This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/28/2022	\$				
	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 Period	2021/2							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the enti	as of the cable syste on the last day of th unting period.	m. e accounting period should su		14052			
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	WAVE DIVISION HOLDINGS LLC							
				14052	220212			
				14052	2021/2			
	3700 MONTE VILLA PARKWAY BOTHELL W 98021							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diffe	erent from the address giver	n in space E	3. 			
System	1 WAVE BROADBAND							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)							
	BOTHELL W 98021 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page	1b			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First Community	ROCKLIN	CA						
Community	Below is a sample for reporting communities if you report multiple cha			CLID	GRP#			
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A		1 1			
Sample	Alliance	MD	В		2			
	Gering	MD	В		3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 14052 WAVE DIVISION HOLDINGS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **ROCKLIN** CA **First** Community See instructions for additional information on alphabetization. Add rows as necessary

······································

Name

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

*SYSTEM ID 14052

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.

BLOCK 1					BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	8,739	\$	31.95					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	657	\$	2.07					
Commercial	946	\$	30.37					
Converter								
Residential								
Non-residential								
				1 1				

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 1						BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE RATE	
Continuing Services:			Installation: Non-residential				
 Pay cable 	\$	17.00	Motel, hotel			Î	
 Pay cable—add'l channel 			Commercial			Ţ	see details on section F B
 Fire protection 			Pay cable			Î	
Burglar protection			Pay cable-add'l channel				
Installation: Residential			Fire protection				
 First set 	\$	79.95	Burglar protection			ľ	
Additional set(s)	\$	30.00	Other services:			Î	
 FM radio (if separate rate) 			Reconnect	\$	40.00		
 Converter 			Disconnect			ľ	
			Outlet relocation				
		Move to new address			ľ		
						ľ	

WAVE DIVISION HOLDINGS LLC - ROCKLIN, CA

Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Retail Rate		
Expanded Content	Expanded Content	\$	77.38	
Digital Favorites	Digital Tier Packages	\$	13.00	
Digital Vartiety	Digital Tier Packages	\$	8.25	
Digital Sports	Digital Tier Packages	\$	12.00	
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75	
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00	
НВО	Premium	\$	19.00	
HBO Max	Premium	\$	14.99	
Showtime/The Movie Channel (TMC)	Premium	\$	19.00	
Cinemax	Premium	\$	18.50	
Starz	Premium	\$	17.00	
Movieplex	Premium	\$	5.00	
HD Bonus Pack	High Definition Package	\$	7.00	
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00	
The Filipino Channel (TFC)	International Premium	\$	12.00	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 14052 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 5 BASIS OF 1. CALL 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN CHANNEL (Yes or No) CARRIAGE NUMBER STATION (If Distant) KCRA - NBC 3 Ν No SACRAMENTO, CA KCRADT2 - MeTV 3.2 Ν No SACRAMENTO, CA See instructions for additional information KCSO - Telemundo 33 Ν No SACRAMENTO, CA on alphabetization. KCSODT3 - TeleXitos Ν No 33.3 SACRAMENTO, CA KCSODT5 - Lx Ν No 33.5 SACRAMENTO, CA KMAX - CW 31 Ν No SACRAMENTO, CA **KOVR - CBS** 13 Ν No SACRAMENTO, CA KOVRDT2 - Decades 13.2 Ν No SACRAMENTO, CA KQCA - MyNetworkTV 58 Ν Nο STOCKTON, CA **KQCADT2 - Heroes & Icons** 58.2 Ν No STOCKTON, CA **KQCADT3 - Estrella TV** 58.3 Ν No STOCKTON, CA KSPX - ION 29 Ν No SACRAMENTO, CA KTFK - UniMas Ν No SACRAMENTO, CA 64.1 KTFKDT3 - getTV 64.3 Ν No SACRAMENTO, CA KTFKDT4 - Grit Ν 64.4 No SACRAMENTO, CA KTXL - FOX 40 Ν No SACRAMENTO, CA KTXLDT2 - Antenna TV 40.2 Ν SACRAMENTO, CA No KTXLDT3 - Court TV 40.3 Ν SACRAMENTO, CA No KTXLDT4 - TBD 40.4 Ν No SACRAMENTO, CA **KUVS - Univision** 19.1 Ν No SACRAMENTO, CA **KUVSDT3 - Bounce** 19.3 Ν No SACRAMENTO, CA **KVIE - PBS** 6 Ε No SACRAMENTO, CA KVIEDT2 - PBS Encore Ε SACRAMENTO, CA 6.2 No KVIEDT4 - PBS Kids SACRAMENTO, CA 6.4 Ε No KXTV - ABC 10 Ν No SACRAMENTO, CA KXTV DT2- True Crime 10.2 Ν No SACRAMENTO, CA KXTVDT4 - Quest 10.2 N No SACRAMENTO, CA

