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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period		2021/2						
B Owner	rate	<b>Tructions:</b> Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines <i>If there were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire accounder the covering the system's first filing. If not, enter the system's ID m</i>	ss of the cable system on the last day of the unting period.	n. e accounting period should su		62645		
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		WAVE DIVISION HOLDINGS LLC						
					6264	520212		
					62645	2021/2		
		3700 MONTE VILLA PARKWAY BOTHELL WA 98021						
С		<b>TRUCTIONS:</b> In line 1, give any business or trade names used to ic new already appear in space B. In line 2, give the mailing address of		. ,				
System	1	IDENTIFICATION OF CABLE SYSTEM: WAVE BROADBAND						
	2	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code)						
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	unity served below and reli	st on page	: 1b		
Area	wit	n all communities.						
Served		CITY OR TOWN	STATE					
First	-	CONCORD	CA					
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.							
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#		
Sample	Ald	ance	MD MD	A B		1 2		
	Ge		MD	В В		3		
form in order to pro numbers. By provid search reports pre	ocess ding Pl pared	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect rour statement of account. PII is any personal information that can be used to identify or I, you are agreeing to the routine use of it to establish and maintain a public record, wh for the public. The effect of not providing the PII requested is that it may delay process ments of account, and it may affect the legal suffciency of the fling, a determination the the statements of account.	or trace an individual, su nich includes appearing ing of your statement of	uch as name, address and telepho in the Offce's public indexes and i f account and its placement in the	ne n			

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC			SYSTEM ID# 62645	
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first community.	orated communitie t community that y	es within unincorpo you list will serve a	rated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	e parks should be	reported in paren	theses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. If levant community	you report any sta with a subscriber o	tions group,	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CONCORD	СА	Α		First
WALNUT CREEK	CA	Α		Community
CONTRA COSTA COUNTY	CA	A		
PLEASANT HILL	CA	A		
MARTINEZ	CA	A		
				See instructions for
				additional information on alphabetization.
				Add rows as necessary.

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,   <sup>,</sup>	 1	f'	/ <sup></sup>	
, <b>-</b>	·	·,		

Name

Ε

Secondary Transmission

Service: Subscribers and

Rates

OD: 2021/2	FORM SA3E. PAGE 2.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
WAVE DIVISION HOLDINGS LLC	62645
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	

Block 1: In the left-hand block in space E, the form lists 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.

	sumolem.										
	BL	BLOCK 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATE	GORY OF	SER	RVICE	NO. SUBSCI		RATE
	Residential:										
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>	7,78	81 \$	31.95							
	• FM radio (if separate rate)										
	Motel, hotel	·····	08 \$	1.87							
	Commercial	84	47 \$	29.07							
	Converter										
	Residential     Non-residential										
	• Non-residential										
Services Other Than	furnished at cost or (2) services amount of the charge and the u									sis.	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	nit in which it is usu rate column. te charged by the c t your cable system separate charge wa	ally bill able sy furnish as mad	ed. If any rate stem for each ned or offered e or establish	es are char h of the ap d during the	ged on a v olicable se e accountir	aria rvice ng pe	ble per-pi es listed. eriod that	rogram bas were not		
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# WAVE DIVISION HOLDINGS LLC - CONCORD, CA

Page 2 - Section F- Block 2

## Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
Expanded Content	Expanded Content	\$	79.75
Digital Favorites	Digital Tier Packages	\$	13.00
Digital Vartiety	Digital Tier Packages	\$	8.25
Digital Sports	Digital Tier Packages	\$	12.00
Digital Cable Pack (Includes Digital Favorites, Variety & Sports)	Digital Tier Packages	\$	32.75
Pacquete en Espanol (Spanish Digital Tier)	Digital Tier Packages	\$	10.00
НВО	Premium	\$	19.00
HBO Max	Premium	\$	14.99
Showtime/The Movie Channel (TMC)	Premium	\$	19.00
Cinemax	Premium	\$	18.50
Starz	Premium	\$	17.00
Movieplex	Premium	\$	5.00
HD Bonus Pack	High Definition Package	\$	7.00
CCTV4	International Premium	\$	12.00
GMA Network	International Premium	\$	12.00
GMA Pinoy/TFC Bundle	International Premium	\$	19.00
RTN	International Premium	\$	12.00
The Filipino Channel (TFC) On Demand	International Premium	\$	7.00
The Filipino Channel (TFC)	International Premium	\$	12.00
TV Asia	International Premium	\$	14.95
TV Japan	International Premium	\$	29.95
Zee TV	International Premium	\$	12.00
Zhong Tian	International Premium	\$	12.00
Zhong Tian/ CCTV4	International Premium	\$	19.00

