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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

### SA3E Long Form

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 TH	IIS STATEMENT:								
Accounting Period	2024/1									
<b>B</b> Owner	rate title of the subsidiary, not that of the parent corpor List any other name or names under which the ov If there were different owners during the account a single statement of account and royalty fee paymen	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.       368								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	WAVE DIVISION HOLDINGS LLC									
				3683	520241					
				36835	2024/1					
	3700 MONTE VILLA PARKWAY BOTHELL W 98021									
С	<b>INSTRUCTIONS:</b> In line 1, give any business or names already appear in space B. In line 2, give	,	1 2							
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) BOTHELL W 98021									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions	s, see page 1b. Identify only the frst comm	unity served below and re	elist on page	ə 1b					
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First Community	WHIDBEY ISLAND	WA								
Community	Below is a sample for reporting communities if			0.15						
	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUE	3 GRP#					
Sample	Alliance	MD	A		2					
	Gering	MD	B		3					
form in order to pro numbers. By provid	e: Section 111 of title 17 of the United States Code authorizes the poss your statement of account. PII is any personal information ding PII, you are agreeing to the routine use of it to establish and pared for the public. The effect of not providing the PII requested	that can be used to identify or trace an individual, suc d maintain a public record, which includes appearing ir	h as name, address and telephonetry the Offce's public indexes and	one in						

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-24

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			36835						
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	-	-	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. If	you report any sta	ations						
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou			_					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_					
WHIDBEY ISLAND	WA			First					
				Community					
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					
				Add rows as necessary.					