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 14052 WAVE DIVISION HOLDINGS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

TORWI SAJE, TAGE 3.						ACCOUNTING	11 LINIOD. 2021/2	
WAVE DIVISION HOLD						SYSTEM ID# 14052	Name	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i				
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorization	s. For a further	Substitute	
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:	
During the accounting per broadcast by a distant stat		ır cable system	ı carry, on a substitute bas	s, any nonne	etwork television progra		Special Statement and Program Log	
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	PROGRA	MS						
In General: List each subst				wherever po	ssible, if their meaning	is		
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting			
period, was broadcast by a								
under certain FCC rules, re								
SA3 form for futher informa titles, for example, "I Love L	tion. Do no	ot use general (RA Baskethall:	categories like "movies", ol 76ers vs. Bulls "	"basketball"	. List specific program			
			r "Yes." Otherwise enter "N	lo."				
			asting the substitute progra		500			
the case of Mexican or Can			ne community to which the community with which the			ı		
Column 5: Give the mon	th and day		tem carried the substitute			onth		
first. Example: for May 7 giv		. aubatituta nea	gram was sarried by your	abla avatam	List the times assurat	alı.		
to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:			эіу		
stated as "6:00-6:30 p.m."	·	. 0	•	·	•			
			was substituted for progra					
to delete under FCC rules a gram was substituted for pr								
effect on October 19, 1976.	-	, ,	•		ŭ			
				\\/\LI	EN SUBSTITUTE		†	
S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
					_			
}								
					_			
					_			
							1	
					_			
					_			
		 	ļ		ļ		ł	

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
WA	VE DIVISION HOLDINGS LLC	14052	Name				
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts				
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 3,995,052.88 (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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of 							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ellow.	ntered on line 2 in block					
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 3,995,052.88					
	Enter the result here. This is your minimum fee.	\$ 42,507.36					
Block 2	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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and or the stations of the stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must check					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -					
3	Line 2. 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	\$ -					
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	\$ 42,507.36	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 zero.	0.00	submitting 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				
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 43,232.36	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant depayment instructions located in the paper SA3 form for more information.)	See page (i) of the	additional lees.				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WAVE DIVISION HOLDINGS LLC	14052
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	27
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	200
	and nonbroadcast services	390
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Bernadette Kokolus Telephone	(732) 443-7090
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
	Princeton, NJ 08540	
	(City, town, state, zip)	
	Email bernadette.kokolus@astound.com Fax (optional)	
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu	lations)
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	idioio.)
o or an oation		
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable so in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	herein
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	Date: February 28, 2022	