substitute program basis, as explained in the next paragraph.         Tr           Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations:         Tr           • Do not list the station here, and also in space 1, if the station was carried both on a substitute basis and also on some other basis. For thirder information concerning substitute basis stations, see page (v) of the general instructions located in the pager 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 associated with a station according to its over-the-air designation. For example, WETA-2: Simulast stream such be reported in column 1 (list each stream separately; for example WETA-simulast, Simulast stream such be reported in column 1 (list each stream separately; for example werth-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.           Outum 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), 'T (for independent), 'L-M'           For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 3: the station is backer where are in a stocated in the paper SA3 form.           Column 6: Up ou have entered Yes' in column 4, you must complete colume the "Yos' in on charter No". For an explanation of local servic	Name							
anter by your cable system during the accounting period, except (1) statures carried only on a partitime basis under F25 (50) (2) and (4), 76 (51 (c)(2) and (4), 77 63 (51 (c)(2) and (4))); and (2) statut stature carried on a statutute program tests, see expanse (1) the reard paragraph. The stature specific FCC rules, regulations, or substatutes carried by your cable system on a substatute program To be distribute program for the statu carried by your cable system on a substatute program to be related as the specific FCC rules, regulations, or substatutes carried by your cable system on a substatute program To be distribute and box in spece (1) the stature was carried both on a substatute basis and also on some other basis. For turber information concerning substitute basis statures active and by CSPM (2) the closeful file stature was carried only on a substitute basis stature, see page (1) of the general instructions located in the page FSA form. Column 1: Let each stature the part FSA form. Column 2: Cole the channel number the FCC has assigned to the tablevision stature for broadcasting over-the-air in to community of locase. For example, WFC a Channel 4 in Washington, D.C. This may be different from the channel mother your cable system carried the stature. Column 3: Tokinace in each case whether the motion (1), NAP (for related midden), T, Tor (for adaptic data statu), and the page FSA form. Column 4: Tokinace (1), Column 4: your matter the page FSA form. Column 4: Tokinace (1), Column 4: your matter the page FSA form. Column 4: Tokinace (1), Column 4: your carried the closeful in the page FSA form. Column 4: Tokinace (1), Column 4: your carried the closeful in the page FSA form. Column 4: Tokinace (1), Column 4: your carried the closeful in the page FSA form. Column 4: Tokinace (1), Column 4: your carried the closeful in the page FSA form. Column 4: Tokinace (1), Column 4: your carried the closeful in the page FSA form. Column 4: Tokinace (1), Column 4: your carr								
Substitute Basis, as explained in the next paragraph.         T           Dend list the state Statens: With respect to any distant statens carried by your cable system on a substitute program         T           Data is under statens: any explainter basis.         Dend list the staten have in space 1(the Special Statement and Program Log)—If the Special of the special Statement and Program Log).         If the Special Statement and Program Log).           Datas: For Uniter information concerning substitute basis statement and Program Log).         If the Special Statement Net Program Log).         If the Special Statement Net Program Log).           States information information concerning substitute basis statement states in of the general instructions located in the paper SA3 form.         Column 5: List basis. For Uniter, NC is Channel in basis for Uniter, NC is channel in statement Net Produced Net In the channel on which your cable system carried the state.         Column 5: List basis.         Column 5: List basis. For Uniter, NC is Channel in the channel in the channel on the channel on the channel on the state.         Column 5: List basis.         Column 5: Column 5: Column 5: List basis.         Column 6: Columon 4: Columon Column 4: List basis.         Column 6:	<b>G</b> Primary							
Do not the station here in space G—but do is it in space 1 (the Special Statement and Program Log)—d the station was carried to for a substitute basis and also on some other bases. For further information concorring substitute basis stations, use age (b) of the general anticuctions located in the paper SA3 form.  The paper SA3 form.  The station is all sign. Do not report origination program services such as HBD, ESPN, etc. Identify asset. The further information concorring to its own-the-all designation. For example WFTA-all-mutcat:  The station is all sign. Do not report origination program services such as HBD, ESPN, etc. Identify asset functions. For example, WKR is channel at in Washington, D.C. Time are particles in from the channel on which your cable system carried the station. Is a network station for toroadcasting over-the-air in the community of locate in sch. Case which will available, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: induced the sch. Case which will available, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: induced the sch. Case which will available, D.C. This may be different from the channel on which your cable system carried the station.  Column 5: if you have entered if Yes <sup>T</sup> in column 4, you mast complete column 5, stating the basis on which your case system carried the distant station on a soluble to the paper SA3 form.  Column 5: if you have entered Yes <sup>T</sup> in column 4, you mast complete column 5, stating the basis on which your case system carried the basis because of lash of advanded channel capacity.  For the returning of the distant station for the stations, list the community with which the station is identified.  Kex Your with the channel end the station is allowed to incompare paper skate form.  Column 6: Give the channel end the station is allowed the columa station with your case system carried the backet for the stheme station with your case system carried t	ransmitters: Television							
Lat the station here, and also in space 1, 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 control in the page SA3 form. Column 5: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify sace in utilizatis tarean associated with a station according to its over the-air designation. For example, report null statistic and an SV-LC2. Simulate alternamism the thereight in the output is a station as even the station. Column 5: Cite MCR Call form 44 Maxihigtion, D.C. This may be different from the channel on which your cable system carried the station. Column 5: Cite MCR Call for the MVS Call channel 4 Maxihigtion, D.C. This may be different from the channel on which your cable system carried the station. Column 5: Hold the station is a network station, an independent station, or a noncommercial diadicational station, by entiering the letter "N" (for network nullicias). To fir independent multicas). Column 5: Hold the local service area (i.e. 'distant'), more more 'mee's'. Column 6: Hold the local service area (i.e. 'distant'), more 'mee's'. Column 6: Hold the local service area (i.e. 'distant'), more 'mee's'. Column 6: Hold here intered 'mee's'. Column 6: Hold here intered 'mee's and construct complex cannot be system construct the distant station on a part-time basis bacase of the one call hard and and any other basis, enter 'O'. For a further statiant on these entere dargenes, see page (v) of the general instructions located in the page SA3 form. Column 6: Give the location of caul station. For example provide the call hard and the one association representing the calle system and prime ystammatter on a sociation in general the distant's data in the station is distant's or a sociation in general the distant's data in the station is distant's or a sociation in general the station or a station thereingene for thereingenee on any								
Column 1: List each station's call sign. Do not report of registration for example, report multi- stat stream associated with a station according to to over-the-ard registration. For example, report multi- stat stream associated with wRC's Channel 4 in Washington, D. C. This may be different from the channel on which your cable system cannel due to the tolevision station for broadcasting over-the-air in to communy of locanes. For example, WC's Channel 4 in Washington, D. C. This may be different from the channel on which your cable system cannel due station.           Column 2: Give the channel number the FCC has assigned to the tolevision station for broadcasting over-the-air in to which your cable system. Cannel 4 in Washington, D. C. This may be different from the channel on which your cable system. Cannel 4 in Washington, D. C. This may be different from the channel assistematication of the state FV for networks. WAI's (for network station, an independent). Aff for independent multicast). Effort noncommercial educational multicast). For the restamps of voltage system cannel. (Le. distant"), enter "Yes." If not, enter "No: For an ex- stantion of cload state for during the accounting pends indicate in the paper SAI form. Column 5: Hyou have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carrier due distant station on a part-time basis base so that of a durbad channel capacity. For the restampsion of a distant functions to state that is not subject to an association representing the cable system carrier and a primary time frame and the paper SAI form. Column 6: Stewpress and the carrier of the cash state for an association for the cash state in states in is lensed by the SCC. For Mexican C Cannel states for an association for the community with which the states is kinetide. Network of Cash and primary transmitters and the channel and the paper SAI form. Column 6: Stewpress and the cash for GAI states for the s								
