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
2/28/2022	\$
	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 STATE	MENT:			
Accounting Period	2021/2				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts <i>If there were different owners during the accounting period, only a single statement of account and royalty fee payment covering the</i> Check here if this is the system's first filing. If not, enter the system's first filing.	the business of the cable system the owner on the last day of the entire accounting period.	n. accounting period should su		2422
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYS	TEM			
	WAVE DIVISION HOLDINGS LLC				
				24224	42021
				24224	2021/2
	3700 MONTE VILLA PARKWAY BOTHELL W 98021				
С	INSTRUCTIONS: In line 1, give any business or trade names	2			
-	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a	2			
C System	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 IDENTIFICATION OF CABLE SYSTEM:	2			
-	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM:	2			
-	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a liDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY	2			
-	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)	2			
-	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a liDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY	2			
System	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a identification of cable system: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code)	address of the system, if differ	ent from the address give	n in space l	В.
System D	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1	address of the system, if differ	ent from the address give	n in space l	В.
System D Area	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 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 W 98021 (City, town, state, 2/p code) Instructions: For complete space D instructions, see page 1 with all communities.	address of the system, if differ	ent from the address give	n in space l	В.
System D Area Served	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 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 W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1 with all communities. CITY OR TOWN	address of the system, if differ b. Identify only the frst commu	ent from the address give	n in space l	В.
System D Area	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1 with all communities. CITY OR TOWN DEPOE BAY	b. Identify only the frst communication STATE	ent from the address give	n in space l	В.
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a 1 IDENTIFICATION OF CABLE SYSTEM: 1 WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY 2 (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1 with all communities. CITY OR TOWN DEPOE BAY Below is a sample for reporting communities if you report m	b. Identify only the frst communication STATE OR Nultiple channel line-ups in Spa	ent from the address give unity served below and rel	ist on page	B.
System D Area Served First Community	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1 with all communities. CITY OR TOWN DEPOE BAY	b. Identify only the frst communication STATE	ent from the address give unity served below and rel ace G. CH LINE UP	ist on page	В.
System D Area Served First	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL W 98021 (City, town, state, zip code) Instructions: For complete space D instructions, see page 1 with all communities. CITY OR TOWN DEPOE BAY Below is a sample for reporting communities if you report m CITY OR TOWN (SAMPLE)	b. Identify only the frst communication STATE OR Nultiple channel line-ups in Spanse	ent from the address give unity served below and rel	ist on page	B. 1b GRP#

SYSTEM ID# 24224

FORM SA3E. PAGE 1b.
LEGAL NAME OF OWNER OF CABLE SYSTEM:
WAVE DIVISION HOLDINGS LLC
Instructions: List each separate community served by the in FCC rules: "a separate and distinct community or municip

Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each reledesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-communichannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	rated communitie community that y community on all e parks should be e channel line-up column blank. If evant community ity basis, associa a subscriber grou elow.	s within unincorpo ou list will serve a future filings. reported in paren for all), then eithe you report any sta with a subscriber o te each communit o designated by a	orated s a form theses r associate tions group, cy with a number	D Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
	OR			First
				Community
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.