# SYSTEM ID#

Name	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:							S	YSTE		
ļ	WAVE DIVISION HOLDIN								Ū	-	3683	
		000										
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	ndarv trans	mission	service of	the cable			
—	system, that is, the retransmission											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken											
Service: Sub- scribers and	down by categories of secondary											
Rates	each category by counting the n			•		•						
	separately for the particular serv											
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-						-			
	category, but do not include disc					nuaru rate	variation	s wiu iir a j				
	Block 1: In the left-hand block	in space E, th	e form	lists the cate	gories of							
	systems most commonly provide											
	that applies to your system. <b>Note</b> categories, that person or entity											
	subscriber who pays extra for ca											
	first set" and would be counted c	once again und	ler "Ser	vice to additi	onal 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.		onginti				descripti					
	BLC	OCK 1						BLOC	K 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATEGORY			NO. OF SUBSCRIBERS		ATE	
	Residential:	SUBSCRIB	EKS	NATE		ATEGORI	OF SER	VICE	SUBSCRIBERS		AIE	
	Service to first set		1.544	\$ 35.95								
	Service to additional set(s)		1,011	· · · · · · · · · · · · · · · · · · ·						<u>+</u>		
	• FM radio (if separate rate)									†		
	Motel, hotel									1		
	Commercial		8	\$ 17.98								
	Converter									Ι		
	Converter									<b>.</b>		
	Residential											
	Residential     Non-residential		NSWIS									
	Residential     Non-residential     SERVICES OTHER THAN SEC					to all your o	cable sys	tem's serv	rices that were			
F	Residential     Non-residential     SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t	te (not subscril hose services	ber) info that are	ormation with e not offered i	respect n combi	nation with	any seco	ondary trar	smission			
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Services Other Than Secondary Iransmissions: Rates	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rationation covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard ration Block 2: List any services that listed in block 1 and for which a strift (two- or three-word) descript CATEGORY OF SERVICE     Continuing Services:         Pay cable         Pay cable         Pay cable         Fire protection         Burglar protection         Installation: Residential         First set         Additional set(s)	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 17.00	ber) info that are ons: you nished to usually the cabi stem fu ge was to de the r CK 1 CATE( Install • Mo • Pa • Pa • Fir • Bu Other	ormation with a not offered i do not need to nonsubscri v billed. If any le system for rnished or off made or esta ate for each. GORY OF SE ation: Non-r otel, hotel mmercial y cable y cable-add'l e protection rglar protectic services:	respect n combin to give n bers. Ra rates ar each of ered dur blished. RVICE esidenti channel	nation with rate informat ate informat re charged of the applical ring the acc List these of al	any secc ation con ion shou on a vari ble servic counting p other service ATE	endary trar cerning (1 ld include able per-p ces listed. beriod that vices in the CATEGC Expande Digital F Digital V Digital S Digital C HBO HBOMa	asmission ) services both the rogram basis, were not e form of a <u>BLOCK 2</u> DRY OF SERVICE ad Content avorites ariety ports able Pack	\$ \$ \$ \$ \$ \$ \$	86.3 14.0 9.2 13.0 33.7 20.0 15.9	
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Services Other Than Secondary Iransmissions: Rates	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rationation covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard ration Block 2: List any services that listed in block 1 and for which a strift (two- or three-word) descript CATEGORY OF SERVICE     Continuing Services:         Pay cable         Pay cable         Pay cable         Fire protection         Burglar protection         Installation: Residential         First set         Additional set(s)	te (not subscrit chose services re two exceptic or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 17.00 \$ 79.95	ber) info that are ons: you nished to usually the cabi stem fu ge was to de the r CK 1 CATEC Install • Mo • Ca • Pa • Pa • Fir • Bu Other • Re • Dis	ormation with e not offered i d o not need to nonsubscri v billed. If any le system for rnished or off made or esta ate for each. GORY OF SE ation: Non-r otel, hotel mmercial y cable-add'I e protection rglar protection services: connect sconnect	respect n combin to give n bers. Ra rates ar each of ered dur blished. <u>RVICE</u> esidenti	nation with rate informat ate informat re charged of the applical ring the acc List these of al	any secc ation con ion shou on a vari ble servic counting p other service ATE	ndary trar cerning (1 ld include able per-p ces listed. beriod that /ices in the CATEGC Expande Digital F Digital V Digital S Digital C HBO HBOMax Showtim Cinemax	asmission ) services both the rogram basis, were not e form of a <u>BLOCK 2</u> DRY OF SERVICE ad Content avorites ariety ports able Pack	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	86.3 14.0 9.2 13.0 33.7 20.0 15.9 20.0 19.5	
Services Other Than Secondary Transmissions: Rates	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rationation covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a service for the or three-word) description (two- or thr	te (not subscrit chose services re two exceptic or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 17.00 \$ 79.95	ber) info that are ons: you nished for usually the cabi stem fu ge was in de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu • Other • Cu	ormation with a not offered i do not need to nonsubscri v billed. If any le system for rnished or off made or esta ate for each. GORY OF SE ation: Non-r otel, hotel mmercial y cable-add'I e protection rglar protectio services: connect	respect n combin to give n bers. Ra rates ar each of rered dur blished. RVICE esidenti channel on	nation with rate informat ate informat re charged of the applical ring the acc List these of al	any secc ation con ion shou on a vari ble servic counting p other service ATE	endary trar cerning (1 ld include able per-p ces listed. beriod that /ices in the CATEGC Expande Digital F Digital V Digital S Digital C HBO HBOMas Showtim	asmission ) services both the rogram basis, : were not e form of a <u>BLOCK 2</u> DRY OF SERVICE ed Content avorites ariety ports cable Pack	\$ \$ \$ \$ \$ \$ \$	86.3 14.0 9.2 13.0 33.7 20.0 15.9 20.0	