sat stream as "WETA-2". Simulatest streams must be reported in oolumn 1 (list each stream separately; for example WETA-3-milloss). Column 2: Give the channel number the FCC has assigned to the television station for troadcasting over-the-air in to community directed in each eave which the station. Column 3: Indicate in each case which the station is a network station, an independent station, or a noncommercial ducational station, by entering the letter "N" (for network, "MAK" for network mulicast), "T (for independent multitast), "E (for network), "MAK" (for network mulicast), "T (for independent multitast), "E (for noncommercial ducational), or E-A" (for noncommercial ducation								
WETA-annulase).       Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial adjuctational study. Net for independent, INAM         for independent multicest).       T (for noncommercial educational), or E-MT (for noncommercial educational multicast).         or the meaning of these terms, see page (v) of the general instructions located in the pager SA3 form.         Column 3: Indicate in each case whether the station representing the primary transmitter.         Column 4: If the station is outside the local service arrae, (la. "distant"), enter 'Vs: T you carred the system carried the distant station on a part-time basis because of lack of advated channel capacity.         F or the restansision of a distant multicast stream instructions located in the pager 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 CCC. For Maxica on Caracian station or leaders station are diversering whet he station is licensed by the CCC. For Maxica on Caracian station of each station. For U.S. stations, list the community to which the station is licensed by the CCC. For Maxica or Caracian station of each station. For U.S. stations, list the community to which the station is licensed by the CCC. For Maxica or Caracian station of each station. For U.S. Stations of the station is licensed by the CCR for Maxica or Caracian station of each station. For U.S. Stationed the capacity								
is community of license. For example, WRC is Channel 4 in Washington, D. C. This may be different from the channel on which your calls system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, isse network multicast, 1'r (for independent, 1'A" for independent multicast). 'E' (for noncommercial educational), or 'E-M' (for noncommercial educational multicast). Column 4: If the station is outside the local service area, (ie., 'distant'), enter 'Yes', if not, enter 'No.' For an exhibition of these terms, use age (v) of the general instructions koated 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 adde system carried the distant station on a part-time basis because of lack of activated channel capacity. For the reating of the distant stating that is not sublect to a royaly payment because it is the subject of a write agreement entered 'Nes' in columnal, you carried the channel on any other basis, enter 'O.' For a further explanation of these times, uses a separate space SG for each channel ine-up. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the CCC. For Maxicas, 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 CCC. For Maxicas, 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 CCC. For Maxicas (III) and provide the spece SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community the which the station is licensed by the CCC. For Maxicas (III) and IIII) and IIII and IIII and IIIII and IIIII and IIIII a								
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial       ducational station, by entering the letter "N for network multicast); "for independent multicast; "for an exhibit the station is outside the bage and () of the general instructions coated in the paper SA3 form.         Column 4: If the station or an part-time basis because of lack of activated channel capacity.       For an exhibit the station on a part-time basis because of lack of activated channel capacity.         For the realins of the distant station on a part-time basis because of lack of activated channel capacity.       For a further exhibit is not subject to a royaly payment because it is the subject of a with an any bring transition or an antimulter on an sacciation representing he cable system and a primary transite; and ret the basis, enter "0." For a further explanation of these times, see three categories, see page (v) of the general instructions located in the paper SA3 form.         Column 5: Give the location of each station. For U.S: stations, list the community to which the station is identified.         Column 6: Give the location of each station. For U.S: stations, list the subject is identified.         Column 8: Give the location of each station. For U.S: stations, list the station is identified.         Store the categories are page (v) of the general instructions costed in the paper SA3 form.         Column 6: Give the location of each station. For U.S: stations, list the station is identified.         Store (from								
elucational station, by entering the letter "N" (for network, "N-M" (for network multicast), " for independent nullicast), " for independent nullicast," for independent nullicast, " for independent, " for independent nullicast, " for independent, for independent, for independent, " for independent, for independent, for independent,								
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Columa 4: If the station is obtained the local service area, (i.e., "disting the basis on which your accented by the station is obtained in the paper SA3 form.           Columa 5: If you have entered "Ves" in columa 4: Vey unusa complete colums 5: stating the basis on which your able system carried the distant station during the accenting parket. Indicate by entering "LAC" if your cable system carried the distant matices of fack of activated channel capacity.         For the retransmission of a distant matices of fack of activated channel capacity.           For the retransmission of a distant matices of lock of activated channel capacity.         For the retransmission of a distant matices of lock of activated channel capacity.           For the retransmission of a distant matices of lock of activated channel capacity.         For the retransmission of a distant matices of lock of activate of activate activate acceles of lock of activated channel capacity.           For the retransmission of a distant matices of lock of activate of activate activate of activate activates of lock of								
Column 4: if the station is outside the local service area, (e., "distant), enter "Yes" if not, enter "No". For an ex- banchon foload 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 adde system carried the distant station on a part-time basis because of tack of achivated channel capacity.           For the retransmission of adistant multicast stream that in ost subject to a royally 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, onter the designa- tor "E (exemp), for simulcasts, also enter "E." If you cambe the channel on any other basis, enter "O." For a further systemation of these three categories, see page (v) of the general instructions located in the paper SA3 form.           Column 6: Cover the location of each station. For U.S. stations, is the community which the station is identified.           Vote: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-ups.           SIGN         CHANNEL           U.C. For Mexican or Canadian stations, for US, stations, is stration is identified.           Vote: If you are utilizing multiple channel line-ups.           SIGN         CHANNEL           CHANNEL         2.8 °CAST           SIGN         SAN FRANCISCO, CA           KEXT - Decades         2.2           CARRIAGE								
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system cable sy								
arried the distant station on a part-time basis because of tack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royably 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 designat- ion TE (exempt). For simulasts, also enter TE: 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 to 2. S. stations, its the community with which the station is identified. Note: If you are utilizing multiple channel line-ups. CHANNEL LINE-UP AA 1. CALL 2. BCAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE (If Distant) KKAXT - Decades 2.2 I No SAN FRANCISCO, CA KECW - CW 4.4 N No SAN FRANCISCO, CA KECK - NBC 3. N No SAN FRANCISCO, CA KECK - NBC KCRA - NBC 3. N No SAN FRANCISCO, CA KECK - Univision 1.4 N No SAN FRANCISCO, CA KEFSF - UniMas 6.6 N No VALLEJO, CA KEFSF - UniMas 6.6 N No VALLEJO, CA KESPD1 - Grit 6.6.3 N No VALLEJO, CA KESPD1 - Grit 6.6.4 N No SAN FRANCISCO, CA KESPD1 - Grit 6.6.5 N No VALLEJO, CA KESPD1 - Grit 6.6.5 N No VALLEJO, CA KESPD1 - Grit 6.6.5 N No VALLEJO, CA KESPD1 - True Crime 6.6.5 N No SAN FRANCISCO, CA KEQD13 - This TV 7.3 N No SAN FRANCISCO, CA KEQD13 - This TV 7.3 N No SAN FRANCISCO, CA KEQD13 - This TV 7.3 N No SAN JOSE, CA KICUD13 - CGTN 8.5. N No SAN JOSE, CA KICUT3 - CGTN 8.5. N No SAN JOSE, CA KICUT3 - CGTN 8.5. N No SAN JOSE, CA KICUT3 - CANNEL 3.2 I No SAN JOSE, CA KICUT3 - CHANCEL 3.2 I No SAN FRANCISCO, CA								
