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.

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

rate title of the subsidiary, not that of the parent corporation.

WAVE DIVISION HOLDINGS LLC

SA3E Long Form

coplicsoa@loc.gov

For additional information,

Return completed workbook by email to:

STATEMENT OF ACCOUNT

2024/2

Instructions

for Secondary Transmissions by Cable Systems (Long Form)

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

Δ

Accounting Period

Β

Owner

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/27/25	\$					
2/21/25	ALLOCATION NUMBER					

contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-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. 25544 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 2554420242 25544 2024/2

3700 MONTE VILLA PARKWAY BOTHELL WA 98021 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 WAVE BROADBAND MAILING ADDRESS OF CABLE SYSTEM: **3700 MONTE VILLA PARKWAY** 2 (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities Area Served CITY OR TOWN STATE First **CAMANO ISLAND CENTRAL** WA 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 SUB GRP# Alda MD Α 1 Sample Alliance MD в 2 Gering MD в 3 Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
WAVE DIVISION HOLDINGS LLC			25544						
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identifcation hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served					
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-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#						
CAMANO ISLAND CENTRAL SEVEN LAKES	WA WA	A		First					
BIG LAKE	WA WA	A		Community					
LA CONNER	WA	A							
BAYVIEW	WA	Α							
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					
		•••••••••••••••••••••••••••••••••••••••		•					

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEN	
Nume	WAVE DIVISION HOLDI	NGS LLC							25	54
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category									
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, the with the number of subscribers a sufficient.	e: Where an in should be cou able service to once again und has rate catego tiers of service	ndividua inted as addition der "Ser ories fo s that ir	al or organizations a subscriber in al sets would vice to addition or secondary translude one or r	on is receiv n each app be include nal set(s)." ansmissior nore secor	ving service than olicable categor ad in the count u in service that an indary transmiss	t falls under y. Example: inder "Servin re different f ions), list th	different a residential ce to the rom those em, together		
	BLO	DCK 1				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	ſΕ
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter		3,919 53 482	\$ 37.95 \$ 4.52 \$ 9.52						
	Residential Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ran not covered in space E, that is, i service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ran Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	te (not subscri those services re two exception or facilities fur hit in which it is rate column. te charged by t your cable sy separate char otion and inclu	ber) info that are ons: you nished s usually the cab rstem fu ge was de the r	ormation with r e not offered in u do not need t to nonsubscrib y billed. If any le system for e urnished or offe made or estab	espect to a combinati o give rate ers. Rate i rates are c each of the ered during	information co information sho harged on a va applicable serv the accounting	condary tran ncerning (1) uld include l riable per-pi rices listed. I period that	smission o services both the rogram basis, were not e form of a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SEF	RVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RAT	
	Continuing Services: Pay cable Pay cable Add'l channel	\$ 17.00	Install • Mo	ation: Non-res itel, hotel mmercial				d Content	\$8	36. 14.
	• Fire protection •Burglar protection Installation: Residential		• Pa • Pa	y cable y cable-add'l c e protection	hannel		Digital Va Digital Sp Digital Ca	nriety ports	\$ \$ 1	9. 13. 33.
	 First set Additional set(s) FM radio (if separate rate) Converter 	\$ 79.95 \$ 30.00	Other • Re • Dis	rglar protectior services: connect connect	1	\$ 40.00	Cinemax	e/The Movie Cha	\$ 1 \$ 2 \$ 1	20. 15. 20. 19.
				tlet relocation ve to new add	ress		Starz Movieple HD Bonu		\$	18. 5. 7.