LEORE WANE OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
WAVE DIVISION	HOLDING	S LLC			36835	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					and low power television stations)	G
	, ,	0		· /	d only on a part-time basis under ain network programs [sections	0
76.59(d)(2) and (4), 76	.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.67		and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc FC	C rules, regula	tions, or auth	orizations:			
<ul> <li>Do not list the station station was carried</li> </ul>			t in space I (the	e Special Stateme	ent and Program Log)—if the	
					ute basis and also on some other	
in the paper SA3 for		erning substit	ute dasis statior	is, see page (v) of	f the general instructions located	
					s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
					stream separately; for example	
WETA-simulcast). Column 2: Give the	channel numh	er the FCC h	as assigned to t	he television static	on for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a networ	k station an inde	pendent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (f	or network multica	ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the					mmercial educational multicast). e paper SA3 form	
Column 4: If the sta	ation is outside	the local serv	ice area, (i.e. "d	istant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha					paper SA3 form. tating the basis on which your	
cable system carried th	ne distant statio	on during the a	accounting perio	d. Indicate by ente	ering "LAC" if your cable system	
carried the distant stati For the retransmissi					apacity. payment because it is the subject	
of a written agreement	entered into or	n or before Ju	ne 30, 2009, bei	ween a cable sys	tem or an association representing	
					y transmitter, enter the designa- ner basis, enter "O." For a further	
explanation of these th	ree categories,	see page (v)	of the general in	nstructions located	d in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin						
		CHANN	EL LINE-UP	AA		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	2. B CAST CHANNEL	OF	4. DISTANT? (Yes or No)	CARRIAGE	6. LOCATION OF STATION	
-	NUMBER	STATION	· · ·	(If Distant)		
CBUT - CBC	2	I	Yes	0	VANCOUVER, BC	
KBTC - PBS	27	Е	No			
					TACOMA, WA	See instructions for
NCFQ-FUA	13	N	No		TACOMA, WA TACOMA, WA	additional information
	13 9	N E	No No			
KCTS - PBS					TACOMA, WA	additional information
KCTS - PBS KCTSDT2 - PBS K	9 9.2	E	No		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create	9 9.2	E	No No		TACOMA, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV	9 9.2 9.3	E E E	No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC	9 9.2 9.3 44.1	E E E N	No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C	9 9.2 9.3 44.1 5	E E N N	No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest	9 9.2 9.3 44.1 5 5.2 5.3	E E N N N	No No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36	9 9.2 9.3 44.1 5 5.2 5.3	E E N N N N	No No No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7	E E N N N N N N	No No No No No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2	E E N N N N N N N	No No No No No No No No No		TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3	E E N N N N N N N N	No No No No No No No No No No		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KIRODT4 - THE36 KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemu	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4	E E N N N N N N N N N N	No No No No No No No No No No No		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KIRODT4 - THE36 KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4	E E N N N N N N N N N N N	No No No No No No No No No No No No		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT2 - Come	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4.2	E E N N N N N N N N N N N N N	No No No No No No No No No No No No No		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC KOMODT2 - Come KOMODT2 - Come	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4.2 4.3	E E N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC KOMODT2 - Come KOMODT2 - Come	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4 4.2 4.3 16	E E N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT3 - Come KOMODT3 - Charg KONG - Independ KSTW - Independ	9 9.2 9.3 44.1 5 5.2 5.3 5.4 7 7.2 7.3 7.4 4 4 4.2 4.3 16 11	E E N N N N N N N N N N N N N N N N I I	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT2 - Come KOMODT2 - Come KOMODT3 - Chary KONG - Independ KSTW - Independ KSTWDT2 - Decad	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC KOMODT2 - Come KOMODT3 - Charg KOMODT3 - Charg KONG - Independ KSTW - Independ KSTWDT2 - Decad KTBW - TBN	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
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KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - CO2i T KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC KOMODT3 - Charg KOMODT3 - Charg KOMODT3 - Charg KONG - Independ KSTW - Independ KSTW - TBN KUNS - CW KUNS - CW	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20           51.1	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT3 - Charg KOMODT3 - Charg KOMG - Independ KSTW - Independ KSTW - Independ KSTWDT2 - Decaa KTBW - TBN KUNS - CW KUNS - CW	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20           51.1	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional information
KCTS - PBS KCTSDT2 - PBS K KCTSDT3 - Create KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE36 KIRODT4 - THE36 KIRODT4 - THE36 KIRODT2 - Cozi T KIRODT3 - Laff KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemu KOMO - ABC KOMODT3 - Cozi KOMODT3 - Cozi KOMODT3 - Cozi KOMODT3 - Cozi KOMG - Independ KSTWDT2 - Decad KTBW - TBN KUNS - CW KUNSDT2 - TBD KUNSDT3 - The N KVOS - Heroes &	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20           51.1           51.2           51.3           12.1	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional informatio
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KCTS - PBS KCTSDT2 - PBS K KCTSDT2 - PBS K KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT2 - True C KINGDT3 - Quest KINGDT2 - True C KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT3 - Cozi KOMODT3 - Charg KOMODT3 - Charg KOMG - Independ KSTWDT2 - Decad KTBW - TBN KUNS - CW KUNSDT2 - TBD KUNSDT3 - The N KVOS - Heroes & KVOSDT4- Decad	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20           51.1           51.2           51.3           12.1           12.4	E E N N N N N N N N N N N N N N N N N N	No No No No No No No No No No No No No N		TACOMA, WA SEATTLE, WA	additional informatio
KCTS - PBS KCTSDT2 - PBS K KCTSDT2 - PBS K KFFV - MeTV KING - NBC KINGDT2 - True C KINGDT2 - True C KINGDT3 - Quest KINGDT4 - THE36 KIRO - CBS KIRODT2 - Cozi T KIRODT3 - Laff KIRODT3 - Laff KIRODT4 - Telemi KOMO - ABC KOMODT3 - Cozi KOMODT3 - Chary KOMG - Independ KSTW - Independ KSTW - Independ KSTWDT2 - Decad KTBW - TBN KUNS - CW KUNSDT2 - TBD KUNSDT3 - The N KVOS - Heroes & KVOSDT4- Decad KWDK - Daystar	9           9.2           9.3           44.1           5           5.2           5.3           5.4           7           7.2           7.3           7.4           4           4.2           4.3           16           11           11.2           20           51.1           51.2           51.3           12.1           12.4           56           33	E E N N N N N N N N N N N N N N N N N N	No           No		TACOMA, WA SEATTLE, WA BELLEVUE, WA BELLEVUE, WA BELLEVUE, WA BELLINGHAM, WA TACOMA, WA	additional information