For the retransmission of a distant multicast stream that is not subject to a royally payment because it is the subject       of a written agreement entered into on or before value 30, 2006, between a cable system or an association representing the primary transmitter, enter the designation 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 identified.         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identified.       Return 6: Give the location of each station. For U.S. stations, list the community to which the station is identified.         Note: If you are utilizing multiple channel line-ups, use a separate space C for each channel line-up.       S. BASIS OF       S. DOCATION OF STATION         KAXT - Decades       22       I       No       SAN FRANCISCO, CA         KBCW - CW       44       No       SAN FRANCISCO, CA         KCNS - independent       38       I       No       SAN FRANCISCO, CA         KENCY - Univision       14       N       No       SAN FRANCISCO, CA         KERS - UniMas       66       N       No       SAN FRANCISCO, CA         KFSFD12 - Bounce TV       66.3       N       No       VALLEJO, CA         KFSFD12 - Gounce TV       66.5       N       No       VALLEJO, CA         KGSOT14 - Gritt								
he cable system and a primary transmitter or an association representing the primary transmitter, enter the designation is "(reampt). For simulcast, also enter "E," If you carried the channel on any other basis, enter "O," For a further application 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL SIGN  CHANNEL  2. B'CAST CHANNEL  CHANNEL  2. B'CAST CHANNEL  0 F CHANNEL  0 F CHANNEL  0 F CHANNEL  0 C CARRIAGE  (If Distant)  6. LOCATION OF STATION (If Distant)  6. LOCATION OF STATION (If Distant)  6. LOCATION OF STATION (If Distant)  6. LOCATION OF STATION KAXT - Decades  2.2  1  No  SAN FRANCISCO, CA Asplate  KECW - CW  4.4  N  No  SAN FRANCISCO, CA Asplate  CCA  KECW - CW  4.4  N  No  SAN FRANCISCO, CA Asplate  CCA  KECM - ARCC  3  N  No  SACRAMENTO, CA  KECM - ATRACC  3  N  No  CARRIAGE  (If Distant)  (If Distant)  CARRIAGE  (If Distant)  (If Distant)  (If Distant)  CARRIAGE  (If Distant)  (I								
bion 'Er (exempt). For simulcasis, also enter 'E'. If you carried the channel on any other basis, enter 'C. For a further explanation of these three categories, see page (v) of the general instructions bicated 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with 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 dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dicensed by the FCC. For Mexican or Canadian stations, and the station is dicensed by the FCC. For Mexican or Canadian stations, and the channel on any other provides at the channel on any ot								
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 identified.         Vibe: If you are utilizing multiple channel line-up.         CHANNEL       LINE-UP       AA         1. CALL       2. B'CAST       3. TYPE       4. DISTANT? (Yes or No)       6. LOCATION OF STATION         SIGN       2. B'CAST       3. TYPE       4. DISTANT? (Yes or No)       6. LOCATION OF STATION         KAXT - Decades       22       1       No       SAN FRANCISCO, CA         KQCW - CW       44       N       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KEMO - Azteca       50.1       N       No       VALLEJO, CA         KFSF - UniMas       66       N       No       VALLEJO, CA         KFSFDT3 - True Crime       66.5       N       No       VALLEJO, CA         KGOTV - ABC       7       N       No       SAN FRANCISCO, CA         KGDT2 - Localish								
FCC. For Maxican or Canadian stations, if any, give the name of the community with which the station is identifed.         Vote: If you are utilizing multiple channel line-up:         CHANNEL LINE-UP       AA         CHANNEL LINE-UP       AA         1. CALL       2. B CAST       3. TYPE       4. DISTANT? (Yes or No)       5. BASIS OF       6. LOCATION OF STATION         KAXT - Decades       22       1       No       SAN FRANCISCO, CA         KBCW - CW       44       N       No       SAN FRANCISCO, CA         KCNS - Independent       38       1       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KEMO - Azteca       50.1       N       No       SAN FRANCISCO, CA         KFSFDT2 - Bounce TV       66.3       N       No       VALLEJO, CA         KFSFDT5 - True Crime       66.5       N       No       VALLEJO, CA         KGODT3 - Localish       7.2       N       No       SAN FRANCISCO, CA         KGODT3 - This TV       7.3       N       No       SAN FRANCISCO, CA         KKSDD1 - Localish       7.2       N       No       SAN FRANCISCO, CA         KGODT3 - This TV       7.3								
CHANNEL LINE-UP AA         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         KAXT - Decades       22       1       No       SAN FRANCISCO, CA         KRCW - CW       44       N       No       SAN FRANCISCO, CA         KCRS - Independent       38       1       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KCRA - NBC       3       N       No       SAN FRANCISCO, CA         KCDT - Univision       14       N       No       SAN FRANCISCO, CA         KFSF - UniMas       66       N       No       VALLEJO, CA         KFSFDT2 - Bounce TV       66.3       N       No       VALLEJO, CA         KFSFDT4 - Grit       66.4       N       No       VALLEJO, CA         KFSFDT5 - True Crime       66.5       N       No       SAN FRANCISCO, CA         KGOTY - ABC       7       N       No       SAN FRANCISCO, CA								
1. CALL SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF CHANNEL NUMBER4. DISTANT? (Yes or No)5. BASIS OF CARRIAGE (If Distant)6. LOCATION OF STATIONKAXT - Decades22INoSAN FRANCISCO, CAKAXT - Decades22INoSAN FRANCISCO, CAKBCW - CW44NNoSAN FRANCISCO, CAKCNS - Independent38INoSAN FRANCISCO, CAKCRA - NBC3NNoSAN FRANCISCO, CAKCRA - NBC3NNoSAN FRANCISCO, CAKDTV - Univision14NNoSAN FRANCISCO, CAKEMO - Azteca50.1NNoFREMONT, CAKFSF - UniMas66NNoVALLEJO, CAKFSFDT1 - Grit66.3NNoVALLEJO, CAKGO TV- ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKKPX - ION65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
SIGNCHANNEL NUMBEROF STATION(Yes or No)CARRIAGE (If Distant)SAN FRANCISCO, CAKAXT - Decades221NoSAN FRANCISCO, CAKBCW - CW44NNoSAN FRANCISCO, CAKCNS - Independent381NoSAN FRANCISCO, CAKCRA - NBC3NNoSACRAMENTO, CAKCRA - NBC3NNoSACRAMENTO, CAKCRA - NBC50.1NNoSAN FRANCISCO, CAKEMO - Azteca50.1NNoFREMONT, CAKFSF - UniMas66NNoVALLEJO, CAKFSFDT2 - Bounce TV66.3NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.21NoSAN JOSE, CAKICUDT3 - CGTN36.31NoSAN JOSE, CAKMTP - Independent321NoSAN JOSE, CA								
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KDTV - Univision14NNoSAN FRANCISCO, CAKEMO - Azteca50.1NNoFREMONT, CAKFSF - UniMas66NNoVALLEJO, CAKFSFDT2 - Bounce TV66.3NNoVALLEJO, CAKFSFDT4 - Grit66.4NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV - ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.21NoSAN JOSE, CAKICUDT3 - CGTN36.31NoSAN JOSE, CAKMTP - Independent321NoSAN FRANCISCO, CA	onal information oetization.							
KEMO - Azteca50.1NNoFREMONT, CAKFSF - UniMas66NNoVALLEJO, CAKFSFDT2 - Bounce TV66.3NNoVALLEJO, CAKFSFDT4 - Grit66.4NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV- ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKICUT3 - LOR32INoSAN FRANCISCO, CA								
KFSF - UniMas66NNoVALLEJO, CAKFSFDT2 - Bounce TV66.3NNoVALLEJO, CAKFSFDT4 - Grit66.4NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV - ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus361NoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.21NoSAN JOSE, CAKICUDT3 - CGTN36.31NoSAN JOSE, CAKICUT3 - Independent321NoSAN FRANCISCO, CA								
KFSFDT2 - Bounce TV66.3NNoVALLEJO, CAKFSFDT4 - Grit66.4NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV - ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKICUDT4 - Independent32INoSAN FRANCISCO, CA								
KFSFDT4 - Grit66.4NNoVALLEJO, CAKFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV- ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus361NoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.21NoSAN JOSE, CAKICUDT3 - CGTN36.31NoSAN JOSE, CAKICUT3 - CGTN65NNoSAN JOSE, CAKMTP - Independent321NoSAN FRANCISCO, CA								
KFSFDT5 - True Crime66.5NNoVALLEJO, CAKGO TV- ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKICUT3 - CGTN65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KGO TV- ABC7NNoSAN FRANCISCO, CAKGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKICUDT3 - CGTN65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KGODT2 - Localish7.2NNoSAN FRANCISCO, CAKGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKKPX - ION65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KGODT3 - This TV7.3NNoSAN FRANCISCO, CAKICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKKPX - ION65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KICU - KTVU Plus36INoSAN JOSE, CAKICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKKPX - ION65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KICUDT2 - KEMS/KBS World36.2INoSAN JOSE, CAKICUDT3 - CGTN36.3INoSAN JOSE, CAKKPX - ION65NNoSAN JOSE, CAKMTP - Independent32INoSAN FRANCISCO, CA								
KICUDT3 - CGTN     36.3     I     No     SAN JOSE, CA       KKPX - ION     65     N     No     SAN JOSE, CA       KMTP - Independent     32     I     No     SAN FRANCISCO, CA								
KKPX - ION         65         No         SAN JOSE, CA           KMTP - Independent         32         I         No         SAN FRANCISCO, CA								
KMTP - Independent         32         I         No         SAN FRANCISCO, CA								
II N NO SAN JUSE, CA								
KNTV - NBC III N NO SAN JOSE, CA KNTVDT2 - Cozi II.2 N No SAN JOSE, CA								
KPJK - Independent         27         I         No         SAM MATEO, CA           KOED_RRS         P         E         No         SAM EDANCISCO, CA								
KQED - PBS 9 E No SAN FRANCISCO, CA								
KQEDDT2 - KQED Plus 9.2 E No SAN FRANCISCO, CA								
KQEHDT3 - World 54.3 E No SAN JOSE, CA								
KQEHDT4 - Kids     54.4     E     No     SAN JOSE, CA       KQSL - TLN     8     N     No     FORT BRAGG, CA								