				_
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, -	·	·,		

Name	LEGAL NAME OF OWNER OF CABLE WAVE DIVISION HOLDI									S	YST	EM ID
Е	SECONDARY TRANSMISSION			-		-	transmission	~	onvige of th			
	In General: The information in s system, that is, the retransmission											
Secondary	about other services (including p											
Transmission	last day of the accounting period									0		
Service: Sub-	Number of Subscribers: Both	•							•			
scribers and Rates	down by categories of secondary			•								
Rates	each category by counting the nu separately for the particular serve									charged		
	Rate: Give the standard rate c									e and the		
	unit in which it is generally billed	· · ·				ıy standar	d rate variation	ns	within a p	articular rate		
	category, but do not include disc					an of anot	ndon (transmi		ion convio	a that apple		
	Block 1: In the left-hand block systems most commonly provide				-		-					
	that applies to your system. Note											
	categories, that person or entity			-			-					
	subscriber who pays extra for ca						in the count u	inc	der "Servic	e to the		
	first set" and would be counted o	0				· · ·	oonvice that an	~ .	difforant fr	om those		
	Block 2: If your cable system h printed in block 1 (for example, ti	-		•								
	with the number of subscribers a											
	sufficient.	,	5									
	BLC	DCK 1							BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATI	EGORY OF SE	EF	RVICE	NO. OF SUBSCRIBERS		RATE
	Residential:											
	 Service to first set 		1,077	\$ 31.9	5							
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel		412	\$ 3.2	1							
	Commercial		343	\$ 27.3	2							
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		Nemie		TEQ							
_	In General: Space F calls for rat						l your cable sy	ste	em's servi	ces that were		
F	not covered in space E, that is, th	nose services	, that are	not offered	in c	ombinatio	n with any sec	or	ndary trans	smission		
	service for a single fee. There ar											
Services Other Than	furnished at cost or (2) services											
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	Dilleu. II all	yrai		argeu on a vai	lla	ible bei-bi	byrani basis,		
Transmissions:	Block 1: Give the standard rat		he cabl	e system for	ead	ch of the a	pplicable serv	ice	es listed.			
Rates	Block 2: List any services that					-	-					
	listed in block 1 and for which a s					shed. List	these other se	rv	ices in the	form of a		
	brief (two- or three-word) descrip	tion and includ	the the ra	ate for each	-			Т	1			
		BLO					T			BLOCK 2	1	
	CATEGORY OF SERVICE	RATE		GORY OF S			RATE	-	CATEGO	DRY OF SERVICE		RATE
	Continuing Services:	¢ 47.00		ation: Non-	resi	dential			F orman da	d Contont		70
	• Pay cable	\$ 17.00		tel, hotel						ed Content	\$	79.
	 Pay cable—add'l channel Fire protection 			mmercial y cable				-	Digital F Digital V		\$ \$	13. 8.
	•Burglar protection			y cable-add	'l ch	annel		-	Digitial S		ֆ \$	ە. 12.
	Installation: Residential			e protection				-		able Pack	φ \$	32.
	• First set	\$ 79.95		rglar protect				-	HBO		\$	19.
	 Additional set(s) 	\$ 30.00		services:				-	HBOMax	ζ	\$	14
	• FM radio (if separate rate)			connect			\$ 40.00			e/The Movie Cha	•••••	19
	• Converter			sconnect				1	Cinemax		\$	18
			• Ou	tlet relocatio	on]	Starz		\$	17
			• Mo	ve to new a	ddre	ess		"	Movieple	x	\$	5
			1				[-1	HD Bonu		r	

