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				
/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	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				2554	420212					
				25544	2021/2					
	3700 MONTE VILLA PARKWAY BOTHELL WA 98021									
С	INSTRUCTIONS: In line 1, give any business or trade names used to id									
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	n in space	B.					
System	1 IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND									
	MAILING ADDRESS OF CABLE SYSTEM:  3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)									
	Number, street, rural route, apartment, or suite number)  BOTHELL WA 98021  (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	nunity served below and reli	et on nage	1h					
Area	with all communities.	orny the fist comm	idinity solved below and rem	ot on page	16					
Served	CITY OR TOWN	STATE								
First	CAMANO ISLAND CENTRAL WA									
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
Sample	Alla	MD	A		1					
	Alliance	MD MD	B B		3					
	Gering	IVID	0		J					

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: 25544 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. CITY OR TOWN **CH LINE UP** SUB GRP# STATE **CAMANO ISLAND CENTRAL** WA Α **First SEVEN LAKES** WA Α Community **BIG LAKE** WA Α LA CONNER WA Α **BAYVIEW** WA Α 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# 25544

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	6,420	\$	31.95				
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel	112	\$	5.58				
Commercial	315	\$	29.71				
Converter							
Residential							
Non-residential							
		1		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.

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>	\$	17.00	Motel, hotel			Expanded Content	\$	77.38
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			Digital Favorites	\$	13.00
<ul> <li>Fire protection</li> </ul>			• Pay cable		Digital Variety	\$	8.25	
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>			Digital Sports	\$	12.00
Installation: Residential			Fire protection			Digital Cable Pack	\$	32.75
<ul> <li>First set</li> </ul>	\$	79.95	Burglar protection			НВО	\$	19.00
<ul><li>Additional set(s)</li></ul>	\$	30.00	Other services:			HBOMax	\$	14.99
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	40.00	Showtime/The Movie Chai	\$	19.00
<ul> <li>Converter</li> </ul>			Disconnect			Cinemax	\$	18.50
			Outlet relocation			Starz	\$	17.00
			Move to new address			Movieplex	\$	5.00
						HD Bonus Pack	\$	7.00

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC  25544								
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G. identify every television station (including translator stations and low power television stations)								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	o not list the station here in space G—bi station was carried only on a substitute		pace I (the Sp	ecial Statement	and Program Log	)—if the		
	ist the station here, and also in space I, i basis. For further information concerning in the paper SA3 form.							
	Column 1: List each station's call sign. ch multicast stream associated with a sta	-		-		•		
cas	st stream as "WETA-2". Simulcast strear	_		•		•		
	ETA-simulcast). <b>Column 2:</b> Give the channel number the	e FCC has ass	igned to the te	elevision station	for broadcasting of	over-the-air in		
	community of license. For example, WR which your cable system carried the star		in Washingto	on, D.C. This ma	y be different from	n the channel		
	Column 3: Indicate in each case whether	er the station is		-				
	ucational station, by entering the letter "N r independent multicast), "E" (for noncon	,	,			,		
Èο	r the meaning of these terms, see page	(v) of the gener	ral instructions	s located in the p	paper SA3 form.	,		
pla	<b>Column 4:</b> If the station is outside the lonation of local service area, see page (v	) of the genera	I instructions	located in the pa	per SA3 form.			
	<b>Column 5:</b> If you have entered "Yes" in ole system carried the distant station dur							
ca	ried the distant station on a part-time ba	sis because of	lack of activa	ted channel cap	acity.			
	For the retransmission of a distant multi a written agreement entered into on or be		-		•			
	cable system and a primary transmitter		•	•		· ·		
ex	n "E" (exempt). For simulcasts, also ente planation of these three categories, see	page (v) of the	general instru	ictions located ir	the paper SA3 fo	orm.		
	<b>Column 6:</b> Give the location of each state. For Mexican or Canadian stations, if							
	te: If you are utilizing multiple channel li			•				
			CHANN	EL LINE-UP	AA		1	
1.	CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
CI	OUT CDC	NUMBER	STATION	Vee	(If Distant)	VANCOUVER, BC	_	
	BUT - CBC BTC - PBS	2 28	N E	Yes No	0	TACOMA, WA		
	CPQ - FOX	13	N	No		TACOMA, WA	See instructions for additional information	
	CTS - PBS	9	E	No		SEATTLE, WA	on alphabetization.	
	CTSDT2 - PBS Kids	9.2	E	No		SEATTLE, WA		
	CTSDT3 - Create	9.3	E	No		SEATTLE, WA		
	FFV - MeTV	44.1	N	No		SEATTLE, WA		
	FVDT 2- Movies!	44.2	N	No		SEATTLE, WA		
	NG - NBC	5	N	No		SEATTLE, WA		
	NGDT2 - Justice Network	5.2	N	No		SEATTLE, WA		
ΚI	NGDT3 - Quest	5.3	N	No		SEATTLE, WA		
ΚI	RO - CBS	7	N	No		SEATTLE, WA		
KI	RODT2 - getTV	7.2	N	No		SEATTLE, WA		
	RODT3 - Laff	7.3	N	No		SEATTLE, WA		
K	OMO - ABC	4	N	No		SEATTLE, WA		
K	DMODT2 - CometTV	4.2	N	No		SEATTLE, WA		
K	OMODT3 - Charge!	4.3	N	No		SEATTLE, WA		
K	DNG - Independent	16	I	No		EVERETT, WA		