LEGAL NAME OF OWNER OF CABLE SYST WAVE DIVISION HOLDINGS					SYSTEM II 2554	Namo			
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every		•		•	,	G			
carried by your cable system during the FCC rules and regulations in effect on a	• •	,		•		G			
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specific FCC rules, regulations, or authorizations:									
• Do not list the station here in space G		space I (the S	Special Stateme	nt and Program L	og)—if the				
station was carried only on a substit List the station here, and also in spac		as carried b	oth on a substitu	ute basis and also	on some othe				
basis. For further information conce									
in the paper SA3 form. Column 1: List each station's call si	an. Do not report	origination p	rogram services	such as HBO. E	SPN. etc. Identif				
each multicast stream associated with			-		-				
ast stream as "WETA-2". Simulcast st VETA-simulcast).	reams must be re	ported in col	umn 1 (list each	stream separatel	y; for example				
Column 2: Give the channel number	r the FCC has as	signed to the	television statio	on for broadcastin	g over-the-air ir				
ts community of license. For example,		4 in Washing	ton, D.C. This n	nay be different fr	om the channe				
on which your cable system carried the Column 3: Indicate in each case wh		is a network	station, an inder	pendent station, o	or a noncommercia				
educational station, by entering the lett	er "N" (for networl	<), "N-M" (for	network multica	ast), "I" (for indepe	endent), "I-M				
for independent multicast), "E" (for nor For the meaning of these terms, see pa		,	•		,				
Column 4: If the station is outside the	ne local service ar	ea, (i.e. "dist	ant"), enter "Yes	s". If not, enter "N					
blanation of local service area, see pag Column 5: If you have entered "Yes					n which you				
cable system carried the distant station	•	-		-	-				
carried the distant station on a part-time									
For the retransmission of a distant n									
5					•				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also	itter or an associa enter "E". If you ca	ition represe arried the cha	nting the primary	y transmitter, ente ner basis, enter "C	er the designa)." For a furthe				
of a written agreement entered into on the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of eacl	itter or an associa enter "E". If you ca see page (v) of the	ition represe arried the cha e general ins	nting the primary annel on any oth tructions located	y transmitter, enten ner basis, enter "C d in the paper SA3	er the designa D." For a furthe 3 form				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the f	ition represent arried the char general inst stations, list name of the o	nting the primary annel on any oth tructions located the community community with	y transmitter, enter ner basis, enter "C d in the paper SA3 to which the station which the station	er the designa D." For a furthe 3 form on is licensed by the				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the f	tion represent arried the char e general insistations, list name of the of separate spa	nting the primary annel on any off tructions located the community community with ace G for each o	y transmitter, enter her basis, enter "C d in the paper SA to which the station which the station channel line-up.	er the designa D." For a furthe 3 form on is licensed by the				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the f	tion represent arried the char e general insistations, list name of the of separate spa	nting the primary annel on any oth tructions located the community community with	y transmitter, enter her basis, enter "C d in the paper SA to which the station which the station channel line-up.	er the designa D." For a furthe 3 form on is licensed by the				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL	itter or an associa enter "E". If you ca see page (v) of the a station. For U.S. s, if any, give the lel line-ups, use a 2. B'CAST	tion represe arried the cha e general ins stations, list name of the separate spi CHANN 3. TYPE	nting the primary annel on any off tructions located the community community with ace G for each of IEL LINE-UP 4. DISTANT?	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station which the station channel line-up. AA 5. BASIS OF	er the designa D." For a furthe 3 form on is licensed by the				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the lel line-ups, use a 2. B'CAST CHANNEL	tion represe arried the cha e general ins stations, list name of the separate sp CHANN 3. TYPE OF	nting the primary annel on any off tructions located the community community with ace G for each of IEL LINE-UP 4. DISTANT? (Yes or No)	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station which the station channel line-up. AA 5. BASIS OF CARRIAGE	er the designa D." For a furthe 3 form on is licensed by the is identifec				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the lel line-ups, use a 2. B'CAST CHANNEL NUMBER	tion represe arried the cha e general ins stations, list name of the separate spi CHANN 3. TYPE	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No)	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the r lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2	tition represel arried the cha e general insistations, list name of the e separate sparate sparate CHANN 3. TYPE OF STATION	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station which the station channel line-up. AA 5. BASIS OF CARRIAGE	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC				
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28	tition represel arried the cha e general insistations, list name of the of separate sparate sparate CHANN 3. TYPE OF STATION I E	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA	See instructions for			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the r el line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13	tion represel arried the cha e general insistations, list name of the o separate spinor CHANN 3. TYPE OF STATION I E N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA	See instructions for additional informatio on alphabetization.			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of eacl FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28	tition represel arried the cha e general insistations, list name of the of separate sparate sparate CHANN 3. TYPE OF STATION I E	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional informatio			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the r el line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13	tion represel arried the cha e general insistations, list name of the o separate spinor CHANN 3. TYPE OF STATION I E N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA	additional informatio			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of eacl FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the livel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9	tion represel arried the cha e general insistations, list name of the of separate sparate sparate CHANN 3. TYPE OF STATION I E N E	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional informatio			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2	tion represel arried the cha e general insistations, list name of the o separate sparate sparate CHANN 3. TYPE OF STATION I E N E E	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA	additional informatio			
the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the h lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3	tion represel arried the cha e general insistations, list name of the of separate sparate sparate CHANN 3. TYPE OF STATION I E N E E E	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information			
he cable system and a primary transm ion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies!	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1	tion represel arried the cha e general insistations, list name of the of separate sparate sparate CHANN 3. TYPE OF STATION I E N E E E N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information			
he cable system and a primary transm ion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5	tion represel arried the cha e general insistations, list name of the of separate sparate sparate OF STATION I E E E N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Ves No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information			
he cable system and a primary transm ion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann I. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT2 - True Crime	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2	tion represel arried the cha e general insistations, list name of the of separate spinistrations, list name of the of separate spinistration CHANN 3. TYPE OF STATION I E N E E E N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe 3 form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA SEATTLE, WA	additional information			
the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6 : Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KINGDT2 - True Crime KINGDT3 - Quest	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the h lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3	tion represel arried the cha e general insistations, list name of the of separate sparate CHANN 3. TYPE OF STATION I E E E E N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Ves or No) No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional information			
the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT3 - Quest KINGDT3 - Quest KINGDT4 - THE365	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4	tion represent arried the char e general insistations, list name of the of separate sparate sparate OF STATION I E N E E E N N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional information			
he cable system and a primary transm ion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann I. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT3 - Quest KINGDT4 - THE365	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the h lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7	tion represel arried the cha e general insistations, list name of the of separate sparate CHANN 3. TYPE OF STATION I E E E E N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Ves or No) No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional information			
he cable system and a primary transm ion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann I. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4	tion represent arried the char e general insistations, list name of the of separate sparate sparate OF STATION I E N E E E N N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional information			
the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the h lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7	tion represel arried the cha e general insistations, list name of the of separate sparate sparate OF STATION I E N E E E N N N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by the is identified 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional informatio			
the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann 1. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KING - NBC KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS KIRODT2 - Cozi TV	itter or an associa enter "E". If you ca see page (v) of the n station. For U.S. s, if any, give the te lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2	tion represent arried the char e general insistations, list name of the of separate sparate sparate OF STATION I E E E N N N N N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Ves No No No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by this is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional informatio			
the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian station: Note: If you are utilizing multiple chann I. CALL SIGN CBUT - CBC KBTC - PBS KCPQ - FOX KCTS - PBS KCTSDT2 - PBS Kids KCTSDT3 - Create KFFV - MeTV KFFVDT 2- Movies! KINGDT2 - True Crime KINGDT3 - Quest KINGDT4 - THE365 KIRO - CBS KIRODT2 - Cozi TV KIRODT3 - Laff	itter or an associa enter "E". If you ca see page (v) of the h station. For U.S. s, if any, give the h lel line-ups, use a 2. B'CAST CHANNEL NUMBER 2 28 13 9 9.2 9.3 44.1 44.2 5 5.2 5.3 5.4 7 7.2 7.3	tion represel arried the cha e general insistations, list name of the of separate spinistrations, list name of the of separate spinistration CHANN 3. TYPE OF STATION I E N N E E E N N N N N N N N N N N N	nting the primary annel on any oth tructions located the community with ace G for each of EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No No No No	y transmitter, enter her basis, enter "C d in the paper SA3 to which the station channel line-up. AA 5. BASIS OF CARRIAGE (If Distant)	er the designa D." For a furthe B form on is licensed by this is identifec 6. LOCATION OF STATION VANCOUVER, BC TACOMA, WA TACOMA, WA SEATTLE, WA	additional information			