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 3.					SYSTEM ID# 24224	Name
WAVE DIVISION HOLDINGS L	LC				24224	
In General: In space G, identify every tele carried by your cable system during the a FCC rules and regulations in effect on Ju 76.59(d)(2) and (4), 76.61(e)(2) and (4), substitute program basis, as explained in Substitute Basis Stations: With resp	ccounting perion ne 24, 1981, perion or 76.63 (referring the next parage	od, except (1) ermitting the c ng to 76.61(e raph.	stations carried arriage of certai)(2) and (4))]; ar	only on a part-tim n network prograr nd (2) certain stati	e basis under ns [sections ons carried on a	G Primary Transmitters: Television
Substitute Basis Stations: With resp basis under specific FCC rules, regulation • Do not list the station here in space G— station was carried only on a substitute • List the station here, and also in space I basis. For further information concerni in the paper SA3 form. Column 1: List each station's call sign each multicast stream associated with a s cast stream as "WETA-2". Simulcast streat WETA-simulcast). Column 2: Give the channel number t its community of license. For example, W on which your cable system carried the st Column 3: Indicate in each case whet educational station, by entering the letter (for independent multicast), "E" (for noncc For the meaning of these terms, see page Column 5: If you have entered "Yes" i cable system carried the distant station d carried the distant station on a part-time t For the retransmission of a distant mul of a written agreement entered into on or the cable system and a primary transmitte tion "E" (exempt). For simulcasts, also en explanation of these three categories, see Column 6: Give the location of each s FCC. For Mexican or Canadian stations, j	s, or authorizat but do list it in s a basis. , if the station v ng substitute bi . Do not report tation accordin ams must be re- the FCC has as RC is Channel ation. her the station "N" (for network mercial educe o (v) of the gener n column 4, you uring the accoud uring the accoud uring the accoud ticast stream th before June 30 er or an associa ter "E". If you ca a page (v) of th.	tions: space I (the S vas carried bo asis stations, origination pr g to its over-th ported in colu signed to the 4 in Washing is a network s k), "N-M" (for ational), or "E eral instructions u must comple inting period. of lack of activ tat is not subj 2009, betwee tion represen arried the cha e general inst stations, list	pecial Statemer of the on a substitu see page (v) of 1 ogram services ne-air designation mn 1 (list each so television station ton, D.C. This m station, an indep network multicas -M" (for noncom as located in the att), enter "Yes is located in the ated channel ca ect to a royalty p een a cable syste ting the primary nuclions located the community t	at and Program Lo te basis and also the general instru- such as HBO, ES on. For example, r stream separately n for broadcasting hay be different fro endent station, or st), "I" (for indeper mercial educatior paper SA3 form. "I fnot, enter "No baper SA3 form." "I fnot, enter "No baper SA3 form." "I fnot, enter "No baper SA3 form." in the basis on ring "LAC" if your ipacity. wayment because em or an associati transmitter, enter er basis, enter "O. in the paper SA3 o which the statio	g)—if the on some other titions located PN, etc. Identify eport multi- for example over-the-air in m the channel a noncommercial adent), "I-M" hal multicast). ". For an ex- which your cable system it is the subject on representing the designa- " For a further form. n is licensed by the	Television
Note: If you are utilizing multiple channel		i separate spa	•	hannel line-up.		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KATU - ABC	2	N	No		PORTLAND, OR	
KATUDT2 - MeTV	2.2	N	No		PORTLAND, OR	See instructions for
KATUDT3 - Comet	2.3	N	No		PORTLAND, OR	additional information on alphabetization.
KATUDT4 - Stadium	2.4	N	No		PORTLAND, OR	
KGW - NBC	8	N	No		PORTLAND, OR	
KGWDT2 - Justice Network	8.2	N	No		PORTLAND, OR	
KGWDT4 - Quest	8.4	N	No		PORTLAND, OR	
KNMT - TBN	24	N	No		PORTLAND, OR	
KOIN - CBS	6	N	No		PORTLAND, OR	
KOINDT2 - getTV	6.2	N	No		PORTLAND, OR	
KOINDT3 - SportsGrid	6.3	N	No		PORTLAND, OR	
KOPB - PBS	10	E	No		PORTLAND, OR	
KPDX - MyNetworkTV	49	N	No		VANCOUVER, WA	
KPDXDT2 - Court TV Mystery	49.2	N	No		VANCOUVER, WA	
KPDXDT3 - Bounce TV	49.3	N	No		VANCOUVER, WA	
KPDXDT4 - Grit	49.4	N	No		VANCOUVER, WA	
KPTV - FOX	12	N	No		PORTLAND, OR	
KPTVDT2 - Cozi TV	12.2	N	No		PORTLAND, OR	
KPTVDT3 - Laff	12.3	N	No		PORTLAND, OR	
KPTVDT4 - Dabl	12.4	N	No		PORTLAND, OR	
KPWC - Azteca	37.1	N	No		SALEM, OR	
KPXG - ION	22	N	No		SALEM, OR	
KRCW - CW	32	N	No		SALEM, OR	
KRCWDT2 - Antenna TV	32.2	N	No		SALEM, OR	
KRCWDT3 - Court TV	32.3	N	No		SALEM, OR	
KRCWDT4 - TBD	32.4	N	No		SALEM, OR	
KWVT - Youtoo America	17.1	Ν	No		SALEM, OR	

FORM SA3E. PAGE 3.

Name	LEGAL NAME OF (SYSTEM ID# 24224
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals of ctions Concer- it is carried by monitoring, to prmation about aper SA3 form dentify the call state whether the the radio stati this by placing Give the station	tation ca were "ge ming All the syst be receive t the the sign of e he station on's sigr a check 's location	rried on a separate and discre nerally receivable" by your cat -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the	ole system during copyright Office re the system's hea ystem's FM anter n this point, see p ed by the cable sy e station is license	the accounting egulations, an idend, and (2) ana, during cer bage (vi) of the vstem as a sep ed by the FCC	g period FM sign it can be 'tain stat genera genera	al is generally e expected, red intervals. I instructions
	Mexican or Can	adian stations	, if any, t	he community with which the s	station is identifie	d).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						†		

