Multi-Channel Video Program Distributor EEO Program
Annual Report

Read INSTRUCTIONS Before Filling Out Form

SECTION I IDENTIFYING INFORMATION

A. Name of Operator:
WAVEDIVISION VI, LLC

MSO Name:
WAVE BROADBAND

B. Employment Unit's Mailing Address
401 KIRKLAND PARKPLACE
SUITE 500
City
KIRKLAND
State
WA
Zip Code
98033-

FCC Registration Number:
0015637911

Emp. Unit ID # 12134

Application Purpose
☒ New Program Report
☐ Amendment to Program Report

☐ Supplemental Investigation Sheet (SIS) Attached

C. County and State in which unit's employment office is located
YOLO, CA

D. Category of Respondent (check applicable box)
☐ Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V
☒ Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached

E. Pay Period Covered by this Report (inclusive dates) 9/1/10-9/14/10

F. Attachments: (See "Exhibit" buttons, below.)

SECTION II COMMUNITY INFORMATION

<table>
<thead>
<tr>
<th>Ident No.</th>
<th>Name of Community</th>
<th>Location (State)</th>
<th>Type</th>
</tr>
</thead>
</table>

Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE OPERATORS AND NOT TO OTHER MVPD UNITS.

SECTION III EEO POLICY AND PROGRAM REQUIREMENTS

Check YES or NO to each of the following questions. If answer to any question below is NO, attach as Exhibit B an explanation.

[Exhibit 1]
[Exhibit 2]
### SECTION IV ADDITIONAL INFORMATION

You may provide as Exhibit C any additional information that you believe might be useful in evaluating your efforts to comply with the Commission's EEO provisions. There is no requirement to provide additional data or information.

[Exhibit 3]

### SECTION V CERTIFICATION

This report must be certified as follows:

A. By the individual owning the reporting system if individually owned;
B. By a partner, if a partnership; or
C. By an officer, if a corporation or association.

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHIEF OPERATING OFFICER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Respondent</th>
</tr>
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<tbody>
<tr>
<td>9/24/2010</td>
<td>STEVE FRIEDMAN</td>
</tr>
</tbody>
</table>

| Telephone No. (include area code) | 4258961882 |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 505).

### Exhibits