Primary

Transmitters:

Television

U.S. Copyright Office

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25544 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.

		CHANN	EL LINE-UP	AB	
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
KONGDT2 - Boun	16.2	N	No		TACOMA, WA
KONGDT3 - ThisT	16.3	N	No		TACOMA, WA
KSTW - CW	11	N	No		TACOMA, WA
KSTWDT2 - Decad	11.2	N	No		TACOMA, WA
KTBW - TBN	20	N	No		SEATTLE, WA
KVOS - Heroes &	12.1	N	No		BELLINGHAM, WA
KVOS DT4- Decad	12.4	N	No		BELLINGHAM, WA
KWPX - ION	33	N	No		BELLEVUE, WA
KZJO - MyNetwor	22	N	No		SEATTLE, WA
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA

Form SA3E Long Form (Rev. 05-17)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25544 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

LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name		
WAVE DIVISION HOLD	INGS LLO	<b></b>				25544			
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	<b>3</b>					
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS									
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.									
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p						
period, was broadcast by a under certain FCC rules, re						ion			
SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or						
titles, for example, "I Love L			76ers vs. Bulls." r "Yes." Otherwise enter "N	lo "					
Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.					
the case of Mexican or Can			ne community to which the community with which the						
Column 5: Give the mon	th and day		tem carried the substitute p			th			
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system	. List the times accuratel	y			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be				
Column 7: Enter the lette			was substituted for progra			i			
to delete under FCC rules a gram was substituted for pr									
effect on October 19, 1976.	-	iliai youl sysie	em was permitted to delete	under FCC	rules and regulations in				
				\/\L	EN SUBSTITUTE				
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR			
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	DELETION			
					_				
					_				
					_				
					_				
					_				

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama					
WA	VE DIVISION HOLDINGS LLC		25544	Name					
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Secondary transmission service(s) further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  Gross receipts from subscribers for secondary transmission service(s)								
IIVIF	OKTANT. Tou must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\epsilon$ k 3 below.	entere	d on line 1 of						
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered o	on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be e	ntered on line						
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.		4 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 2,310,688.58						
	Enter the result here. This is your minimum fee.	\$	24,585.73						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir 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 period Y Yes—Complete the DSE schedule.  No—Leave block 3 below blank and complete the DSE schedule.	4, you 1?	u must check						
Block 3	Line 1. <b>BASE RATE FEE:</b> 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		\$ 6,146.43						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	6,146.43						
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		\$ 24,585.73	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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 the Licensing					
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	25,310.73	appropriate form for submitting the					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form for more information.)	ee pag	ge (i) of the	additional fees.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	WAVE DIVISION HOLDINGS LLC	25544								
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	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	334								
	and nonbroadcast services	334								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
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 )								
0		ations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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									

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.

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION	I HOLDINGS LLC	25544	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 The Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by additioning the total number of subscribers and the gross amounts paid to the cable system for the foreign of the providing secondary transmissions of primary broadcast transmitters, the system shall not an amounts collected from subscribers receiving secondary transmissions pursuant to sect action on when to exclude these amounts, see the note on page (vii) of the general instruction and period did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to sect action on when to exclude these amounts, see the note on page (vii) of the general instruction and the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to sect action on when to exclude these amounts, see the note on page (viii) of the general instruction and the cable system exclude any amounts of gross receipts for secondary transmissions.	he basic 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 uncon of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	lerpayment.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply li	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)	rest charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistations 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 O the owner, address, first community served, accounting period, and ID number as given in	·	
Owner Address			
First community s Accounting perio			

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				0	VOTEN ID#
1	LEGAL NAME OF OWNER OF CABLE				S	YSTEM ID#
•	WAVE DIVISION HOLDIN	NGS LLC				25544
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line		0.25			
						J
	Instructions: In the column headed "Call S	i <b>an":</b> list the cal	I signs of all distant stations i	identified by th	e letter "∩" in column 5	
	of space G (page 3).	igii . list tile cal	i signis of all distant stations	identified by the		
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	e the DSE as ".2	5."			
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	CBUT - CBC	0.250				
Add rows as						
necessary.						
Remember to copy all						
formula into new						
rows.						
				<b></b>		
						·····
				<b>.</b>		
		<b></b>				
1		A		L	L.J	I