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	Nama
WAVE DIVISION HOLD	DINGS LLC	0				24224	Name
SUBSTITUTE CARRIAG				1			
SUBSTITUTE CARRIER							1
			sion program broadcast by a				
			ecific present and former FC n this log, see page (v) of th				Substitute
1. SPECIAL STATEMEN				- 9			Carriage:
	-		carry, on a substitute basi	s, any nonne	twork television progra	am	Special Statement a
broadcast by a distant sta	tion?				Yes	XNo	Program Lo
Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer is "	'Yes," you mi	ist complete the progr	am	
log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	MS					
In General: List each subs				wherever pos	sible, 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	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of another st	ation	
			s. See page (vi) of the gen categories like "movies", or				
titles, for example, "I Love				Dasketball	List specific program		
			r "Yes." Otherwise enter "N asting the substitute progra				
Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		ı	
			community with which the			41-	
first. Example: for May 7 gi		when your syst	tem carried the substitute p	orogram. Use	numerais, with the mo	onth	
Column 6: State the tim	es when the		gram was carried by your o			ely	
to the nearest five minutes stated as "6:00–6:30 p.m."		a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be		
Column 7: Enter the lett	ter "R" if the		was substituted for progra				
to delete under FCC rules gram was substituted for p							
effect on October 19, 1976		that your syste					
					EN SUBSTITUTE		
S	SUBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
					_		
					_		

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2021/2

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
WA	VE DIVISION HOLDINGS LLC	24224	Name
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to co e (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.	\$ 638,760.80 (Amount of gross receipts)	
 Instruct Com Com If yo fee f If yo 	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the am- rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	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 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	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	\$ 638,760.80	
	Enter the result here.		
	This is your minimum fee.	\$ 6,796.41	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. Ino—Leave block 3 below blank and column television. 	n 4, you must check d? complete line 1, block 4.	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	<u>\$ </u>	
	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	\$ 6,796.41	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	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	\$ 7,521.41	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	

FORM SA3E. PAGE 7.

ACCOUNTING FERIC	FORM SA	3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY WAVE DIVISION HOLDINGS LLC	STEM ID# 24224
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Bernadette Kokolus Telephone Telephone	
	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@gmail.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or 	
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Image: Non-State State /s/ Parisa Salehani Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: Parisa Salehani	
Privacy Act Notice:	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership) Date: February 28, 2022 : Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this	······
-		······

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE9

VAVE DIVISION HOLDING	YSTEM: 3S LLC	SYSTEM ID# 24224	Name
The Satellite Home Viewer Action In the Satellite Home Viewer Action In the service of providing service of providing services and amounts. For more information on where paper SA3 form. During the accounting period of made by satellite carriers to satellite Carrie	CONCERNING GROSS RECEIPTS EXCLUSIONS of of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig al number of subscribers and the gross amounts paid to the cab econdary transmissions of primary broadcast transmitters, the sy collected from subscribers receiving secondary transmissions pr in to exclude these amounts, see the note on page (vii) of the ge did the cable system exclude any amounts of gross receipts for atellite dish owners?	le system for the basic stem shall not include sub- ursuant to section 119." neral instructions in the	P Special Statement Concerning Gross Receipt Exclusion
Name Mailing Address	And list the satellite carrier(s) below.		
-	NTS sheet for those royalty payments submitted as a result of a late p assessment, see page (viii) of the general instructions in the pa		Q
Line 1 Enter the amount of la	ate payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the i	nterest rate [*] and enter the sum here	days	
Line 3 Multiply line 2 by the r	number of days late and enter the sum here	- x 0.00274	
	274** enter here and on line 3, block 4, ge 7)	\$ - (interest charge)	
	chart click on www.copyright.gov/licensing/interest-rate.pdf. For vision at (202) 707-8150 or licensing@loc.gov.	r further assistance please	
NOTE: If you are filing this wo	ivalent of 1/365, which is the interest assessment for one day lat orksheet covering a statement of account already submitted to th ddress, first community served, accounting period, and ID numb	ne Copyright Offce,	
Owner			
Address			

