	erent from the address gi	ven in spac	e B.	
System D Area	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree Indentification of CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page 1b. Ide with all communities. CITY OR TOWN PORT ORCHARD	ess of the system, if difference of the system of the syst	erent from the address gi	ven in spac	e B.	
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing address of cable system:         1       IDENTIFICATION OF CABLE SYSTEM:         WAVE BROADBAND       MAILING ADDRESS OF CABLE SYSTEM:         3700 MONTE VILLA PARKWAY       COMONTE VILLA PARKWAY         (Number, street, rural route, apartment, or suite number)       BOTHELL WA 98021         (City, town, state, zip code)       Instructions: For complete space D instructions, see page 1b. Idewith all communities.         CITY OR TOWN       PORT ORCHARD         Below is a sample for reporting communities if you report multip	entify only the frst comm STATE WA le channel line-ups in S	nunity served below and pace G.	ven in spac	je 1b	
System D Area Served First Community	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree Indentification of CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page 1b. Ide with all communities. CITY OR TOWN PORT ORCHARD	ess of the system, if difference of the system of the syst	erent from the address gi	ven in spac	e B.	
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names use names already appear in space B. In line 2, give the mailing addree IDENTIFICATION OF CABLE SYSTEM: 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) Instructions: For complete space D instructions, see page 1b. Ide with all communities. CITY OR TOWN PORT ORCHARD Below is a sample for reporting communities if you report multip CITY OR TOWN (SAMPLE)	entify only the frst comm STATE WA le channel line-ups in S STATE	nunity served below and pace G.	ven in spac	Je 1b	

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		
WAVE DIVISION HOLDINGS LLC			6474		
<b>Instructions:</b> 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 identifcation hereafter known as the "first community." Please use it as the first community on all future filings.					
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hobelow the identified city or town.	ome parks should b	e reported in pare	ntheses		
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank. I	f you report any st	ations		
When reporting the carriage of television broadcast stations on a community-by-comr channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber gro				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#		
PORT ORCHARD	WA	Α		First	
BELFAIR	WA	Α		Community	
ALLYN	WA	Α			
BANGOR NAVAL BASE	WA	A			
HOLLY KEYPORT NAVAL BASE	WA WA	A			
NORTHSHORE	WA WA	A		See instructions for additional information	
HOOD CANAL	WA	A		on alphabetization.	
SEABECK	WA	A			
PUGET SOUND NAVAL BASE	WA	Α			
JACKSON PARK NAVAL BASE	WA	Α			
				Add rows as necessary.	
		hannanananananananananananananananana	1	1	