FORM SA3E. PAGE 3.		07514			OVOTEM ID#		
LEGAL NAME OF OWNE					SYSTEM ID# 25544	Name	
		-			23344		
PRIMARY TRANSMITTE							
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA	ystem during t ons in effect o .61(e)(2) and tations: With C rules, regula here in space only on a subs and also in spa formation cond rm. h station's call associated wit -2". Simulcast	the accountin n June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut G—but do lis stitute basis ace I, if the st cerning subst sign. Do not h a station ac streams mus	g period except 081, permitting to 281, permitting to 261, paragraph y distant station horizations: st it in space I (t ation was carrie itute basis station report origination coording to its or at be reported in	(1) stations carrithe carriage of ce 61(e)(2) and (4)) as carried by your the Special State ed both on a sub- ons, see page (v) on program servio ver-the-air design column 1 (list ea	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program ment and Program Log)—if the stitute basis and also on some othe of the general instructions located ces such as HBO, ESPN, etc. Identify nation. For example, report multi ach stream separately; for example ation for broadcasting over-the-air ir	G Primary Transmitters: Television	
on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servit Column 5: If you ha cable system carried th carried the distant stati For the retransmission of a written agreement the cable system and a tion "E" (exempt). For seven the set the Column 6: Give the	estem carried t in each case entering the le cast), "E" (for n se terms, see ation is outside ce area, see p ave entered "Y he distant stati on on a part-ti ion of a distan entered into o a primary trans simulcasts, als ree categories a location of ea Canadian statio	he station whether the s etter "N" (for r ioncommercia page (v) of the age (v) of the age (v) of the ces" in colum on during the me basis bec t multicast str n or before J smitter or an a o enter "E". If a, see page (v ach station. Frons, if any, giv	station is a netw network), "N-M" al educational), ne general instru- vice area, (i.e. ' e general instruct a 4, you must co accounting per vause of lack of eam that is not une 30, 2009, b association repr f you carried the () of the general or U.S. stations we the name of	rork station, an in (for network mul or "E-M" (for non- uctions located in "distant"), enter " ctions located in to omplete column s iod. Indicate by a activated channe subject to a roya between a cable s esenting the print channel on any instructions loca , list the community w	Yes". If not, enter "No". For an ex he paper SA3 form 5, stating the basis on which you entering "LAC" if your cable syster el capacity Ity payment because it is the subjec system or an association representin hary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifec		
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KOMODT3 - Char	4.3	N	No		SEATTLE, WA		
KONG - Independ	16	I	No		EVERETT, WA		
KSTW - Independ		I	No		TACOMA, WA		
KSTWDT2 - Deca	11.2	· N	No		TACOMA, WA		
KTBW - TBN	20	N	No		SEATTLE, WA		
KUNS - CW	51.1	N	No		BELLEVUE, WA		
KUNSDT2 - TBD	51.2	N	No		BELLEVUE, WA		
KUNSDT3 - The N	51.3	N	No		BELLEVUE, WA		
KVOS - Heroes &	12.1	N	No		BELLINGHAM, WA		
KVOS DT4- Catch	12.4	N	No		BELLINGHAM, WA		
KWPX - ION	33	N	No		BELLEVUE, WA		
KWPX DT3 - Bour	33.3	N	No		BELLEVUE, WA		
KZJO - MyNetwor							
KZJODT3 - Anten	22.3	N	No		SEATTLE, WA		
				1			