	 P	7	 

Name		OWNER OF CABLE SYSTEM:  ION HOLDINGS LLC					S	25544
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	st the call sign of all distants: For each station, give the correspond with the information of the informat	ne number of ho mation given in a ne total number mn 2 by the figu nal point. This is station, give the umn 4 by the fig	urs your cable systemspace J. Calculate on of hours that the stationer in column 3, and gother the "basis of carriage" type-value" as "1.0."	m carried the stationly one DSE for each on broadcast over give the result in de value" for the state of the	on during the accounting ach station.  r the air during the accoulecimals in column 4. This	nting period. If figure must ational station, It is stan the	
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		-	·Ε
			÷			<u>x</u>		
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			+		=	x	=	
			÷ ÷		=	x x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	oct on October 19, 1976 (a one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	ation listed in spitution for a prog as shown by the ork programs dur number of live, spond with the ir in the calendar in 2 by the figure	ace I (page 5, the Log ram that your system letter "P" in column 7 ing that optional carri nonnetwork programs formation in space I. year: 365, except in a e in column 3, and giv	g of Substitute Pro n was permitted to 7 of space I); and age (as shown by t s carried in substitute a leap year.	ograms) if that station: delete under FCC rules a the word "Yes" in column 2 of tution for programs that w umn 4. Round to no less the general instructions in the	and regular- of vere deleted than the third	).
		SI	JBSTITUTE-	BASIS STATION	IS: COMPUTA	ATION OF DSEs	_	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		÷		=
		-		=		÷		=
		-		=		+		=
		4	+	=		÷	-	=
	Add the DSEs	oF SUBSTITUTE-BASI of each station. m here and in line 3 of pa	S STATIONS:	dule,		0.00	]	=
5		ER OF DSEs: Give the among applicable to your system		oxes in parts 2, 3, and	4 of this schedule	and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●				<b></b>	0.25	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>	0.00	
	TOTAL NUMBE	R OF DSEs						0.25

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

	WNER OF CABLE S						S	YSTEM ID# 25544	Name
Instructions: Block A must be completed. In block A:  If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  If your answer if "No," complete blocks B and C below.									6
If your answer if "	'No," complete blo	cks B and C b		TELEVISION MA	ΔRKETS				Computation
ffect on June 24, Yes—Comp	1981?	schedule—D0	ajor and small	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee
No-comp	lete blocks b and v			RIAGE OF PERM	AITTED DO				
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations prio e DSE Sched	tions listed in price to June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	nis schedule tl planation of p	nat your syster ermitted statio	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regulated pursuant to a sa defined al educationa station (76.6 r DSE schedunt to individuriously carried	ations cited be the FCC mar in 76.5(kk) (76 station [76.59 5) (see paragrale). all waiver of FC don a part-tim thin grade-B c	e or substitute basis ontour, [76.59(d)(5)	e in effect on 557, 76.59(b),  (1), 76.63(a) r  (a) referring t  stitution of gra  s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] andfathered sta	6.63(a) referring to 61(e)(1)		
Column 3:		stations ider	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 14	of 3. DSE	
SIGN	BASIS	0.05	SIGN	BASIS		SIGN	BASIS		
CBUT - CBO	D	0.25							
		· ·	!			!		0.25	
		E	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of [	OSEs from p	art 5 of this s	chedule				0.25	
ne 2: Enter the	sum of permitted	DSEs from	block B abo	ve				0.25	
				of DSEs subject t of this schedule)		te.		0.00	
ne 4: Enter gross receipts from space K (page 7)x 0.0375							375	Do any of to DSEs represe partially	
ne 5: Multiply lin	ne 4 by 0.0375 a	nd enter sun	n here				x		permited partially nonpermitt
ne 6: Enter tota	al number of DSE	s from line 3	3					<u>-</u>	carriage? If yes, see p 9 instruction
ne 7: Multiply lir	ne 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

**ACCOUNTING PERIOD: 2021/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **WAVE DIVISION HOLDINGS LLC** 25544 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 CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE **CBUT - CBC** 0.25 **CBUT - CBC** 0.25 0.25 0.25 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# <b>25544</b>	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	2,310,688.58	7
1 Section	Enter the amount of gross receipts from space K (page 7)	2,310,000.30	•
2	A. Enter the total DSEs from block B of part 7	0.25	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.25	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	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		