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LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION	I HOLDINGS LLC	14052	Name
The Satellite Hor lowing sentence: "In determ service of scribers a For more informate paper SA3 form. During the account made by satellite	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add inining the total number of subscribers and the gross amounts paid to the cable system for f providing secondary transmissions of primary broadcast transmitters, the system shall not and amounts collected from subscribers receiving secondary transmissions pursuant to sec ation on when to exclude these amounts, see the note on page (vii) of the general instruction unting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to see the total here and list the satellite carrier(s) below	the basic t include sub- tion 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
You must comple	ete this worksheet for those royalty payments submitted as a result of a late payment or un on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply I	line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	ine 2 by the number of days late and enter the sum here	- 0.00274	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	erest charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
•	filing this worksheet covering a statement of account already submitted to the Copyright C the owner, address, first community served, accounting period, and ID number as given in	·	
Owner Address			
First community : Accounting perio ID number			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE	i i				01	CTEM ID#			
1	LEGAL NAME OF OWNER OF CABLE				5	YSTEM ID#			
-	WAVE DIVISION HOLDIN	NGS LLC				14052			
	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	Instructions: In the column headed "Call S	ian": list the cal	Leigne of all distant stations i	identified by th	e letter "Ω" in column 5				
	of space G (page 3).	igii . list tile cal	i signis or all distant stations i	identified by the	e letter O ili colullii 3				
Computation	In the column headed "DSE":	for each indepe	endent station, give the DSE	as "1.0"; for e	ach network or noncom-				
of DSEs for	mercial educational station, give			,					
Category "O"			CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		<u> </u>		<u> </u>					
Add rows as									
necessary.									
Remember to copy all				†					
formula into new									
rows.									
									
									
		<u> </u>							
		<u> </u>		<u> </u>					
		Ī		Ī					
				†					
									
						 			
						<u> </u>			

	 P	7	

Name		OWNER OF CABLE SYSTEM: ION HOLDINGS LLC					S	14052
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	st the call sign of all distar : For each station, give the correspond with the inform : For each station, give the : Divide the figure in colu- at least to the third decim : For each independent so value as ".25." : Multiply the figure in col	ne number of he mation given in the total number mn 2 by the figural point. This station, give the fumn 4 by the fumn 4 by the fumn 4 by the firms.	nours your cable system space J. Calculate or or of hours that the statigure in column 3, and g is the "basis of carriage "type-value" as "1.0."	m carried the stati only one DSE for e- con broadcast ove give the result in c e value" for the st For each network	ion during the accounting pach station. In the air during the accounting pack are the air during the accounting the accounting the accounting the accounting the accounting the air during the accounting the accountin	nting period. Ifigure must ational station,	
Сарасіту		(CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	OF HOU CARRIE	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	CARRIAG VALUE	GE VALUE		E
					=			
			÷		=	x	=	
			÷		=	x	=	
					=		=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs of	of each station.		nedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Give • Was carried tions in effer • Broadcast o space I). Column 2: Fat your option. Tolumn 3: E	by your system in substict on October 19, 1976 (and or more live, nonnetwoner each station give the This figure should correst enter the number of days Divide the figure in columner of the columner of the property of the statement of the system of the sy	itution for a programs do number of live spond with the in the calendaria 2 by the figure 2 by	ogram that your system ne letter "P" in column a uring that optional carri e, nonnetwork programs information in space I. ar year: 365, except in are in column 3, and giv	was permitted to 7 of space I); and age (as shown by the s carried in substant a leap year.	delete under FCC rules a the word "Yes" in column 2 c itution for programs that w lumn 4. Round to no less t	of ere deleted than the third).
		Sl	JBSTITUTE	-BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	OF DAY	rs	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=				=
				=				=
			+	=				=
		=	+	=		÷		=
	Add the DSEs of	OF SUBSTITUTE-BASIS	S STATIONS:		▶]	=
5				boxes in parts 2, 3, and	4 of this schedule	and add them to provide th	ne total	
Total Number	1. Number	of DSEs from part 2 ●				-	0.00	
of DSEs	Stations Carried Part Time Due to Lack of Activated Capacity CATEGORY LAC STATIONS: CAPRED BY SYSTEM ON AND ON AND SYSTEM ON AN	0.00						
	3. Number	of DSEs from part 4 ●				-	0.00	
								