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	<b>YSTI</b>	
	WAVE DIVISION HOLDI	NGS LLC								647
E	SECONDARY TRANSMISSION			-	-					
E	In General: The information in s			-		-				
<b>.</b> .	system, that is, the retransmissi									
Secondary	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).									
Fransmission Service: Sub-	Number of Subscribers: Bot						ahle syster	n broken		
scribers and	down by categories of secondar									
Rates	each category by counting the n									
	separately for the particular serv	vice at the rate	indicate	ed-not the nu	mber of se	ts receiving se	vice).	-		
	Rate: Give the standard rate of									
	unit in which it is generally billed					ard rate variatio	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondory transm	ission conv	ico that cablo		
	systems most commonly provide	•		-		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	-								
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-i	nand block. A t	wo- or thre	ee-word descrip	otion of the	service is		
	BLC			BL OC	K 2					
		NO. OF			BLOCK 2					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	F	RATE
	Residential:									
	<ul> <li>Service to first set</li> </ul>	1	4,388	\$ 29.95						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel		243	\$ 2.44						
	Commercial		858	\$ 11.20						
	Converter									
	Residential									
	Non-residential									
		•								
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra not covered in space E, that is, t		,		•	• •				
•	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		-	-		-		-		
ansmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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				<b>D</b> 4 <b>T T</b>	0.175.00	BLOCK 2		
		RATE		GORY OF SER ation: Non-res		RATE		ORY OF SERVICE	5	
	CATEGORY OF SERVICE			tel, hotel	Sidential		Digital F	ed Content		77. 13.
	Continuing Services:	¢ 17.00	• 1010	lei, nolei			Digital P		\$	13. 8.
	Continuing Services: • Pay cable	\$ 17.00		mmorcial			Digital	ariety	\$	
	Continuing Services: • Pay cable • Pay cable—add'I channel	\$ 17.00	• Coi	mmercial / cable			Digital S	norts		12
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	\$ 17.00	• Cor • Pay	/ cable	hannel		Digital S		\$ \$	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	\$ 17.00	• Cor • Pay • Pay	∕ cable ∕ cable-add'l cl	hannel		Digital C	ports able Pack	\$	32.
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential		• Cor • Pay • Pay • Fire	/ cable / cable-add'l cl e protection			Digital C HBO	able Pack	\$ \$	32. 19.
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	\$ 80.00	• Cor • Pay • Pay • Fire • Bur	y cable y cable-add'l cl e protection rglar protection			Digital C HBO HBO Ma	able Pack	\$ \$ \$	32. 19. 14.
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Cor • Pay • Pay • Fire • Bur <b>Other</b>	y cable y cable-add'l cl e protection glar protection services:		\$ 40.00	Digital C HBO HBO Ma Showtim	able Pack x ne/The Movie Cha	\$ \$ \$ \$	32. 19. 14. 19.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 80.00	• Cor • Pay • Pay • Fire • Bur • Bur • Red	y cable y cable-add'l cl protection glar protection services: connect		\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax	able Pack x ne/The Movie Cha	\$ \$ \$ \$ \$	32. 19. 14. 19. 18.
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$ 80.00	• Cor • Pay • Pay • Fire • Bur • Bur • Rec • Dis	y cable y cable-add'l cl protection rglar protection services: connect connect		\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax Starz	able Pack x ne/The Movie Cha	\$ \$ \$ \$ \$ \$ \$	12. 32. 19. 14. 19. 18. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 80.00	• Cor • Pay • Pay • Fire • Bur • Bur • Con • Con	y cable y cable-add'l cl protection glar protection services: connect	I	\$ 40.00	Digital C HBO HBO Ma Showtim Cinemax	able Pack x ne/The Movie Cha c	\$ \$ \$ \$ \$	32. 19. 14. 19. 18.

FORM SA3E. PAGE 3.	Accounti	NG FERIOD: 2021
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
WAVE DIVISION HOLDINGS LLC	6474	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period except (1) stations carried only on a part-time basis un	ndei	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 26, 50(d)(2), and (4), 76, 51(a)(2), and (4), and (5), and (4), and (6), and (7), and		Drimory
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 carrie substitute program basis, as explained in the next paragraph		Primary 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a 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 ex-

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

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 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by th FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	1	CHANN	EL LINE-UP	AA				
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			
KBTC - PBS	27	E	No		TACOMA, WA			
KCPQ - FOX	13	N	No		TACOMA, WA	See instructions for		
KCTS - PBS	9	E	No		SEATTLE, WA	additional information on alphabetization.		
KCTSDT2 - PBS K	9.2	E	No		SEATTLE, WA			
KCTSDT3 - Create	9.3	E	No		SEATTLE, WA			
KFFV - MeTV	44.1	N	No		SEATTLE, WA			
KFFVDT 2- Movies	44.2	N	No		SEATTLE, WA			
KING - NBC	5	N	No		SEATTLE, WA			
KINGDT2 - Justice	5.2	N	No		SEATTLE, WA			
KINGDT3 - Quest	5.3	N	No		SEATTLE, WA			
KIRO - CBS	7	N	No		SEATTLE, WA			
KIRODT2 - getTV	7.2	N	No		SEATTLE, WA			
KIRODT3 - Laff	7.3	N	No		SEATTLE, WA			
KOMO - ABC	4	N	No		SEATTLE, WA			
KOMODT2 - Come	4.2	N	No		SEATTLE, WA			
KOMODT3 - Charg	4.3	N	No		SEATTLE, WA			
KONG - Independ	16	I	No		EVERETT, WA			
KSTW - CW	11	Ν	No		ТАСОМА, WA			
KSTWDT2 - Decad	11.2	N	No	-	TACOMA, WA			
KTBW - TBN	20	N	No	-	SEATTLE, WA			
KVOS - Heroes &	12.1	Ν	No		BELLINGHAM, WA			
KVOS DT4- Decad	12.4	N	No		BELLINGHAM, WA			
KWDK - Daystar	56	Ν	No		ТАСОМА, WA			
KWPX - ION	33	N	No		BELLEVUE, WA			
KZJO - JOEtv	22	N	No		SEATTLE, WA			
KZJODT3 - Anten	22.3	Ν	No		SEATTLE, WA			

