THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 201'SA3

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

		Return to:
FOR COPYRIGHT	OFFICE USE ONLY	Library of Copyright
DATE RECEIVED	AMOUNT	Licensing
		101 Indep
	\$	Washingto (202) 707
03/01/2018	ALLOCATION NUMBER	For courie
		page ii of
		instruction

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sing Division ndependence Ave. SE nington, DC 20557-6400 707-8150

ourier deliveries, see ii of the general ictions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	July 1 – December 31, 2017			
Period				
B Owner	Instructions: Your file has been established under the information given belo incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account in the conduct of the	a subsidiary of and ess of the cable sys er on the last day of counting period.	other corporation, give the tem.	e full corpo- hould submit
	CSC HOLDINGS, LLC			
				028910 2017/2
	1 Court Square, 45th Floor Long Island City, NY 11101			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•	•	•
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the addres	ss given in space B.
System	1 Altice USA, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(Number, street, fural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identif	y only the frst con	nmunity served below	and relist on page 1b
Area Served	with all communities.	lot a TE		
First	CITY OR TOWN Bronx	STATE		
Community	Below is a sample for reporting communities if you report multiple ch		Space G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	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 effects 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.

Form SA3c Rev: 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
CSC HOLDINGS, LLC			028910	Name		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.						
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-	in for all) then eith	er associate			
all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-community-by-comm	the column blank. relevant communi munity basis, associated a subscriber gro	If you report any s ty with a subscribe	tations r group, nity with a			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
Bronx	NY	AA	1	First		
Airmont	NY	AB	3	Community		
Allamuchy	NJ -	AK	13			
Allendale	NJ	AB	2			
Alpine	- <u>NJ</u>	AB	2			
Amenia Township	- + <u>NY</u>	+ AI	11			
Ardsley	-	† AE	6			
Beacon	- <u>N </u>	+ A	11			
Bedford (Ossining)	-	AG	8 8			
Bedford (Yorktown)	- + <u>N</u>	+ AJ +	12			
Bergenfield	-	AB	2			
	- + NY	+				
Blooming Grove	- +	AI	11			
Bloomingdale	NJ	AB	3			
Bogota	_	AB	2			
Boonton	_	AK	13			
Boonton Township	_	AK	13			
Briarcliff Manor	_	AG	8			
Bridgeport	_ CT	AC	4			
Bronxville	NY	<u>AE</u>	66			
Buchanan	NY	<u>AG</u>	8			
Butler	NJ NJ	AB	33			
Cedar Grove	NJ	AB	2			
Chatham	NJ NJ	AK	13			
Chester	NY	AG]	99			
Chestertown	NY	AG	99			
Chestnut Ridge	NY NY	AB	3			
Clarkstown	NY	AB	3			
Clifton	NJ	AB	2			
Clinton	NY	Al	11			
Closter	NJ	AB	2			
Cold Spring	NY NY	AI	11			
Cortlandt	NY NY	AG	8			
Cresskill	NJ	AB	2			
Croton-on-Hudson	NŸ	AG	8			
Darien	СТ	AF	7			
Demarest	NJ	AB	2			
Denville	NJ	AK	13			
	NY	I AE]	6			
Dabba Farm.			<i></i> .			
Dobbs Ferry	NJ	AK	13			
Dobbs Ferry		AK AI	13			
Dobbs Ferry Dover	NJ	+				
Dobbs Ferry Dover Dover Township Dumont East Fishkill	N <u>J</u>	A	11			
Dobbs Ferry Dover Dover Township Dumont	NJ NY NJ	AB AB	11 2			

EGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC			028910	Name
nstructions: List each separate community served by the cable system. A "commun FCC rules: "a separate and distinct community or municipal entity (including unincareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the "first community." Please use it as the	corporated communit e frst community that	ties within unincorp t you list will serve	porated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.	home parks should b	pe reported in pare	entheses	
f all communities receive the same complement of television broadcast stations (i.e. all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-contract channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns.	e the column blank. th relevant communit nmunity basis, assoc and a subscriber gro	If you report any say with a subscribe	tations r group, nity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Eastchester	NY	AE	6	First
Easton	CT	AF	7	Community
Elmsford	NY	AE	6	
Elmwood Park	NJ	AB	2	
Emerson	NJ	AB	2	
Esopus	NY	AI	11	
airfield	CT	AC	4	
airlawn	_ NJ	AB	2	
Fishkill Town	NY NY	AI	11	
Fishkill Village	NY NY	AI	11	
Florham Park	NJ NJ	AK	13	
Florida	NY NY	AG	99	
Franklin Lakes	NJ NJ	AB	2	
Garfield	NJ	<u>AB</u>	2	
Glen Rock	_ _ NJ	<u>AB</u>	2	
Grandview 	_ _ NY	<u>AB</u>	3	
Greensburgh	NY	AE	6	
Greenville	_ _ NY	AG	9	
Greenwich	CT	AF		
Greenwood Lake	<u>NY</u>	AG	9	
Hackensack Haledon	_	AB	2	
Janavar Tavrackin	NJ	AB AK	· $\frac{2}{13}$	
	- + NY	+ A +	· - 13	
Jarrin et an	NJ	AB	1 1	
Harrington Harrison	- + NY	AH AB	10	
Inchround Unights	NJ	1 <u>AB</u> 1	2	
lactings on Hudson	NY	1 - AE	6	
Javoretraw Town	NY	ÂĞ	8	
laverstraw Village	NY	AG	8	
laworth	NJ	AB	2	
lawthorne	NJ	AB -	2	
lillburn	NY	AB	3	
Hillsdale	NJ	AB	2	
lo Ho Kus	_ NJ	AB	2	
lopatcong	NJ	AK	13	
Hyde Park	NY	AI	11	
rvington	NY	AE	6	
Jefferson Township	NJ	AK	13	
		Al	11	
Kent	NY			
Kent Kinnelon	NJ	AB	3	
Kent			3 11 6	

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
CSC HOLDINGS, LLC			028910	Name		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.						
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave						
on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	relevant communi nunity basis, assoc nd a subscriber gro	ty with a subscribe	r group, nity with a			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
Lewisboro	NY	AJ	12	First		
Lincoln Park	NJ -	AB	3	Community		
Little Falls	NJ -	AB	2	•		
Lloyd	NY	AI	11			
Lodi	NJ -	† AB	2			
Madison	NJ	1 AK	13			
Mahwah	<u>NJ</u>	AB	3			
Mamaroneck Town	NY	1 - AE	6			
Mamaroneck Village	NY	+ AE	6			
Marlborough	NY	† A	11			
Matamoras		+ A G	9			
Maywood		AB	3			
Maywood Midland Park	NJ	AB	2			
		+				
Milan	NY	AI	11			
Milford	CT	<u>AD</u>	5			
Millbrook Village	NY	Al	11			
Millerton Village	NY	Al	11			
Mine Hill	NJ	AK	13			
Minisink	NY	<u>AG</u>	9			
Monroe Town	<u>NY</u>	<u>Al</u>	<u> </u>			
Monroe Village	NY	AI	11			
Montague Township	NJ	AG]	9			
Montebello	NY NY	AB	3			
Montvale	NJ	AB	3			
Montville (Morris County)	NJ	AB	3			
Montville (Morris Township)	NJ	AK	13			
Morris Plains	NJ	AK	13			
Morris Township	NJ	AK	13			
Morristown		ĀK	13			
Mount Arlington	T	AK	13			
Mount Kisco	NIX/	ĀJ	12			
Mount Olive	T NII	ĀK	13			
Mount Pleasant	NY	ĀĞ	8			
Mountain Lakes	NI I	AK	13			
Nelsonville	NIV	AI	11			
Netcong		AK	13			
New Canaan	+	† AF 1	7			
New Castle	- NV	AG	8			
New Hempstead	+	AB	3			
New Milford	. +	AB	2			
		+				
Now Beekelle	NY	ΔF	n			
New Rochelle	NY	AE	6			
New Beekelle	NY NY NJ NY	AB AE	6 6			