Name	LEGAL NAME OF							SYSTEM ID# 25544	
Н	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally								
Primary Transmitters: Radio	receivable if (1) on the basis of For detailed inf located in the p Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation about paper SA3 forr dentify the cal State whether f the radio star this by placin Give the statio	y the sys be rece ut the the n. I sign of the station tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. gnal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an s on this point, se used by the cable the station is lice	eadend, and tenna, during e page (vi) of system as a nsed by the F	(2) it can certain the gen separate	n be expected, stated intervals. eral instructions	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		I							

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2024/2												
LEGAL NAME OF OWNER OF						SYSTEM ID# 25544	Name					
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G								
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.												
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?												
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	must complete the p	orogram						
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Call Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progr ace, please of every no a distant sta egulations, i ation. Do no Lucy" or "N m was broa sign of the adcast stati nadian stati nth and day ve "5/7." nes when th . Example: ter "R" if the and regulat rogramming	am on a separ attach addition connetwork tele tion and that y or authorizatio ot use general BA Basketball adcast live, ent station broadc ion's location (ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect c	hal pages. vision program (substitute our cable system substitu ns. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:00 n was substituted for prog luring the accounting period	program) tha ted for the pro- eneral instruc- or "basketbal "No." ram. e station is li- e program. U r cable syste l:15 p.m. to 6 ramming that od; enter the l	at, during the accoun ogramming of anoth tions located in the I". List specific prog censed by the FCC entified). se numerals, with the m. List the times ac 5:28:30 p.m. should t your system was r letter "P" if the listed	nting her station paper gram or, in he month ccurately be equired t pro						
s	UBSTITUT	E PROGRAM	I		N SUBSTITUTE	7. REASON FOR						
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — 1	DELETION						
					_							
					_							
					_							
					_							
		+										
	·											
	·											