Name	LEGAL NAME OF O							SYSTEM ID# 6474		
H Primary Transmitters: Radio	WAVE DIVISION HOLDINGS LLC       6474         PRIMARY TRANSMITTERS: RADIO       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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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).									
1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	C. LE CICIT				C. LE CICIT		0,0			
							·			
		·								
		·								
							·			

FORM SA3E. PAGE 5. ACCOUNTING PERIC							PERIOD: 2021/1		
LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       WAVE DIVISION HOLDINGS LLC     6474								Name	
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G					
In General: In space I, ident substitute basis during the ad explanation of the programm form.	counting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or au	uthorizations.	For a further	Substitute Carriage:	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
<ul> <li>During the accounting per broadcast by a distant star</li> </ul>		ur cable systei	m carry, on a substitute ba	sis, any noni	network tele	evision progra		Special Statement and Program Log	
<b>Note:</b> If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must compl	ete the progr	am		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cat <b>Column 5:</b> Give the mot first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progr ace, please of every no distant sta egulations, i tition. Do no Lucy" or "N m was broa sign of the adcast stati nation sta	am on a separ attach additio ponnetwork tele tion and that y or authorizatio ot use general BA Basketball idcast live, ent station broadd ion's location ( ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	nal pages. evision program (substitute rour cable system substitut ns. See page (vi) of the ge categories like "movies", of 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the 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 prog during the accounting period	program) that ted for the pro- eneral instruct or "basketbal "No." ram. e station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	at, during th ogramming tions locate II". List spe censed by t lentified). Ise numeral m. List the 5:28:30 p.m t your syste letter "P" if t	the accounting of another st ad in the pape cific program the FCC or, in s, with the me times accura . should be em was require the listed pro	ation er n onth tely red		
		E PROGRAM	4		EN SUBSTI		7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES	FOR DELETION		
						_			
						_			
						_			
						_			
						_			
					· · · ·	_			

FORM	SA3E. PAGE 7.							
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I	Namo					
WA	VE DIVISION HOLDINGS LLC	64	74 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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.								
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>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.</li> <li>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.</li> </ul>								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	be entered on line 1 of						
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered 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 entered on line						
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	,						
	Line 1. Enter the amount of gross receipts from space K	\$ 5,505,246.41						
	Line 2. Multiply the amount in line 1 by 0.01064		-					
	Enter the result here.	\$ 58.575.82						
	This is your minimum fee.	\$ 58,575.82	<u> </u>					
Block 2	<ul> <li>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.</li> <li>Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.</li> </ul>	mn 4, you must check iod?						
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$-						
3			-					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	-					
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Die 1	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee							
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$ 58,575.82						
	whichever is larger		Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		submitting					
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	er 0.00	additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact					
		0.00	the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate					
1	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.		form for					
1	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 59,300.82	submitting the					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. ( general instructions located in the paper SA3 form for more information.)	(See page (i) of the	additional fees.					