Instructions: List each separate community served by the cable system. A "community" is the sat in FCC rules: "a separate and distinct community or municipal entity (including unincorporated cor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst commun of system identification hereafter known as the "first community." Please use it as the first commun Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks such below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channe all communities with the channel line-up "A" in the appropriate column below or leave the column on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant cor designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscrit (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STA North Castle (Yorktown) North East Norwalk North Jalem Northvale Norwood N	emmunitie nity that y nity on all should be el line-up blank. If mmunity s, associa iber group	es within unincorp you list will serve Il future filings. e reported in pare for all), then eith you report any s with a subscribe	porated as a form entheses her associate tations or group, hity with a	D Area Served
Instructions: List each separate community served by the cable system. A "community" is the sain FCC rules: "a separate and distinct community or municipal entity (including unincorporated cor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community of system identification hereafter known as the "first community." Please use it as the first community. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks so below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channe all communities with the channel line-up "A" in the appropriate column below or leave the column on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant cor designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscrit (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATATED SALE (Yorktown) North East North Castle (Yorktown) North Salem North Salem Northvale Norwood Norwood Norwood Nuttley Nark	emmunitie nity that y nity on all should be el line-up blank. If mmunity s, associa iber group	es within unincorpyou list will serve ill future filings. e reported in pare for all), then eith you report any swith a subscribe at each community designated by CH LINE UP AJ AB AB AF AB AB AB AB AB AB AB	porated as a form entheses er associate tations er group, hity with a a number SUB GRP# 12 11 2 11 2 7 2 7 2 7 2 3	Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks s below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channe all communities with the channel line-up "A" in the appropriate column below or leave the column on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant cordesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscrit (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATIONTH Castle (Yorktown) North East NY North Faledon Northvale Norwalk Norwalk Norwaod Nutley Nutley	el line-up blank. If mmunity s, associa iber group TE T T T T T T T T T T T T T T T T T	for all), then eith you report any s' with a subscribe ate each commun p designated by CH LINE UP AJ AI AB AF AB AF AB AB AB AB AB AB	ner associate tations or group, with a a number SUB GRP# 12 11 2 12 7 7 2 7 2 3	First
If all communities receive the same complement of television broadcast stations (i.e., one channel all communities with the channel line-up "A" in the appropriate column below or leave the column on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant cordesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscri (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STA North Castle (Yorktown) North Balem North Salem Northvale Norwood Norwood Nutley Nutley Nyack	blank. If mmunity s, associa iber group	you report any s with a subscribe ate each commur p designated by CH LINE UP AJ AI AB AB AB AB AB AB AB AB AB	sub GRP# 12 11 12 11 2 12 2 12 2 3	
North Castle (Yorktown) NY North East NY North Haledon NY North Salem NY Northvale NY Norwalk C1 Norwood NY Nutley NY Nyack NY	Y	AJ AB AJ AJ AB AF AB AB AB	12 11 2 12 2 7 7 2 2 3	
North East North Haledon North Salem Northvale Norwalk Norwood Nutley Nyack Nyack		AI AB AJ AB AF AB AB AB	11 2 12 2 7 2 7 2 2 3	
North East North Haledon North Salem Northvale Norwalk Norwood Nutley Nyack Nyack	<u></u>	AB A	2 12 2 7 2 2 2 3	Community
North Salem NY Northvale N Norwalk C1 Norwood N Nutley N Nyack NY	<u> </u>	AJ AB	12 2 7 2 2 2 3	
North Salem NY Northvale N Norwalk C1 Norwood N Nutley N Nyack NY	<u> </u>	AB AB AB AB AB AB AB AB	2 7 2 2 2 3	
Norwalk C1 Norwood Nutley N. Nyack NY	Ţ J Ţ	AF AB AB AB AB	7 2 2 3	
Norwood Nutley N. Nyack NY	Ā Ā Ā	AB AB AB	2 2 3	
Nutley N. Nyack NY	<u> </u>	AB AB	2 3	
Nyack	<u> </u>	AB	3	
	+	+		
Oakland N.	<u> </u>	AB		
		<i>,</i> .—	3	
Old Tappan N.	J	AB	2	
Oradell	J	AB	2	
Orange C1	T T	AD	5	
Orangetown	Y	AB	3	
Ossining Town N	Y	AG	8	
Ossining Village N	Ÿ	AG	8	
Paramus N.	J T	AB	2	
Park Ridge N.	j †	AB	2	
Parsippany-Troy Hills N.	J †	AK	13	
Passaic N.	J	AB	2	
Paterson	J	AB	2	
Peekskill NY	Y	AG	8	
Pelham N	Y	AE	6	
Pelham Manor N	Y	AE	6	
Pequannock	J	AB	3	
Philipstown (Ossining)	Y	AG	8	
Philipstown (Wappingers Falls) N	Ÿ T	Al	11	
Piermont N		AB	3	
Pine Plains N	Ÿ	Al	11	
Plattekill N	Ÿ	Al	11	
Pleasantville N		AG	8	
Pomona N	Υ	AG	8	
Pompton Lakes N.		AB	3	
Port Chester N		AH _	10	
Poughkeepsie N		AI	11	
Pound Ridge N		AJ	12	
Prospect Park N.		AB	2	
Putnam Valley N		AJ	12	
Ramapo (Ossining) N		AG	8	
Ramapo (Rockland) N		<u>AB</u>	3	
Ramapo Corridor N		AB	3	
Ramsey		AB	2	
Randolph	7 _ T	AK	13	