FORM SA3E. PAGE 3.

## ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYS	STEM:				SYSTEM ID#	Name
WAVE DIVISION HOLDINGS	LLC				62645	Name
PRIMARY TRANSMITTERS: TELEVISION	1					
In General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect on 76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute program basis.	e accounting peri June 24, 1981, p ), or 76.63 (referr I in the next parag	od, except (1) ermitting the c ing to 76.61(e graph.	stations carried carriage of certa )(2) and (4))]; ar	only on a part-tir in network progra nd (2) certain stati	ne basis under Ims [sections ions carried on a	G Primary Transmitters:
Substitute Basis Stations: With re basis under specifc FCC rules, regulat			ameu by your ce	ble system on a s		Television
<ul> <li>Do not list the station here in space C station was carried only on a substi</li> <li>List the station here, and also in space basis. For further information concerning the paper SA3 form.</li> <li>Column 1: List each station's call set to the station of the station of the station of the station of the station.</li> </ul>	G—but do list it in tute basis. ce I, if the station erning substitute b	space I (the S was carried bo pasis stations,	oth on a substitu see page (v) of	ite basis and also the general instru	o on some other actions located	
each multicast stream associated with cast stream as "WETA-2". Simulcast s	a station accordi	ng to its over-	the-air designat	on. For example,	report multi-	
WETA-simulcast). Column 2: Give the channel number	er the ECC has a	ssianed to the	television static	on for broadcastin	ng over-the-air in	
its community of license. For example,		-			-	
on which your cable system carried the Column 3: Indicate in each case w		is a network	station. an inde	pendent station	or a noncommercial	
educational station, by entering the let	ter "N" (for netwo	rk), "N-M" (for	network multica	st), "I" (for indepe	ndent), "I-M"	
(for independent multicast), "E" (for no For the meaning of these terms, see p			•		,	
Column 4: If the station is outside t	he local service a	area, (i.e. "dist	ant"), enter "Yes	s". If not, enter "N		
planation of local service area, see pa Column 5: If you have entered "Yes				• •	n which your	
cable system carried the distant station	n during the acco	unting period.	Indicate by ente	ering "LAC" if your	-	
carried the distant station on a part-tim For the retransmission of a distant i					e it is the subject	
of a written agreement entered into on	or before June 3	0, 2009, betwe	een a cable syst	em or an associa	tion representing	
the cable system and a primary transm tion "E" (exempt). For simulcasts, also		•	• • •		0	
explanation of these three categories,	see page (v) of th	ne general ins	tructions located	in the paper SA	3 form.	
<b>Column 6:</b> Give the location of eac FCC. For Mexican or Canadian station					2	
Note: If you are utilizing multiple chan					is identified.	
		CHANN	EL LINE-UP	AB		
1 CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	· ,	(If Distant)		
KRON - MyNetworkTV	4	N	No		SAN FRANCISCO, CA	
KRONDT2 - AntennaTV	4.2	N	No		SAN FRANCISCO, CA	
KRONDT3 - SportGrid	4.3	N	No		SAN FRANCISCO, CA	
KRONDT4 - Quest	4.4	N	No		SAN FRANCISCO, CA	
KRONDT5 – Shop LC	4.5	N	No		SAN FRANCISCO, CA	
KSTS - Telemundo	48	N	No		SAN JOSE, CA	
KSTSDT2 - TeleXitos	48.2	N	No		SAN JOSE, CA	
KTLN - Heroes & Icons	68	N	No		PALO ALTO, CA	
KTLNDT2 - MeTV	68.2	N	No		PALO ALTO, CA	
KTNC - SBN	42	N	No		CONCORD, CA	
KTSF - Independent	26	1	No		SAN FRANCISCO, CA	
KTVU - FOX	2	N	No		OAKLAND, CA	
KTVUDT2 - LATV	2.2	N	No		OAKLAND, CA	
KTVUDT3 - Movies!	2.2	N	No		OAKLAND, CA	
11 4 0D 1 0 - MIONICS:	<u> </u>		NO			
		+				
		+				
		+				