FORM	SA3E. PAGE 7.							
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
WA	VE DIVISION HOLDINGS LLC		25544	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. IMPORTANT: You must complete a statement in space P concerning gross receipts.								
 Instru Con Con If you fee feet If you 	 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 							
bloc	k 3 below.							
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on line 2	2 in block					
▶ If pa	elow. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered c	on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	1,822,602.33					
	This is your minimum fee.	\$	19,392.49					
		Ŧ	.0,002.10					
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period year. No—Leave block 3 below blank and control to the state of the state of	nn 4, you must c	sheck					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	19,392.49					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	19,392.49					
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, sociar 3 or 4) or part 9 (block B) of the DSE schedule. If page, apta 	\$	19,392.49	Cable systems submitting				
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	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				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	appropriate form for submitting the					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of t	he	additional fees.				

	r											FC	RM SA3E	
Name	LEGAL NAME OF OWN												515	TEM ID# 25544
M	CHANNELS Instructions: Yo to its subscribers	-					-					ons		
Channels				nels on which the ast stations								33]
		ble system	o carrie	ited channels ed television broa								329]
N Individual to	INDIVIDUAL TO we can contact a				NFORMAT	TION IS NI	EEDED: (lo	dentify a	an individ	ual				
Be Contacted for Further Information	Name Bria	n Cioffi								Teleph	one 63	1-609-0917	7	
	(Numbe		al route, a	d East, Suite , apartment, or suite r										
		wn, state, zip)))	fi@astound.co	om			Fax	x (optiona	al)				
	CERTIFICATION	This statem	ment of	of account must be	e certifed a	and signed	in accorda							
O Certifcation	• I, the undersigne	d, hereby ce	ertify th	hat (Check one, <i>bı</i>	ut only one ,	, of the box	es.)							
	Owner other	than corpor	oration	l or partnership) ∣	I am the ow	vner of the o	cable syste	em as ide	entifed in	line 1 of sp	ace B; o	r		
				rporation or partr the owner is not a				d agent o	of the owr	ner of the ca	able syst	em as identifie	d	
	(Officer or pa in line 1 of		an offic	icer (if a corporatio	on) or a part	tner (if a pa	rtnership)	of the le	gal entity	identifed as	s owner	of the cable sy	stem	
	I have examined are true, complete [18 U.S.C., Section	, and correc	ct to the		-		-				tained he	erein		
		X	ls/	s/ Parisa Saleha	ani									
		(e.g., /s	's/ John	ctronic signature on n Smith). Before er type /s/ and your na	ntering the f	first forward	slash of the	e /s/ sigr	nature, pla	ace your cur	rsor in the		the "F2"	
		Typed	d or prii	rinted name: Pa	arisa Sal	lehani								
		Title:		enior Vice Pre										
		Date:	Feb	oruary 28, 2025										
	: Section 111 of title ⁻ cess your statement of													

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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t 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 lay

FORM SA3E, F	PAGE9
--------------	-------

LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the ba service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	sic de sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in a paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	/ment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest 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	-)274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** 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 or filing.	riginal	
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 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	. , .	ne

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: SYSTEM ID#								
1	WAVE DIVISION HOLDI	NGS LLC				25544			
	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. 1.00								
2	of space G (page 3).	the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv	: for each indepe e the DSE as ".2	endent station, give the DSE 25."	E as "1.0"; for	each network or noncom-				
Category "O"			CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBUT - CBC	1.000							
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
			-	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••			

	LEGAL NAME OF	OWNER OF CABLE SYSTEM:					DSE SCHEDU	LE. PAGE 12. YSTEM ID#
Name	WAVE DIVIS	SION HOLDINGS LLC						25544
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Li Column 2 figure should Column 2 be carried ou Column 2 give the type Column 0	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper						
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	URS C ED BY S	IUMBER DF HOURS STATION DN AIR	4. BASIS OF CARRIAG VALUE		-	E
			÷			×	=	
						x x		
			÷		•	x		
			÷ ÷			x x	=	
			÷				=	
			÷			x	=	
	Add the DSEs	s OF CATEGORY LAC of each station. um here and in line 2 of		ule,		0.00]	
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effections in effections in effections in effections and cast of space 1). Column 2: at your option. Column 3: Column 4:	d by your system in subs ect on October 19, 1976 one or more live, nonnetw For each station give th This figure should corre Enter the number of day Divide the figure in colu	stitution for a progra (as shown by the le vork programs durin e number of live, no espond with the info ys in the calendar y mn 2 by the figure i	m that your syste etter "P" in column g that optional car onnetwork prograr rmation in space ear: 365, except ii n column 3, and g	m was permitted 7 of space I); a riage (as shown I ns carried in sub I. n a leap year. ive the result in	Programs) if that station d to delete under FCC rul ind by the word "Yes" in colum ostitution for programs th column 4. Round to no le f the general instructions	les and regular n 2 of at were deleted ess than the thirc	form)
		SU	BSTITUTE-BA			ATION OF DSEs		(
	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
								-
			-	Ē		•		=
			•	=		÷		=
			+	=		*		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of		ule,		0.00]	
5 Total Number of DSEs	number of DSE 1. Number of 2. Number of	ER OF DSEs: Give the ar is applicable to your syste of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		es in parts 2, 3, an	d 4 of this sched	ule and add them to provid	te the total 1.00 0.00 0.00	
	TOTAL NUMBE	ER OF DSEs						1.00