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	OWNER OF CABLE S						s	YSTEM ID# 14052	Name
TIATE DIVISIO	,,, HOLDINGS							14052	
Instructions: Block In block A:	ck A must be comp	oleted.							
• If your answer if schedule.	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
	"No," complete blo	cks B and C							
				TELEVISION MA					Computation of 3.75 Fee
effect on June 24,	1981?		,	er markets as defin			C rules and regula	tions in	
	plete blocks B and		O NOT COMP	LETE THE REMAIN	NDER OF PAI	KI 6 AND 7.			
X 140—00111	Diete blocks b and	o below.							
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	egulations prid le DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric	iles and reguled pursuant to on as defined al educationa	ations cited be to the FCC mark in 76.5(kk) (76 I station [76.59	is on which you cal low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.63	e in effect on (57, 76.59(b), (1), 76.63(a) (8(a) referring to	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)]	6.63(a) referring to		
	instructions fo E Carried pursua *F A station pre	r DSE sched ant to individu viously carrie	ule). lal waiver of F0 d on a part-time	aph regarding subs CC rules (76.7) e or substitute basiontour, [76.59(d)(5)	s prior to June	e 25, 1981			
	M Retransmission		•		,, 70.01(6)(3),	70.05(a) Teleli	ing to 70.01(e)(0)]		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 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	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve					
				of DSEs subject t of this schedule		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)						Do any of the
							x 0.03	375	DSEs represent partially permited/
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sui	n nere				×		partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3					-	If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	. block 3. space l	(page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 14052 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No-Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 14052	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,995,052.88	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 any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		ı
	SECTION 3: TOP 50 TELEVISION MARKET		1
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	E	l
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		1
	B. Enter 0.00377 of gross receipts (the amount in section 1)		1
	C. Subtract 1.000 from total permitted DSEs (the figure on		ı
	line C in section 2) and enter here		ı
	D. Multiply line B by line C and enter here		ı
	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		l
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		ı
	A. Enter 0.00599 of gross receipts (the amount in section 1)		1
	B. Enter 0.00377 of gross receipts (the amount in section 1)		ı
	C. Multiply line B by 3.000 and enter here		ı
	D. Enter 0.00178 of gross receipts (the amount in section 1)		ı
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		ı
	F. Multiply line D by line E and enter here		ı
	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		l
	SECTION 4: SECOND 50 TELEVISION MARKET		1
0 "	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		ı
Section 4a	▼ Yes—Complete part 9 of this schedule. ■ No—Complete the applicable section below.		ı
	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)	E	l
	B. Enter 0.00189 of gross receipts (the amount in section 1)		ı
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		ı
	D. Multiply line B by line C and enter here		1
	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		l

Name			STEM ID# 14052						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the Syndicated Exclusivity		A. Enter 0.00300 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							
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge							
	Instruc	ctions:							
8	6 was	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.							
Computation	• If you	ock 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.							
of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.								
	What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	Did your 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.							
	Castian	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	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.)							
	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)							
		B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here ▶ <u>\$</u> -							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	<u></u> l						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

-	AME OF OWNER OF CABLE SYSTEM: E DIVISION HOLDINGS LLC 14052	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	•
•	A. Enter 0.01064 of gross receipts (the amount in section 1) **State of the image	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$ \\$	Computation of
	C. Multiply line B by 3.000 and enter here >	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 enter here ▶	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation of
exclusi	on, you must:	Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.	
In each	section:	
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions epaper SA3 form.	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

LEGAL NAME OF OWNER WAVE DIVISION H						\$	14052	Name
I		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	ROCKL			COMMUNITY/ AREA			0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I and
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
						<u> </u>		Stations
			-			<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 3,995	5,052.88	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP					
OMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
						<u> </u>		
			<u> </u>					
						+		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	e base rat e	e fees for each subscr				\$	0.00	

LEGAL NAME OF OWNE WAVE DIVISION H							14052	Name	
E				TE FEES FOR EAC					
		SUBSCRIBER GROU	JP		SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	ROCKL	.IN		COMMUNITY/ ARE	4		0	9 Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate	
								and	
		-						Syndicate	
								Exclusivi	
								Surcharg	
							·····	for	
								Partially	
								Distant Stations	
								Stations	
	···		···				······		
	<u> </u>								
	-								
	<u> </u>		<u></u>						
			<u></u>						
Total DSEs	•		0.00	Total DSEs	'		0.00		
Gross Receipts First G	roup	\$ 3,995	5,052.88	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	JP		FOURTH	H SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							·····		
	<u> </u>								
	<u> </u>		<u></u>						
Total DSEs			0.00	Total DSEs			0.00		
Total DSEs			_	Total DSEs					
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		