Name	LEGAL NAME OF (							SYSTEM ID# 62645			
H Primary Transmitters:	all-band basis v Special Instruc	t every radio s whose signals ctions Concer	tation ca were "ge rning All		ole system during Copyright Office re	the accountir	ng period FM sign	l. al is generally			
Radio	<ul> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>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).</li> </ul>										
	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	6 PERIOD: 2021/
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
WAVE DIVISION HOLDINGS LLC	62645	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable syst substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions located in the	ns. For a further	• Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE		Carriage:
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progradcast by a distant station?	ram S <b>No</b>	Special Statement and Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog	ram	
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	g is	
clear. If you need more space, please attach additional pages.		
<b>Column 1:</b> Give the title of every nonnetwork television program (substitute program) that, during the accountin		
period, was broadcast by a distant station and that your cable system substituted for the programming of another sunder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the page		
SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program		
titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."		
<b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No."		
<b>Column 3</b> : Give the call sign of the station broadcasting the substitute program.		
Column 4: Give the broadcast 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).		
Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the m	nonth	
first. Example: for May 7 give "5/7."		
<b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurate the substitute program was carried by your cable system. List the times accurate the substitute program was carried by your cable system.	ately	
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."		
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requ	ired	
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required.		
gram was substituted for programming that your system was permitted to delete under FCC rules and regulations		
effect on October 19, 1976.		
	I	ļ
	1	