ACCOUNTING PERI	00. 2024/1							FORM SASE. PAGE 4.
News	LEGAL NAME OF C	OWNER OF CABL	E SYSTEM	И:				SYSTEM ID#
Name	WAVE DIVIS	SION HOLD	NGS L	LC				36835
н		t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca				
Primary				-Band FM Carriage: Under C				
Transmitters:				em whenever it is received at				
Radio				ved at the headend, with the s				
				Copyright Office regulations of	n this point, see	page (vi) of th	e genera	al instructions
	located in the p							
		•	-	ach station carried. n is AM or FM.				
				nal was electronically processe	d by the cable s	ustem as a sei	harate a	nd discrete
				mark in the "S/D" column.			Juliuto u	
				on (the community to which th	e station is licens	ed by the ECO	or in t	he case of
				the community with which the			, in a	
			, <b>,</b> ,	···· ····, ·····,				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<u> </u>						
		<u> </u>						
		<u> </u>						
		<u> </u>						
		+						
		+						
		<u> </u>						
		<u> </u>						
		+						
		+						
	1	1	1	I	1	1	l	1

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID	
WAVE DIVISION HOLD	INGS LLO	C				36835	Name
SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOG	ì			
							1
In General: In space I, identi substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or authoriza	ations. For a further	Substitute
explanation of the programm 1. SPECIAL STATEMENT				general Instru	ictions located in	the paper SA3 form.	Carriage:
During the accounting per				s, any nonne	twork television p	program	Special
broadcast by a distant stat		· <b>,</b>	<b>,</b> ,	-, <b>,</b>		Yes XNo	Statement and Program Log
Note: If your answer is "No'	', leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	ist complete the p	program	
log in block 2. 2. LOG OF SUBSTITUTE		MS					-
period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition nnetwork telev ion and that yo r authorization t use general of A Basketball: dcast live, ente station broadca on's location (th uns, if any, the when your sys e substitute pro program carri listed program ons in effect du	al pages. ision program (substitute p ur cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	during the accour ramming of anothins located in the List specific program nsed by the FCC tified). numerals, with the List the times ac 8:30 p.m. should our system was refer "P" if the listed	unting her station paper gram or, in he month courately be required d pro	
				WHE	EN SUBSTITUT	E	-
S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCURR	101	
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	
	163 01 110	UALL SIGN	4. STATION S LOCATION				
			·				-
							-
			·				
							-
							-
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					_		
[]	T	Г	Г <b></b>	I [	I	I	-1

FORM SA3E. PAGE 5.

FORM	SA3E. PAGE 7.							
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
WA	VE DIVISION HOLDINGS LLC	36835	Nume					
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.								
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you feet</li> <li>If you account</li> </ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amor from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	ts of the DSE Schedule	L Copyright Royalty Fee					
	k 3 below.							
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low	ntered on line 2 in block						
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line						
Block 1	<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.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 590,151.14						
	Enter the result here.							
	This is your minimum fee.	\$ 6,279.21						
	<ul> <li>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.</li> <li>Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> <li>Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE</li> </ul>	n 4, you must check d?						
	schedule. If none, enter zero							
	Line 3. Add lines 1 and 2 and enter here	\$ 6,279.21						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 6,279.21	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate					
	<b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 7,004.21	form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of the						