		SVSTEM.					~	VOTEM ID#	
	L NAME OF OWNER OF CABLE SYSTEM: /E DIVISION HOLDINGS LLC						S	YSTEM ID# 25544	Name
nstructions: Blo	ck A must be com	pleted.							
In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the								6	
chedule. If your answer if	"No," complete blo	ocks B and C	below.						
5	· •			TELEVISION M	ARKETS				Computation
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.								ulations in	3.75 Fee
	plete part 8 of the plete blocks B and		O NOT COMI	PLETE THE REMA	AINDER OF P	PART 6 AND 7			
		BLOO	CK B: CARR		MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below ro Act of 2010.)	urther explana	ition of permitte	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	iles and regu ed pursuant f on as defined	lations cited b to the FCC ma d in 76.5(kk) (7	asis on which you c elow pertain to tho irket quota rules [7/ 76.59(d)(1), 76.61(d 2(c) 76.61(d) 76.61	se in effect or 6.57, 76.59(b e)(1), 76.63(a	n June 24, 198), 76.61(b)(c),) referring to 7	76.63(a) referring	to	
	D Grandfathered instructions for E Carried pursua *F A station pre	d station (76.) or DSE sched ant to individu viously carrie JHF station w	 C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] 						
Column 3:		e stations ide determine the	ntified by the l	parts 2, 3, and 4 etter "F" in column	2, you must o		orksheet on page	14 of 3. DSE	
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the leep of the lee	n parts 2, 3, and 4 etter "F" in column	2, you must o	complete the w			
1. CALL	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE	ntified by the less DSE.)	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must o	complete the w	2. PERMITTED		
1. CALL SIGN	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE 1.00	ntified by the l	parts 2, 3, and 4 etter "F" in column 2. PERMITTED	2, you must c	complete the w	2. PERMITTED	3. DSE	
1. CALL SIGN CBUT - CB	*(Note: For those this schedule to o 2. PERMITTED BASIS	e stations ide determine the 3. DSE 1.00 E	ntified by the l DSE.) 1. CALL SIGN BLOCK C: CC	2. PERMITTED BASIS	2, you must c	complete the w	2. PERMITTED	3. DSE	
1. CALL SIGN CBUT - CB	*(Note: For those this schedule to o 2. PERMITTED BASIS D	a stations ide determine the 3. DSE 1.00 E DSEs from	ntified by the l DSE.) 1. CALL SIGN BLOCK C: CC	2. PERMITTED BASIS	2, you must c	complete the w	2. PERMITTED	3. DSE	
1. CALL SIGN CBUT - CB	*(Note: For those this schedule to of 2. PERMITTED BASIS D D E total number of e sum of permitte line 2 from line 2	e stations ide determine the 3. DSE 1.00 E DSEs from ed DSEs from 1. This is the	ntified by the l DSE.) 1. CALL SIGN BLOCK C: CC part 5 of this m block B ab e total numbe	2. PERMITTED BASIS	2, you must of 3. DSE 5. 3.75 FEE 5. to the 3.75	1. CALL SIGN	2. PERMITTED	3. DSE	
1. CALL SIGN CBUT - CB	*(Note: For those this schedule to of 2. PERMITTED BASIS D D E total number of e sum of permitte line 2 from line 2	e stations ide determine the 3. DSE 1.00 E DSEs from ed DSEs from 1. This is the plank and pr	ntified by the line DSE.) 1. CALL SIGN BLOCK C: CC part 5 of this m block B ab e total numbe oceed to part	2. PERMITTED BASIS DMPUTATION OI schedule ove	2, you must of 3. DSE 5. 3.75 FEE 5. to the 3.75	1. CALL SIGN	2. PERMITTED	3. DSE	DSEs represe
1. CALL SIGN CBUT - CB ine 1: Enter the ine 2: Enter the ine 3: Subtract (If zero, I ine 4: Enter gro	*(Note: For those this schedule to of 2. PERMITTED BASIS D D E total number of e sum of permitte line 2 from line 7 leave lines 4–7 b	a stations ide determine the 3. DSE 1.00 E DSEs from ed DSEs from 1. This is the plank and pr a space K (p	ntified by the lease DSE.) 1. CALL SIGN BLOCK C: CC part 5 of this m block B ab total numbe oceed to part age 7)	2. PERMITTED BASIS DMPUTATION OI schedule ove	2, you must of 3. DSE 5. 3.75 FEE 5. to the 3.75	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	Do any of th DSEs represe partially permited/ partially
1. CALL SIGN CBUT - CB ine 1: Enter the ine 2: Enter the ine 3: Subtract (If zero, I ine 4: Enter gro	*(Note: For those this schedule to of BASIS D D E total number of e sum of permitte line 2 from line 7 leave lines 4–7 b Doss receipts from	e stations ide determine the 3. DSE 1.00 E DSEs from ed DSEs from back and pr a space K (p and enter st	ntified by the line of DSE.) 1. CALL SIGN BLOCK C: CC part 5 of this m block B ab total numbe oceed to part age 7) um here	2. PERMITTED BASIS DMPUTATION OI schedule ove	2, you must of 3. DSE 5. 3.75 FEE 5. to the 3.75	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	DSEs represe partially permited/