Name	LEGAL NAME OF OWNER OF WAVE DIVISION H			SYSTEM II 64				
		OLDING						
М	CHANNELS	ust aive	1) the number of channels on which the cable system carried television br	roadcast stations				
IVI		-	able system's total number of activated channels, during the accounting p					
Channels		( )	, , , , , , , , , , , , , , , , , , , ,					
			annels on which the cable	26				
	system carried tele	VISION DI	adcast stations					
	2. Enter the total num	nber of a	tivated channels					
		-	arried television broadcast stations	338				
	and nonbroadcast	services	•••••••••••••••••••••••••••••••••••••••					
N		CONTA	TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual					
Ν	we can contact abou		· ·					
Individual to								
Be Contacted for Further	Name Katie L	ako	Te	elephone <b>516-521-3549</b>				
Information		ane		aephone <b>310-321-3343</b>				
	Address 650 Co	llege R	oad East, Suite 3100					
			ute, apartment, or suite number)					
	Princet		08540					
	(City, town,	state, zip)						
	Email	katie.l	ike@rcn.net Fax (optional)					
	CERTIFICATION (This	s stateme	nt of account must be certifed and signed in accordance with Copyright O	ffice regulations.)				
0								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)							
	(Owner other than	n corpora	ion or partnership) I am the owner of the cable system as identifed in line 1	of space B: or				
		looipoit						
	(Agent of owner o	ther than	corporation or partnership) I am the duly authorized agent of the owner of the	the cable system as identified				
	in line 1 of spa	ce B and	hat the owner is not a corporation or partnership; or					
			officer (if a corporation) or a partner (if a partnership) of the legal entity identit	fed as owner of the cable system				
	in line 1 of spa	се в.						
			of account and hereby declare under penalty of law that all statements of fact o the best of my knowledge, information, and belief, and are made in good fai					
	[18 U.S.C., Section 10							
		Х	/s/ Parisa Salehani					
		^						
			electronic signature on the line above using an "/s/" signature to certify this state					
			John Smith). Before entering the first forward slash of the /s/ signature, place yo en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's L					
		Typed	r printed name: Parisa Salehani					
		Typeu						
			Controller					
		Title:	Senior Vice President, Controller (Title of official position held in corporation or partnership)					
		Date:	August 30, 2021					
			I States Code authorizes the Copyright Offce to collect the personally identifying s any personal information that can be used to identify or trace an individual, suc					
	ing PII, you are agreeing							

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

U.S. Copyright Office

FORM	SA3E	PAGE9
	JAJL.	I AGES

LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 6474 <sup>Name</sup>
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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Statement
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     Name       Mailing Address     Mailing Address	
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.	<sup>t.</sup> Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest charg	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e
** 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.	J
Owner Address	
First community served	
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 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.

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID											
1	WAVE DIVISION HOLDI	NGS LLC				6474						
	<ul> <li>Add the DSEs of each station</li> </ul>	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00										
2	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 If space G (page 3).											
Computation	the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- ercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN DSE CALL SIGN DSE CALL SIGN											
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												
	L			[								