ACCOUNTING PERIO	<b>DD: 2024/1</b> FORM SA3E. P.	AGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Morgan Conkle Telephone 347-835-7661	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
	Princeton, NJ 08540 (City, town, state, zip)	
	Email morgan.conkle@astound.com Fax (optional)	
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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 the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: <b>Parisa Salehani</b>	
	Title: Senior Vice President, Controller (Title of official position held in corporation or partnership)	
	Date: August 26, 2024	

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 sufficiency of the fing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name						
WAVE DIVISION HOLDINGS LLC 36835							
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Exclusion						
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name     Name       Mailing Address     Mailing Address							
Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest						
x	Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here							
x days							
Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,							
space L, (page 7)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner							
Address							
First community served							
Accounting period ID number							

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

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#					
1	WAVE DIVISION HOLDIN	IGS LLC				36835					
	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.										
	Instructions:										
Computation	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	DSE	CALL SIGN	DSE					
	CBUT - CBC	1.000	CALL SIGN	DSL	CALL SIGN	DGL					
		1.000									
Add rows as											
necessary.											
Remember to copy all											
formula into new											
rows.											
		II		l							

Name		OWNER OF CABLE SYSTEM:						ULE. PAGE 12. SYSTEM ID# 36835
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 be carried out Column 5 give the type- Column 6	<b>CAPACITY</b> st the call sign of all distar <b>2:</b> For each station, give th correspond with the inform <b>3:</b> For each station, give th <b>4:</b> Divide the figure in colum at least to the third decime <b>5:</b> For each independent s value as ".25." <b>5:</b> Multiply the figure in colu- point. This is the station's	ne number of hours nation given in spa ne total number of mn 2 by the figure nal point. This is th tation, give the "ty umn 4 by the figure	s your cable system ce J. Calculate only hours that the statio in column 3, and giv e "basis of carriage pe-value" as "1.0." F e in column 5, and g	carried the station one DSE for eac n broadcast over re the result in de value" for the stat or each network	n during the accounting p th station. the air during the accour ccimals in column 4. This tion. or noncommercial educa	ting period. figure must tional station, ss than the	
Capacity			CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			SE
			÷			x	=	
			+					
			÷ ÷			x x	=	
			÷		=	x	=	
			÷ ÷			x		
			÷			x	=	
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each sta d by your system in substit ect on October 19, 1976 (a one or more live, nonnetwo For each station give the I This figure should corres Enter the number of days Divide the figure in column This is the station's DSE (	tution for a program as shown by the lei rk programs during number of live, nor pond with the infor in the calendar ye n 2 by the figure in For more informati	n that your system v tter "P" in column 7 ; that optional carria nnetwork programs mation in space I. ar: 365, except in a column 3, and give ion on rounding, see	vas permitted to c of space I); and ge (as shown by th carried in substitu leap year. the result in colui page (viii) of the	delete under FCC rules and ne word "Yes" in column 2 d ition for programs that we mn 4. Round to no less the general instructions in the	of ere deleted nan the third	
						TION OF DSEs	Γ	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			•	=			÷	=
			•	=			÷	=
		+	+	=			÷	=
			÷ ÷	=			÷ ÷	=
	Add the DSEs	• OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa		le,		0.0	D	
5		ER OF DSEs: Give the am s applicable to your system		es in parts 2, 3, and	4 of this schedule	and add them to provide	he total	
Total Number	1. Number	of DSEs from part 2 ●				<u> </u>	1.00	
of DSEs		of DSEs from part 3 ● of DSEs from part 4 ●				▶ ▶	0.00 0.00	
	TOTAL NUMBE	ER OF DSEs						1.00

LEGAL NAME OF O							S	YSTEM ID#	Name
WAVE DIVISIO	N HOLDINGS	LLC						36835	Name
schedule.	'Yes," leave the re	mainder of pa	·	of the DSE schedu	ule blank and	complete part 8	8, (page 16) of the		6
If your answer if "No," complete blocks B and C below.     BLOCK A: TELEVISION MARKETS									
effect on June 24,	1981?	itside of all m schedule—D(	ajor and smalle	er markets as defin LETE THE REMAII	ed under sect		C rules and regula	itions in	3.75 Fee
		BLO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Schec	tions listed in p r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of tl 981. For further ex e letter M below ref	his schedule t planation of p	hat your syster ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>Enter the appropriate letter indicating the basis on which you carried a permitted station.</li> <li>ASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>ERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to</li> </ul>								
Column 3:	*( <b>Note:</b> For those this schedule to c	e stations ider letermine the	ntified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	mplete the wor	1		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBUT - CB	¢ D	1.00							
		ΓΤ						T	
								1.00	
		E	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
_ine 1: Enter the	total number of	DSEs from p	part 5 of this s	schedule					
ine 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
₋ine 4: Enter gro	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
_ine 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