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IWAVE DIVISION HOLDINGS LLC255								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. 								
		PERMITTED DS	E FOR STATIONS CARRI	ED ON A PART-TIME AN	D SUBSTITUTE BASIS				
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE			
7 Computation of the		"Yes," complete bloc	ks B and C, below. and C blank and complete	part 8 of the DSE schedu	le.	L			
Syndicated			BLOCK A: MAJOR	TELEVISION MARKE	ET				
Exclusivity Surcharge	 Is any portion of the c X Yes—Complete 	-	op 100 major television marl	ket as defned by section 76		ne 24, 1981?			
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exem	npt DSEs			
		on that places a grad ble system?	primary stream of a e B contour, in whole ropriate permitted DSE	nity served by the cab to former FCC rule 76.	in block B of part 7 carrie le system prior to March 3 159) ation below with its appropria nd proceed to part 8.	31, 1972? (refer			
	CALL SIGN CBUT - CBC	DSE C/ 1.00	ALL SIGN DSE	CALL SIGN CBUT - CBC	DSE CALL SI 1.00				
		ТО	TAL DSEs 1.00		TOTAL D	BEs 1.00			

DSE SCHEDULE. PAGE 14.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	SYSTEM ID# 25544	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	1,822,602.33	7
Section 2	A. Enter the total DSEs from block B of part 7	1.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	1.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. Xi 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.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
0.1			
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)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD	. 2024/2	DSE SCHEDULE. PAGE 1	_
Name		IE OF OWNER OF CABLE SYSTEM: SYSTEM ID	
	\ \	VAVE DIVISION HOLDINGS LLC 2554	4
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		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	
8 Computation	You m 6 was • In blo	tions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	-	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		cated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	
	3011100		
		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. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)▶ \$	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		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	ιI

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
WAV	E DIVISION HOLDINGS LLC 25544	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		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
	C. Multiply line B by 3.000 and enter here \$	
	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	
IMPOF	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	istead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	pace o.	-
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
this ex	clusion, 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.	Exclusivity Surcharge
Finally	r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	o 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
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	e 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	
	iber 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.	
	u ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
• Ident	ify the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• If:		
, .	r system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
	of this 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,	
, ,	t 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 t	bute 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 ctual calculations on the form.	

LEGAL NAME OF OWNE						S	YSTEM ID# 25544	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	IP	SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA	CAMAN	IO ISLAND CENT	RAL, SE	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CBUT - CBC	1.00							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								otations
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,822	,602.33	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$ 19,	,392.49	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs	1 1		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	<u>\$</u>	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$	19,392.49	