	<b>k</b> aan ahaa ahaa ahaa ahaa ahaa ahaa ahaa	

Name		OWNER OF CABLE SYSTEM: SION HOLDINGS LLC	:					JLE. PAGE 12. SYSTEM ID# 6474
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 be carried our Column 9 give the type- Column 9	st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu t at least to the third decin 5: For each independent value as ".25." 5: Multiply the figure in colu	he number of hour mation given in sp he total number of umn 2 by the figure mal point. This is th station, give the "ty plumn 4 by the figu	s your cable system ace J. Calculate or hours that the stat in column 3, and g ne "basis of carriag ype-value" as "1.0." re in column 5, and	n carried the sta ly one DSE for e ion broadcast ov give the result in e value" for the s For each networ give the result in	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station, ess than the	
oupuoliy		(	CATEGORY LA	C STATIONS:	COMPUTATI			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	GE VALUE		SE
			÷		=	x	=	
			÷			×	=	
						×	=	
			÷				=	
			÷		-	×	=	
			÷		=	x	=	
			÷		-	x	=	
	Add the DSEs Enter the su Instructions:	s OF CATEGORY LAC S of each station. um here and in line 2 of p	part 5 of this sched	·		0.00		
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 ( one or more live, nonnetw For each station give the This figure should corre Enter the number of days Divide the figure in colun	itution for a progra (as shown by the k ork programs durin number of live, no spond with the info s in the calendar yo nn 2 by the figure i	Im that your system etter "P" in column g that optional carri onnetwork program ormation in space I. ear: 365, except in n column 3, and giv	a was permitted t 7 of space I); and age (as shown by s carried in subs a leap year. re the result in co	o delete under FCC rules	e of were deleted s than the third	m).
		SU	JBSTITUTE-BA	SIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE
	SIGN	OF PROGRAMS			SIGN	OF		
			IN YEAR	=		PROGRAMS ÷	IN YEAR	=
		-		=		÷		=
		-	•	=		÷		=
		-	•	=		÷		=
			-			÷ +		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		ule,	Þ	0.00		
5		ER OF DSEs: Give the am s applicable to your syster		es in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				►	0.00	
of DSEs	2. Number o	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	of DSEs from part 4 ●				▶	0.00	
	TOTAL NUMBE	ER OF DSEs				<b></b>		0.00

OL SCHEDULL. I	PAGE 13.							ACCOUNTIN	G PERIOD: 202
	WNER OF CABLE						S	YSTEM ID#	Name
VAVE DIVISIO	JN HOLDINGS	LLC						6474	
nstructions: Bloo n block A:	ck A must be com	pleted.							
If your answer if	"Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank an	id complete pa	art 8, (page 16) of	the	6
chedule. If your answer if	"No," complete blo	ocks B and C	below.						
,	, ,			ELEVISION M	ARKETS				Computation
		utside of all	major and sma	iller markets as de	fined under se	ection 76.5 of	FCC rules and reg	gulations in	3.75 Fee
ffect on June 24,		schedule		PLETE THE REM		ART 6 AND 7			
	blete blocks B and								
		BLOO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati ie DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For function ne letter M below r Act of 2010.)	urther explana	ition of permitt	ed stations, see tl	he	
	(Note the FCC ru A Stations carri	les and regu	lations cited b	usis on which you o elow pertain to tho rket quota rules [7	se in effect or	n June 24, 198		ı to	
CARRIAGE	76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	on as define al education d station (76. or DSE scheo ant to individ viously carrio JHF station v	d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	'6.59(d)(1), 76.61( 9(c), 76.61(d), 76.  raph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(	e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	) referring to 7 g to 76.61(d)] randfathered s ne 25, 1981	6.61(e)(1)		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	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	
		E	BLOCK C: CC	MPUTATION O	F 3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1	-	
	sum of permitte								
				r of DSEs subjec 7 of this schedu		rate.	1	0.00	
ne 4: Enter gro	oss receipts from	space K (p	oage 7)				x 0.03	375	Do any of t DSEs repres
ne 5: Multiply li	ine 4 by 0.0375	and enter s	um here				x		partially permited partially nonpermitt
ne 6: Enter tota	al number of DS	Es from line	93					-	carriage? If yes, see p 9 instructio
-	ine 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name	WAVE DIVISIO	N HOLDINGS L	LC					6474			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the For A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar in block	<ul> <li>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 stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>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.</li> <li>Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> </ul> </li> <li>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)).</li> <li>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.</li> <li>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.</li> <li>MPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designatec statement of account on fle in the Licensing Division.</li> </ul>									
		PERMITTED D	SE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	D SUBSTITUTE BASIS				
	1. CALL	2. PRIOR	3. ACC	COUNTING		4. BASIS OF	5. PRESENT	6. PERMITTED			
1	SIGN	DSE	PI	ERIOD		CARRIAGE	DSE	DSE			
<b>7</b> Computation	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below.										
of the		If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity											
Surcharge		Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?									
	Ves—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 commercial VHF stati or in part, over the ca	ion that places a gr			Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)						
		tation below with its a and proceed to part 8		nitted DSE		ation below with its appropr nd proceed to part 8.	ate permitted DSE				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE CALL SI	GN DSE			
l											
				0.00							
			TOTAL DSEs	0.00			TOTAL D	SEs 0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 6474	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	5,505,246.41	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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         Image: Complete part 9 of this schedule.         Image: Complete part 9 of this schedule.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSE SCHEDULE, PAGE	16