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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:							
1	WAVE DIVISION HOLDINGS LLC 24224							
	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.							
2	Instructions: In the column headed "Call S of space G (page 3).							
of DSEs for	In the column headed "DSE": mercial educational station, give			as 1.0; for ea	ach network or noncom-			
Category "O"			CATEGORY "O" STATION	-	-			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								

		T	
		L	

								ULE. PAGE 12.
Name		ION HOLDINGS LLC					S	#3YSTEM ID 24224
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should o Column 3 Column 4 be carried out Column 5 give the type-\ Column 6	CAPACITY st the call sign of all distant : For each station, give the correspond with the inform : For each station, give the : Divide the figure in colut at least to the third decinn : For each independent st value as ".25." : Multiply the figure in colot point. This is the station's	ne number of mation given i ne total numbe mn 2 by the fi nal point. This itation, give th umn 4 by the	hours your cable syste in space J. Calculate c er of hours that the sta igure in column 3, and is the "basis of carria he "type-value" as "1.0 figure in column 5, an	em carried the stat only one DSE for e tion broadcast ove give the result in o ge value" for the s " For each networ d give the result in	ion during the accounting each station. er the air during the acco decimals in column 4. Th tation. k or noncommercial educ a column 6. Round to no l	unting period. s figure must cational station, ess than the	
Capacity		(CATEGOR	Y LAC STATIONS	COMPUTAT	ION OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5. TYPE	-)E
			÷			x	=	
			÷		=	x x	=	
			÷		-	x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
	Instructions: Column 1: Give	m here and in line 2 of pa	ation listed in s	space I (page 5, the Lo	og of Substitute Pr	0.0	J	
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: F at your option. Column 3: F Column 4: I	I by your system in substi ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (tution for a pr as shown by t ork programs of number of live pond with the in the calend n 2 by the figu (For more info	ogram that your syste he letter "P" in column during that optional car e, nonnetwork prograr information in space ar year: 365, except ir ure in column 3, and g prmation on rounding,	m was permitted to 7 of space I); and riage (as shown by ns carried in subst I. a a leap year. ive the result in co see page (viii) of t	o delete under FCC rules the word "Yes" in column 2 litution for programs that lumn 4. Round to no less he general instructions in	of were deleted than the third	1).
		SL	JBSTITUTE	E-BASIS STATIO	NS: COMPUT	ATION OF DSEs		T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		+	-	=			÷	=
		4	-	=			÷ ÷	=
		+	-	=			÷	=
				=			÷	=
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa				0.0	• •	-
5		R OF DSEs: Give the among sapplicable to your system		boxes in parts 2, 3, an	d 4 of this schedule	e and add them to provide	the total	
Total Number		of DSEs from part 2 •				•	0.00	
of DSEs		of DSEs from part 3 •				•	0.00	
	3. Number	of DSEs from part 4 ●				►	0.00	
	TOTAL NUMBE	R OF DSEs				I	•	0.00

ACCOUNTING PERIOD:	2021/2
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LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
WAVE DIVISIO	N HOLDINGS	LLC						24224	Name
Instructions: Bloo	ck A must be comp	leted.							
• If your answer if	"Yes," leave the re	mainder of pa	rt 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the	!	6
schedule.If your answer if '	"No," complete blo	cks B and C b	below.						
BLOCK A: TELEVISION MARKETS									Computation of 3.75 Fee
Is the cable syster effect on June 24,		utside of all m	ajor and smalle	er markets as defin	ed under sect	ion 76.5 of FC	C rules and regula	ations in	3.751 66
		schedule—D(O NOT COMPL	LETE THE REMAIN		RT 6 AND 7.			
	lete blocks B and								
						_			
Column 1:				RIAGE OF PERM					
CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below ref act of 2010.)	planation of p	ermitted statio	ns, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regula ed pursuant to	ations cited be the FCC mark	is on which you ca low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e)	e in effect on J 57, 76.59(b),	lune 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	D Grandfathered instructions fo	l station (76.6 r DSE schedu	5) (see paragr ile).	(c), 76.61(d), 76.63 aph regarding subs	.,	. /-	ations in the		
		viously carried HF station wi	d on a part-time thin grade-B co	e or substitute basis ontour, [76.59(d)(5)	•		ring to 76.61(e)(5)	l	
Column 3:		e stations ider	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 14	4 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	
		F		MPUTATION OF	- 3 75 FFF				
		-			0.10122				
	total number of l							-	
Line 2: Enter the	sum of permittee	d DSEs from	block B abov	/e				-	
				of DSEs subject t ' of this schedule)		ite.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sun	n here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line 3	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space L	_ (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2021/2