	rogramming		aring the accounting period em was permitted to delete						
S		WHEN SUBSTITUTE CARRIAGE 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. FROM	TIM	ES TO	DELETION
				_					
				-					
				-			_		
				-					
				-					
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				-					
		I	L						

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Norma								
WA	VE DIVISION HOLDINGS LLC	62645	Name								
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.											
IMP	during the accounting period.       \$ 2,942,244.77         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)										
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>											
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be < 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 en 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									
Block	<b>MINIMUM FEE:</b> 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.	is 1.064 percent of the									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 2,942,244.77									
	Enter the result here. This is your minimum fee.	\$ 31,305.48									
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting perior Yes—Complete the DSE schedule.</li> <li>X No—Leave block 3 below blank and complete the DSE schedule.</li> </ul>	n 4, you must check d?									
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	\$									
5	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	\$-									
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	\$ 31,305.48	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	\$ 32,030.48	appropriate form for submitting the additional fees.								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)										

FORM SA3E. PAGE 7.

ACCOUNTING PERM	JU. 2021/2	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645
<b>M</b> 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.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .	stations 43 407
N Individual to Be Contacted for Further Information	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regules in the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Gowner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identifed as owner 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 I 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)]  (I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained I 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)]  (I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained I 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)]  (I have examined the statement of account and hereby declare under penalty of law that all statement. (e.g., <i>Isi</i> ) Join Smith). Before entering the first forward stash of the <i>Isi</i> signature, piace your cursor in button, then type <i>Isi</i> and your name. Pressing the "F" button will avoid enabling Excel's Lotus comparison or partnership)  Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)  Date: February 28, 2022  Section 111 of tile 17 of the United States Code authorizes the Copyright Office to collect the personaly	or stem as identified or of the cable system herein the box and press the "F2" tibility settings.

form in order to process your statement of account. Pli is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing Pli, 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 PlI 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
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EGAL NAME OF OWNER OF CABLE S		SYSTEM ID# 62645	Name
The Satellite Home Viewer Act lowing sentence: "In determining the tota service of providing se scribers and amounts" For more information on when paper SA3 form. During the accounting period of made by satellite carriers to sate X NO	CONCERNING GROSS RECEIPTS EXCLUSIONS at 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 condary transmissions of primary broadcast transmitters, the sy collected from subscribers receiving secondary transmissions p 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 Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMEN	NTS		
	heet for those royalty payments submitted as a result of a late passessment, 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
	nterest rate* and enter the sum here	xdays	
	274** enter here and on line 3, block 4, ge 7)	x 0.00274  \$ -	
	chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> Fo vision at (202) 707-8150 or licensing@loc.gov.	( 3)	
** This is the decimal equi	valent of 1/365, which is the interest assessment for one day la	e.	
	rksheet covering a statement of account already submitted to the ddress, first community served, accounting period, and ID number 10 numbers 2000 and 10 number		
Owner Address			
First community served Accounting period ID number			
ivacy Act Notice: Section 111 of title 17	of the United States Code authorizes the Copyright Offce to collect the personal	ly identifying information (PII) requested on this	
	account. PII is any personal information that can be used to identify or trace an in ng to the routine use of it to establish and maintain a public record, which includes		

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)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
1	WAVE DIVISION HOLDINGS LLC 62645										
	SUM OF DSEs OF CATEGORY "O" STATIONS:         Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00										
2	Instructions: In the column headed "Call S of space G (page 3).										
		n the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- nercial educational station, give the DSE as ".25."									
Category "O"	nercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE										
Add rows as											
Add rows as necessary.											
Remember to copy all											
formula into new											
rows.											

		T	
		L	

Name		ION HOLDINGS LLC					S	62645		
<b>3</b> 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	at the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in column at least to the third decimn For each independent s	e number of hours y nation given in spac le total number of ho mn 2 by the figure in nal point. This is the tation, give the "type umn 4 by the figure i	our cable system e J. Calculate only ours that the statio column 3, and gir "basis of carriage -value" as "1.0." F	carried the station y one DSE for eac n broadcast over to ye the result in dec value" for the stati for each network co give the result in co	o during the accounting p h station. he air during the accoun cimals in column 4. This ion. or noncommercial educa	ting period. figure must tional station, ss than the			
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. Ni IRS O D BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E		
			÷ ÷			x x	=			
			÷			x	=			
			÷ ÷			x x	=			
			÷	=		x	=			
			÷ ÷	=		x x	=			
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		,		0.00				
<ul> <li>A</li> <li>Computation of DSEs for Substitute-Basis Stations</li> <li>Bradcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space l).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were delete at your option. This figure should correspond with the information in space l.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the th decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper S</li> </ul>							f ere deleted han the third	).		
		SL	JBSTITUTE-BAS	SIS STATION	S: COMPUTAT	ION OF DSEs				
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE		
	SIGN	OF PROGRAMS	OF DAYS IN YEAR		SIGN	OF PROGRAMS	OF DAYS IN YEAR			
		÷		=		÷		=		
		÷ ÷		= =		÷ +		=		
		÷		=		÷		=		
		÷ +		=		÷ ÷		=		
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		,		0.00				
5		<b>R OF DSEs:</b> Give the among applicable to your system		in parts 2, 3, and 4	of this schedule ar	nd add them to provide th	e total			
						0.00				
of DSEs		of DSEs from part 3 •			Ł		<u>0.00</u> 0.00			
	3. NUMDER	of DSEs from part 4 ●			►		0.00			
	TOTAL NUMBE	R OF DSEs				<b>&gt;</b>		0.00		