Nonpermitted 3.75 Stations

and Syndiades of the set rate fee for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscriber group as shown in the base rate fee. for each subscrib	LEGAL NAME OF OWNE						S	YSTEM ID# 25544	Name
CALL SIGN DEE	В				TE FEES FOR EAC				
CALL SIGN DSE Total DSE Total DSE 0.00 Stations Total DSE 0.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <							SUBSCRIBER GROU		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and and Syncicates Call SIGN DSE CALL SIGN DSE CALL SIGN DSE and Syncicates Call SIGN DSE Call SIGN DSE Call SIGN DSE and Syncicates Call SIGN DSE Call SIGN DSE Call SIGN DSE Call SIGN Fold DSEs 0.00 1 Total DSEs 0.00 Social Statistics 0.00 Stations 1 1 1 1 1 1 1 1 Stations 0.00 1 Total DSEs 0.00 0.00 0.00 0.00 0.00 0.00 Stations 1 1.822,602.33 Communitry/ AREA 0 Communitry/ AREA 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	COMMUNITY/ AREA	CAMAN	IO ISLAND CEN	RAL, SI	COMMUNITY/ AREA			U	-
and syndicates Syndicates Syndicates Syndicates Successful Successful Successful Second Group Total DSEs 0.00 Total DSEs 0.00 Total DSEs 0.00 Total DSEs 0.00 Total DSEs 0.00 COMMUNITY/ AREA			CALL SIGN	DSE		1	CALL SIGN	DSE	
Syndicates Sourcharge Foral DSEs 0.00 Total DSEs 0.00 State Rate Fee First Group \$ 0.00 Total DSEs 0.00 Total DSE CALL SIGN DSE CALL SIGN </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Base Rate Fo</td>									Base Rate Fo
CALL SIGN DSE CALL SIGN CALL SIGN<									
Column Surcharge Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 1,822,602.33 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/AREA COMMUNITY/AREA 0 COMMUNITY/AREA 0 COMMUNITY/AREA 0 CALL SIGN DSE Cold DSEs 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. <									
Partially India DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 1.822_602.33 Gross Receipts Second Group \$ 3ase Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 Cold DSEs 0.00 Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 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 Community of the subscriber GROUP 0 Cold DSEs 0.00 DSE CALL SIGN DSE CALL SIGN DSE Cold DSEs 0.00 Total DSEs 0.00 Gross Receipts Fourth Group 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. State Total State State State State State State Sta									
Distant Stations Distant Stating Distant St									for
Stations									-
Total DSEs 0.00 Gross Receipts First Group 1,822,602.33 Gross Receipts 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 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 Total DSEs 0.00 Gross Receipts Fourth Group 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Gross Receipts First Group \$ 1,822,602.33 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 GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE									otations
Gross Receipts First Group \$ 1,822,602.33 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 State Fee First Group \$ 0.00 Base Rate Fee Second 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 CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 \$ 0.00									
Gross Receipts First Group \$ 1,822,602.33 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 GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROUP CALL SIGN DSE CALL SIGN DSE			-				_		
Gross Receipts First Group \$ 1,822,602.33 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 State Fee First Group \$ 0.00 Base Rate Fee Second 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 CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 \$ 0.00									
Gross Receipts First Group \$ 1,822,602.33 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 GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Gross Receipts Third Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group S 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. State Fee: Add the base rate fees for each subscriber group as shown in the boxes above. State Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts First Group \$ 1,822,602.33 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 O O COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE CALL SIGN DSE CALL SIGN DSE GRUE SIGN DSE GRUE SIGN GRUE SIGN GRUE SIGN				0.00				0.00	
Base Rate Fee First Group g 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 CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CIAL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 Gross Receipts Fourth Group S 0.00 DSE									
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE Gross Receipts Fourth Group \$ Sase Rate Fee Third Group \$	Gross Receipts First G	Group	\$ 1,822	,602.33	Gross Receipts Seco	nd Group	\$	0.00	
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 DSE Community Annotation of the set	Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Control of the same rate fees for each subscriber group as shown in the boxes above. DSE CALL SIGN DSE CALL SIGN DSE		THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
Image: Construction of the base rate fees for each subscriber group as shown in the boxes above. Image: Construction of the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs		· 	0.00	Total DSEs	·		0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	s	0.00	
			L			r.	L		
				criber group	as shown in the boxes	above.	\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	WAVE DIVISION HOLDINGS LLC	25544						
	BLOCK B: COMPLITATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	by section 76.5 of FCC rules in effect on June 24, 1981:							
Base Rate Fee and Syndicated Exclusivity	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for community this 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 as						
Surcharge for Partially Distant Stations	 Exempt DSEs in block C, part 7 of this schedule. If none er Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form. 	of DSEs used to compute the surcharge.						
	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	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	total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH 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	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	subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page							