									DSE SCH	EDULE. PAGE 14
Name	LEGAL NAME OF OWN	ER OF CABLE SYST	EM:						S	YSTEM ID#
Name	WAVE DIVISION	N HOLDINGS L	LC							36835
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the DSE for this station of a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</li> <li>Column 5: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> </ul> </li> </ul>									
		PERMITTED	DSE FOR STA	TIONS CARRIE	ED (	ON A PART-TIME AN		UTE BASIS		
	1. CALL	2. PRIOR				4. BASIS OF		RESENT	6 P	ERMITTED
	SIGN	DSE		ERIOD		CARRIAGE		DSE	J. F	DSE
		DOL		EIGD		O/ II (II (II) (OE		DOL		DOL
7	Instructions: Block A In block A:			<b> </b>						
Computation		"Yes," complete blo								
of the	If your answer is	"No," leave blocks	B and C blank	and complete pa	art 8	8 of the DSE schedule	•			
Syndicated			BLOC	k a: Major	TE	LEVISION MARKE	ΞT			
Exclusivity										
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system within	a top 100 major	television marke	et as	s defned by section 76.	5 of FCC ru	les in effect Jun	e 24, 198	31?
	Vec Complete	blocks B and C .				X No—Proceed to	nart 8			
	Tes—Complete	DIOCKS D and C .					parto			
	BLOCK B: C		BLOCH	K C: Compu	utation of Exem	pt DSEs				
	ls any station listed in	,	Was any station listed	in block B (	of part 7 carried	l in any c	ommu			
	or in part, over the cat	1 8 7				nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)				
	• •									
		ation below with its a	propriate permi						e permite	
	X No—Enter zero and proceed to part 8.						X No—Enter zero and proceed to part 8.			
		, <u>, , , , , , , , , , , , , , , , , , </u>		,		Γ	,	Г		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	6N	DSE
		<mark></mark>								
							<u> </u>			
				<b> </b>						
				<b>+</b>						
				+						
				. <mark>.</mark>						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00
				• • • •						

B. Enter the total number of exempt DSEs from block C of part 7	Name	SYSTEM ID# 36835	LEGAL NAM
1       Enter the amound or gross receipts throm space K (page /)       > S       399(151.14         Section       2       A. Enter the total DSEs from block B of part 7       > 0.00       0         C       B. Enter the total number of exempt DSEs from block C of part 7       > 0.00       0         C       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.00         c       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.00         c       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.000         c       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.000         c       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.000         c       Subtract line B from line A and enter here. This is the total number of DSEs       _ 0.000         c       Subtract line B from line A 1000 or lises, compute your surcharge here and leave section 3 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.00599 by the DSE. Enter the result on line A below.         A       Enter 0.00377 of gross receipts (the amount in section 1)       _ \$ \$         D       Nutliply line B by line C and enter here.       _ \$ \$         Enter 0.00377 of gross receipts (the amount in section 1)       _ \$ \$         E. Add lines A and		GE	
2       A. Enter the total DSEs from block B of part 7	7	590,151.14	
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	Computation of the	0.00	-
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	Syndicated Exclusivity	0.00	1
Section Secti	Surcharge	0.00	
Section 3a       • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         Section 3a       Image: Section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.         A. Enter 0.00599 of gross receipts (the amount in section 1)       •         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.       •         Enter the resend on line 2 of block 4 in space L (page 7)       •         Syndicated Exclusivity Surcharge       •         Enter 0.00377 of gross receipts (the amount in section 1)       •         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)       •         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 0.00377 of gross receipts (the amount in section 1)       •         B. Enter 0.00178 of gross receipts (the amount in section 1)       •         B. Enter 0.00178 of gross receipts (the amount in section 2) and enter here       •		4 below.	• Is any
Sa       Image: Yes=Complete part 9 of this schedule.       Image: No=Complete the applicable section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.         A Enter 0.00599 of gross receipts (the amount in section 1).       Image: Signal			
is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.         A. Enter 0.00599 of gross receipts (the amount in section 1)       • \$         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.       •		od?	00001011
B. Enter 0.00377 of gross receipts (the amount in section 1)		If the DSE	
C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here			
line C in section 2) and enter here			I
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         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)         F. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         Section         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.         Enter here and on line 2 of block 4 in space L (page 7)         Syndicated Exclusivity Surcharge.         Did your cable system retransmit the signals of any partially distant television stations during the accounting period?			
Enter here and on line 2 of block 4 in space L (page 7)         Syndicated Exclusivity Surcharge         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)         F. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here         F. Multiply line D by line E and enter here         F. Multiply line D by line E and enter here         Section         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         Did your cable system retransmit the signals of any partially distant television stations during the accounting period?			1
3b       In the lighte 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)			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			
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?			
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			1
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?			1
Did your cable system retransmit the signals of any partially distant television stations during the accounting period?			
Did your cable system retransmit the signals of any partially distant television stations during the accounting period?			
Contion		d?	
4a X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.			Section
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 DSE 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)		If the DSE	i
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			OULE. PAGE 16. SYSTEM ID# 36835
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
8	You m	Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
Computation of Base Rate Fee	<ul> <li>If you</li> <li>If you</li> <li>blank</li> <li>What i</li> <li>were log</li> </ul>	bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below the second station of a station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local te area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS         rour 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 following sections.         BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1 Section 2	Enter the amount of gross receipts from space K (page 7)	
	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)	0.00

#### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
WAV	E DIVISION HOLDINGS LLC	36835	Name			
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 (the amount in section 1) ▶ \$		Computation of			
			Base Rate Fee			
		-				
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$					
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶					
	F. Multiply line D by line E and enter here ▶ \$					
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)					
	Base Rate Fee \$	0.00				
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	t signals shall				
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9			
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		Computation			
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad on, you must:	vantage of this	of Base Rate Fee			
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and			
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Syndicated Exclusivity			
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	aon group.	Surcharge for			
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in particular to the station of the statio		Partially			
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bele cable system is wholly located outside all major television markets, complete block A only.	ow. However,	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 static to that community.	on you	Stations			
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc	ated				
	the station's local service area. A subscriber located outside the local service area of a station is distant to that stat ne token, the station is distant to the subscriber.)	ion (and, by				
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E					
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.						
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber				
•	section:					
	fy the communities/areas represented by each subscriber group.	<b>5</b> .0				
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all obers in the group.	of the				
• lf:						
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,	parts 2, 3, and				
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ock B,				
•	e 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 in paper SA3 form.	structions				
•	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha	0				
DSEs f	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.					

SYSTEM ID#

FORM SA3E. PAGE 19.
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# LEGAL NAME OF OWNER OF CABLE SYSTEM:

E		COMPUTATION O SUBSCRIBER GROL		TE FEES FOR EAC		IBER GROUP	ID
OMMUNITY/ AREA		EY ISLAND		COMMUNITY/ AREA		SUBSCRIBER GROU	0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
BUT - CBC	1.00						
			•••				
			•••				
	··		···				
	<mark></mark>		<mark></mark>				
	<mark></mark>		<mark></mark>				
			4.65				
al DSEs			1.00	Total DSEs			0.00
ss Receipts First Gr	roup	<u>\$</u> 590	0,151.14	Gross Receipts Seco	ond Group	\$	0.00
e Rate Fee First Gr	roup	\$ (	6,279.21	Base Rate Fee Seco	ond Group	\$	0.00
	THIRD	SUBSCRIBER GROU	JP		FOURTH	H SUBSCRIBER GROU	JP
MMUNITY/ AREA			0	COMMUNITY/ AREA	A		0
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			<mark></mark>				
	<mark>.</mark>		<mark></mark>				
	<mark>.</mark>		<mark></mark>				
	··		•••				
al DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Four	th Group	\$	0.00		
e Rate Fee: Add th er here and in block			iber group as	shown in the boxes al	bove.		6,279.21

FORM SA3E.	PAGE	19
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## Nonpermitted 3.75 Stations