		DSE SCHEDULE. PAGE 16. IE OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name		WAVE DIVISION HOLDINGS LLC 6474
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  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.
<b>8</b> Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS         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 Section 2	Enter the amount of gross receipts from space K (page 7).       \$ 5,505,246.41         Enter the total number of permitted DSEs from block B, part 6 of this schedule.       (If block A of part 6 was checked "Yes,"         use the total number of DSEs from part 5.).       0.00
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1)

#### DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
WAVE DIVISION HOLDINGS LLC	6474 <sup>Name</sup>
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	8
B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b>▶</b>	
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 <b>\$</b>	
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$\$ 0.	00
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel ups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to excreceipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must:	
<ul> <li>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sa station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nur DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each generate. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</li> <li>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 must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below However, if your cable system is wholly located outside all major television markets, complete block A only.</li> </ul>	mber of group. you you ww. Stations, and
How to Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (at the same token, the station is distant to the subscriber.)	nd, by
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cal system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ble
<b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups. In each section:	
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> </ul>	
• If:	2.2
<ol> <li>your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts and 4 of this schedule; or,</li> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol>	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructi in the paper SA3 form.	ons
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedi page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, th DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sh your actual calculations on the form.	e total

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19
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LEGAL NAME OF OWNI						S	YSTEM ID# 6474	Name
E	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		<u> </u>	SECOND	SUBSCRIBER GRO	JP	•
COMMUNITY/ AREA	PORT	DRCHARD, BELF	AIR, ALL	COMMUNITY/ AREA			0	<b>9</b> Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
		-						Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First G	Group	\$ 5,505	,246.41	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	THIRD	SUBSCRIBER GROU				I SUBSCRIBER GRO		
COMMUNITY/ AREA 0			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
			0.00	Total DSEs			0.00	
Total DSEs					th Group	\$	0.00	
	Group	\$	0.00	Gross Receipts Four	ui Oloup	<u>+</u>	0.00	
Total DSEs Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	in Oloup	·		
		\$	0.00	Base Rate Fee Fourt		\$	0.00	
Gross Receipts Third (								
Gross Receipts Third (	Group	\$	0.00		th Group			

LEGAL NAME OF OWNE						2	6474 BYSTEM	Nam
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP			UP	•	
COMMUNITY/ AREA PORT ORCHARD, BELFAIR, ALI			COMMUNITY/ AREA 0			9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for
								Partiall
								Distan
								Station
								••••••
	<b>.</b>	-						
otal DSEs			0.00	Total DSEs 0.00				
Gross Receipts First Group \$ 5,505,246.41			,246.41	Gross Receipts Sec	cond Group	\$	0.00	
a <b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO				I SUBSCRIBER GRO		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00		0.00		
ann Bote For Third		•	0.00	Roop Rate Fee Fee	urth Crown	•	0.00	
Base Rate Fee Third (	эгопр	\$	0.00	Base Rate Fee Fou	aran Group	\$	0.00	
ase Rate Fee: Add the terminate the terminate the terminate the terminate the terminate the terminate terminate the terminate		te fees for each subse space L (page 7)	criber group	as shown in the boxe	es above.	\$	0.00	
	、 3, III e 1, 9	space L (page 1)				φ	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID WAVE DIVISION HOLDINGS LLC 647							
Name								
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9 Computation	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	First 50 major television market							
Base Rate Fee and	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							
Syndicated Exclusivity	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							
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for Partially	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this</li> </ul>							
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the	and enter here. This is the						
	total number of DSEs for	total number of DSEs for						
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	SURCHARGE First Group	SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the						
	total number of DSEs for	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	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)							