ACCOUNTING PERIOD:	2021/2
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
WAVE DIVISIO	N HOLDINGS	LLC						62645	Name	
Instructions: Bloc In block A: • If your answer if '			urt 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			ELEVISION M					Computation of	
Is the cable system	n located wholly o			er markets as defin		tion 76 5 of EC	C rules and regula	ations in	3.75 Fee	
effect on June 24,	•		ajor and small	er markets as denn			o rules and regula			
Yes—Com	plete part 8 of the s	schedule—D0	O NOT COMPL	ETE THE REMAIN	NDER OF PAP	RT 6 AND 7.				
X No—Complete blocks B and C below.										
		BLO	CK B: CARR	NAGE OF PERM	MITTED DS	Es				
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty statio	les and regula ed pursuant to on as defined	ations cited bel the FCC mark in 76.5(kk) (76	is on which you can ow pertain to those (et quota rules [76. (59(d)(1), 76.61(e))	e in effect on J 57, 76.59(b), (1), 76.63(a) r	June 24, 1981. 76.61(b)(c), 76 referring to 76.	5.63(a) referring to			
<ul> <li>C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</li> <li>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</li> <li>E Carried pursuant to individual waiver of FCC rules (76.7)</li> <li>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</li> </ul>										
	M Retransmissio		•	ontour, [76.59(d)(5) am.	, 70.01(e)(5),	70.03(a) Telei	ning to 70.01(e)(5)			
Column 3:		e stations ider	tified by the let	oarts 2, 3, and 4 of tter "F" in column 2			rksheet on page 14	4 of		
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE		
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS			
								······		
								0.00		
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE					
Line 1: Enter the	total number of I	DSEs from p	art 5 of this s	chedule				-		
Line 2: Enter the	sum of permitted	d DSEs from	block B abov	/e				-		
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) 0.00										
Line 4: Enter gro	ss 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	
Line 6: Enter tota	al number of DSE	s from line 3	3				x	-	nonpermitted 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 S	CHEDULE. PAGE 14.		
	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:					SYSTEM ID#		
Name	WAVE DIVISION	N HOLDING	SLLC					62645		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the c Column 2: Indicate f Column 3: Indicate f Column 4: Indicate f (Note that the FC A—Part-time spe B—Late-night pr S—Substitute ca Column 5: Indicate f Column 6: Compare in t	r to June 25, 1 call sign for eac the DSE for thi the accounting the basis of ca CC rules and re ecialty program r6.59(d)(1),76. Ogramming: C. 76.61(e)(3)). arriage under c general instruc- the station's D e the DSE figur plock B, colum	981, under former I ch distant station ide is station for a single period and year in rriage on which the egulations cited belo ming: Carriage, on 61(e)(1), or 76.63 (i arriage under FCC ertain FCC rules, re- tions in the paper S SE for the current a res listed in columns n 3 of part 6 for this u give in columns 2,	FCC rules gove entifed by the le e accounting pe which the carria station was can ow pertain to th a part-time bas referring to 76.6 rules, sections egulations, or au A3 form. accounting perice s 2 and 5 and list a station.	dentifed by the letter "F" in rning part-time and subst tter "F" in column 2 of pa riod, occurring between , age and DSE occurred (e rried by listing one of the i ose in effect on June 24, is, of specialty programm 51(e)(1)). 76.59(d)(3), 76.61(e)(3), o uthorizations. For further of d as computed in parts 2 st the smaller of the two fil be accurate and is subject	itute carriag rt 6 of the D January 1, 1 .g., 1981/1). following lett 1981.) ning under F or 76.63 (ref explanation, , 3, and 4 of igures here.	e.) SE schedule. 978 and June 30, 19 eers: CC rules, sections erring to see page (vi) of the this schedule. This figure should be	81. e entered		
				TIONO CADO						
		1			ED ON A PART-TIME AN	1				
	1. CALL	2. PRIC		COUNTING	4. BASIS OF		-	. PERMITTED		
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE	DSE		
7	Instructions: Block A must be completed.									
•	In block A:									
Computation	If your answer is	"Yes," complet	e blocks B and C, b	pelow.						
of the	If your answer is	"No," leave blo	ocks B and C blank	and complete p	art 8 of the DSE schedul	e.				
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	С.	No—Proceed to part 8						
		orrigge of V/UF	Crada D Cantaur	Stationa	BLOCK C: Computation of Exempt DSEs					
	BLOCK B. C	amage of viri	Grade B Contour	Stations						
	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 o	of part 7 carried in an	iy commu-		
	commercial VHF station	on that places	a grade B contour,	in whole	nity served by the cab	le system pi	rior to March 31, 197	2? (refer		
	or in part, over the cal	ble system?			to former FCC rule 76	.159)				
	X Yes—List each st	ation below with	n its appropriate perm	itted DSE	X Yes—List each station below with its appropriate permitted DSE					
	No—Enter zero a				No—Enter zero a					
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	ON LE OIOIN	DUL	ONLE OIGH	DOL		DOL	CALL OIGH			
		<u> </u>		+		·		••••		
		······								
		ļ								
		1								
		<u> </u>				·		••••		
				+				····		
			TOTAL DSEs	0.00			TOTAL DSEs	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 62645	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,942,244.77	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. 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 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)		
	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		
0-1	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		

## ACCOUNTING PERIOD: 2021/2

	LEGAL NAM	DSE SCHEDULE ME OF OWNER OF CABLE SYSTEM: SYSTEM:	. PAGE 16. STEM ID#					
Name	WAVE DIVISION HOLDINGS LLC							
7	Section       4b         If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the Syndicated	B. Enter 0.00189 of gross receipts (the amount in section 1)							
Exclusivity 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	<u></u>					
8 Computation of Base Rate Fee	<ul> <li>6 was checked "Yes," use the total number of DSEs from part 5.</li> <li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>of If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below</li> </ul>							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?						
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.						
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	Section 1	Enter the amount of gross receipts from space K (page 7)						
	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)▶ \$ -						
		B. Enter 0.00701 of gross receipts         (the amount in section 1).         ▶ \$ 20,625.14         C. Subtract 1.000 from total DSEs						
		(the figure in section 2) and enter here.       -         D. Multiply line B by line C and enter here.       \$						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee						

#### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM I	
WAVI	E DIVISION HOLDINGS LLC 626	Namo
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	Ŭ
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>F</b>	of Base Rate Fee
I	C. Multiply line B by 3.000 and enter here <b>\$</b>	
I	D. Enter 0.00330 of gross receipts	
I	(the amount in section 1) <b>§</b>	
	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	<u></u>
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha	all
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
Space	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of t	this Computation
exclusi	on, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	and Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mumpute 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.	er, Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
Step 2 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	
subscr	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.	
Compo groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscrit.	ber
	a section:	
	fy the communities/areas represented by each subscriber group.	
subscr	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 ibers in the group.	
• lf: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, a	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	he 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.	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show yo calculations on the form.	

LEGAL NAME OF OWNER WAVE DIVISION H						S	YSTEM ID# 62645	Name
I		COMPUTATION OF		TE FEES FOR EAC	H SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP				╢─────	SECOND	SUBSCRIBER GROU		٥
COMMUNITY/ AREA CONCORD, WALNUT CREEK, CO				COMMUNITY/ AREA 0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<mark></mark>							Distant
								Stations
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<u>\$ 2,942</u>	,244.77	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••				•••••			
	•••				•••••			
T / 1 D 0 5			0.00				0.00	
		0.00				0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00			0.00		
Base Rate Fee: Add th Enter here and in block			ber group as	s shown in the boxes a	bove.	\$	0.00	
	5, III 5 I, 5	paus L (paye /)				Ψ	5.00	

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						5	62645	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP			JP	•
COMMUNITY/ AREA	CONCO	ORD, WALNUT CF	REEK, C(	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
						•		Surcharge
			<mark></mark>					for Partially
			<mark></mark>			•		Distant
						•		Stations
						<u>  </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,942	2,244.77	Gross Receipts Secor	nd Group	\$ 0.00		
Base Rate Fee First G	Base Rate Fee First Group \$ 0.00			Base Rate Fee Secor	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						•		
		+	<mark></mark>					
		•						
Total DSEs		11	0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00		
	_				_			
Base Rate Fee Third G	sroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
<u> </u>				11				
Base Rate Fee: Add th	ne base rat	e fees for each subse	riber aroup a	as shown in the boxes a	bove			
Base Rate Fee: Add the base rate fees for each subscriber group Enter here and in block 3, line 1, space L (page 7)				מש שוועוויו ווי עוד שטעבט משטעפ.		\$ 0.00		