BLOCKA: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP         SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         COMMUNITY/ AREA       0         CALL SIGN       DSE       COMMUNITY/ AREA       O       O         Total DSEs       O.000       Total DSEs       O.000       See Rate Fee Second Group       S       O.000       Total DSEs       O.000       See Rate Fee Second Group       COMMUNITY/ AREA       O       O         Total DSEs       CALL SIGN       DSE       CALL SIGN <th colsp<="" th=""><th>LEGAL NAME OF OWNE</th><th></th><th></th><th></th><th></th><th></th><th></th><th>36835 36835</th><th>Name</th></th>	<th>LEGAL NAME OF OWNE</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>36835 36835</th> <th>Name</th>	LEGAL NAME OF OWNE							36835 36835	Name
COMMUNITY/AREA       WHIDBEY ISLAND       COMMUNITY/AREA       0         CALL SIGN       DBE       CALL SIGN       CBE       CBE<	l				ATE FEES FOR EAC			JP		
CALL SIGN         DSE         Call SIGN         Call SIGN         DSE         Call SIGN				COMMUNITY/ ARE/				-		
and       Syndicato         initial initializa initininitial initinitial initialinitinitial initial initinin	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
Column 1       Column 1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
Image: Survey of the second										
Image: Second Group       Image: Second Group<										
Distant Stations									for	
Stations         Stations         Stations         Total DSEs       0.00         Gross Receipts First Group       \$ 590,151.14         Base Rate Fee First Group       \$ 0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE										
Gross Receipts First Group       s       590,151.14       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Common Second       Common Second       Common Second       Common Second       Common Second       C										
Gross Receipts First Group       s       590,151.14       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Common Second       Common Second       Common Second       Common Second       Common Second       C										
Gross Receipts First Group       s       590,151.14       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Common Second       DSE       CALL SIGN       DSE       CALL SIGN										
Gross Receipts First Group       s       590,151.14       Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       Total DSEs       0.00       S       0.00         Gross Receipts Third Group       s       0.00       S       0.00										
Gross Receipts First Group       \$       590,151.14       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Total DSEs       0.00       Total DSEs       0.00       S       0.00										
Base Rate Fee First Group       Image: Source	Total DSEs			0.00	Total DSEs	·		0.00		
THIRD SUBSCRIBER GROUP     FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0       CALL SIGN     DSE       COMMUNITY/ AREA     DSE       CALL SIGN     DSE       CALL S	Gross Receipts First G	roup	<u>\$</u> 590	,151.14	Gross Receipts Sec	ond Group	\$	0.00		
THIRD SUBSCRIBER GROUP     FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0       CALL SIGN     DSE       COMMUNITY/ AREA     DSE       CALL SIGN     DSE       CALL S				[						
COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN		THIRD	SUBSCRIBER GROU							
Image: Construction of the construc	COMMONT I/ AREA			U		A		U		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00							·· =			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
	Total DSEs	-		0.00	Total DSEs	4		0.00		
Base Rate Fee Third Group       \$       0.00	Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee: Add th Enter here and in block			iber group a	as snown in the boxes a	abové.	\$	0.00		

		FORM SA3E. PAGE 20.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 36835			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you must also compute a			
Computation of	First 50 major television market	Second 50 major television market			
Base Rate Fee	INSTRUCTIONS:				
and Syndicated Exclusivity Surcharge for Partially Distant Stations	Indicated clusivitythis schedule.Step 2:In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified a Exempt DSEs in block C, part 7 of this schedule. If none enter zero.forStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.artiallyStep 4:Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to state				
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7				

Cable Worksheet			Total amount of remittance					
	Wol	rksheet						
			Date of remittance	Check	EFT	FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatior	n number			
Space A Accounting Period								
	🗌 Janu	uary 1 - June 30, 2017	[	July 1 - Decem	ber 31, 2017			
	Lette	er sent	[	Information rec	ceived			
		epted	[	Phone call/Date	e/Contact			
Space B Owner								
	Lette	er sent	[	Information rec	ceived			
		epted	[	Phone call/Date	e/Contact			
Space D Area Served								
	Lette	er sent	[	Information rec	ceived			
		epted	[	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	Lette	er sent	[	Information rec	ceived			
and Rates		epted	[	Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Lette	er sent	[	Information re	ceived			
		epted	[	Phone call/Date	e/Contact			
Space H Primary Transmitters:								
Radio		epted	[	Phone call/Date	e/Contact			

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	