Name		ME OF OWNER OF CABLE SYSTEM:  WAVE DIVISION HOLDINGS LLC	STEM ID# 25544
<b>7</b> Computation	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge. \$	
<b>8</b> Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	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.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  or answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  or answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	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 <b>4.000 or less</b> , 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) ▶ _ \$ 6,146.43	-
		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	-
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	146 42
		Base Rate Fee	, 140.43

DSE SCHEDULE. PAGE 17.		3 PERIOD: 2021/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
WAVE DIVISION HOLDINGS LLC	25544	Nume
Section If the figure in section 2 is <b>more than 4.000</b> , compute you	ır base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)	▶\$	
B. Enter 0.00701 of gross receipts (the amount in section 1)	<b>▶ ¢</b>	Computation
(the amount in section 1)	<u> </u>	of Base Rate Fee
C. Multiply line B by 3.000 and enter here	<b>▶</b> \$	
D. Enter 0.00330 of gross receipts		
(the amount in section 1)	<u> </u>	
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	<u> </u>	
G. Add lines A, C, and F. This is your base rate fe		
Enter here and in block 3, line 1, space L (pag Base Rate Fee	, s 0.00	
Dase Nate Fee	0.00	
	signals on a system-wide basis. Carriage of television broadcast signals shall subscriber groups) if the cable system reported multiple channel line-ups in	9
In General: If any of the stations you carried were partially	distant, the statute allows you, in computing your base rate fee, to exclude	Computation
receipts from subscribers located within the station's local s exclusion, you must:	service area, from your system's total gross receipts. To take advantage of this	of
exclusion, you must.		Base Rate Fee and
station or the same group of stations. Next: Treat each sub-	each group consisting entirely of subscribers that are distant to the same scriber group as if it were a separate cable system. Determine the number of utable to that group, and calculate a separate base rate fee for each group.	Syndicated Exclusivity Surcharge
		for
	the top 100 television market and the station is not exempt in part 7, you must subscriber group. In this case, complete both block A and B below. However, vision markets, complete block A only.	Partially Distant Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant	Stations	Permitted
<b>Step 1:</b> For each community served, determine the local se carried to that community.	ervice area of each wholly distant and each partially distant station you	Stations
	tation you carried, determine which of your subscribers were located d outside the local service area of a station is distant to that station (and, by	
	ording to the complement of stations to which they are distant. Each are distant to exactly the same complement of stations. Note that a cable at stations it carried have local service areas that coincide.	
Computing the base rate fee for each subscriber groups groups.	: Block A contains separate sections, one for each of your system's subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subso</li> </ul>	criber group.	
Give the call sign for each of the stations in the subscriber subscribers in the group.	r group's complement—that is, each station that is distant to all of the	
• lf:		
your system is located wholly outside all major and small     of this schedule; or,	ler television markets, give each station's DSE as you gave it in parts 2, 3, and	
<ol> <li>any portion of your system is located in a major or smalle part 6 of this schedule.</li> </ol>	er televison market, give each station's DSE as you gave it in block B,	
Add the DSEs for each station. This gives you the total DS	SEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For furth in the paper SA3 form.	her explanation of gross receipts see page (vii) of the general instructions	
page. In making this computation, use the DSE and gross	the formula outline in block B of part 8 of this schedule on the preceding receipts figure applicable to the particular subscriber group (that is, the total as receipts from the subscribers in that group). You do not need to show your	

LEGAL NAME OF OWNER WAVE DIVISION H						\$	25544	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA	CAMAN	IO ISLAND CENTI	RAL, BIG	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate
						<u> </u>		and
		<u> </u>						Syndicat
						H		Exclusiv Surchar
	<u>-</u>	<b></b>	•			<del> </del>		for
								Partiall
								Distant
	<u>.</u>							Station
	<u>-</u>							
		<b>-</b>				+		
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 2,310	,688.58	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
		<u> </u>				<u> </u>		
	<u>-</u>					<u> </u>		
		<u> </u>				<u> </u>		
			<b></b>					
	<u> </u>		-					
otal DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the		e fees for each subscr pace L (page 7)	iber group a	s shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWNE						\$	25544	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECON	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	CAMAN	NO ISLAND CENT	RAL, BIC	COMMUNITY/ AREA	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
								and
								Syndicated
	<u></u>		<mark></mark>					Exclusivity
			<mark></mark>					Surcharge
								for
	<del></del>		<mark></mark>					Partially
		<u> </u>	<mark></mark>					Distant
								Stations
			<del></del>					
	<del></del>		<u></u>					
	<del> </del>	H	<mark></mark>					
	···	<u> </u>	<u></u>					
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,310	0,688.58	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<mark></mark>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add th			riber group a	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	