							DSE SC	HEDULE. PAGE 14.		
	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:					SYSTEM ID#		
Name	WAVE DIVISION	N HOLDING	SLLC					24224		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 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.) 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) 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)). 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. 									
		DEDU		TIONO OF DE						
					ED ON A PART-TIME AN	1				
	1. CALL	2. PRIC		COUNTING	4. BASIS OF		-	PERMITTED		
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE	DSE		
						•				
_	Instructions: Block A	must be some	alatad							
7		t must be comp	Jieleu.							
	In block A:									
Computation	-		e blocks B and C, b							
of the	If your answer is	"No," leave blo	ocks B and C blank	and complete p	art 8 of the DSE schedule	e.				
Syndicated	BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity			DLOOI							
•	In any method of the s						les in effect lune 04 d	10040		
Surcharge	 Is any portion of the c 	able system wi	itnin a top 100 major	lelevision mark	et as defned by section 76	5.5 01 FCC IL	lies in ellect June 24,	1961?		
	X Yes—Complete	blocks B and	С.		No—Proceed to	No—Proceed to part 8				
				o				_		
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations	BLOC	K C: Compu	utation of Exempt DSE	S		
	Is any station listed in	block B of par	t 6 the primary strea	am of a	Was any station listed	l in block B d	of part 7 carried in any	commu-		
	commercial VHF station				nity served by the cab					
	or in part, over the cal	•	0		to former FCC rule 76	.159)	,	,		
	•					,				
			n its appropriate perm				vith its appropriate perm			
	No—Enter zero a	nd proceed to p	art 8.		No—Enter zero a	nd proceed to	o part 8.			
		•	I					· · · · ·		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
]			
		f		••••••		 	1			
		hh		+				<mark></mark>		
								<mark></mark>		
		f		·····						
		<u>∤</u> }		·····		·		<mark></mark>		
								┫		
			TOTAL DSEs	0.00			TOTAL DSEs	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 24224	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	638,760.80	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. 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 DSF	-	
	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)		
	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		
Q	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSB 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	
	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		

ACCOUNTING PERIOD: 2021/2

ACCOUNTING PERIOD	: 2021/2	DSE SCHEDULE. P	AGE 16.						
Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID#						
Name	1	WAVE DIVISION HOLDINGS LLC	24224						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		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▶ \$	<u></u>						
8 Computation	You m 6 was • In blo	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. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of	• If you	Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
Base Rate Fee	blank	L.							
	What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local							
	service	e area," see page (v) of the general instructions.							
	• Did y	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	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) • \$ 4,477.71							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	. .						

DSE SCHEDULE. PAGE 17.

EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
WAV	E DIVISION HOLDINGS LLC 24224	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A Enter 0.04064 of groop require	8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	
	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	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) F	
	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	
Instead Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of
Eiret: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	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.	Surcharge
	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	for Partially
also co	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.	Distant Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations	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.)	
	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	
	section:	
	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.	
• If:		
	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,	
, ,	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 e paper SA3 form.	
DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding 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 OWNE WAVE DIVISION H						S	YSTEM ID# 24224	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU	P		SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA	DEPOE	BAY		COMMUNITY/ AREA				J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u>+</u>		+			
						••••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 638	,760.80	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			+		•			
			†					
			[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
]	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group as	s shown in the boxes abo	ove.	\$	0.00	

LEGAL NAME OF OWNER						ę	3YSTEM ID# 24224	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA	BAY		COMMUNITY/ AREA 0			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
		-						Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						-		Stations
		-		•				
							••••••	
							•••••	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
				Cross Bassinta Sasan	d Croup	*	0.00	
Gross Receipts First Group \$ 638,760.80			,760.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•				
				•				
Total DSEs 0.0		0.00	Total DSEs		· -	0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the			ber group a	as shown in the boxes ab	oove.	¢	0.00	
Enter here and in block	5, III e 1, S	pave L (paye /)				φ	0.00	