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
CSC HOLDINGS, LLC			028910	Name		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
Redding	СТ	AF	7	First		
Ridgewood	NJ	AB	2	Community		
Ringwood	NJ	AB	3	,		
River Edge	NJ	AB	2			
Riverdale	NJ	AB	3			
Rivervale	- NJ	AB	2			
Rochelle Park	· † <u>NJ</u>	AB	2			
Rockaway	· † <u>NJ</u>	AK	13			
Rockaway Township	· † <u>NJ</u>	AK	13			
Rockleigh	- NJ	<u>AB</u>	2			
Roxbury	- <u>NJ</u>	AK	13			
	-	+				
Rye City		AE	6			
Ryebrook	NY	AE	6			
Saddle Brook		AB	2			
Saddle River		AB	2			
Sandyston Township		AG	9			
Scarsdale	NY	<u>AE</u>	66			
Sleepy Hollow	NY	AG	8			
Sloatsburg	NY	AB	3			
Somers	NY	AJ	12			
South Blooming Grove	NY	AI	11			
South Hacksensack	NJ	I AB I	2			
South Nyack	NY	AB	3			
Spring Valley	NY	I AB]	3			
Stamford	СТ	AF	77			
Stanford	NY	Al	11			
Stanhope	NJ	AK	13			
Stony Point	NY	AG	88			
Stratford	CT	AC	4			
Suffern	NY	AB	3			
Tarrytown	NY	AG	8			
Teaneck	NJ	AB	2			
Tenafly	NJ	AB	2			
The Picatinny Arsenal	NJ	AK	13			
Totowa	NJ	AB	2			
Tuckahoe	NY	I AE]	6			
Tuxedo	NY	I AB]	3			
Tuxedo Park	NY	AB	3			
Union Vale	NY	AI	11			
Unionville	NY	AG	9			
Upper Nyack	NY	AB	3			
Upper Saddle River	NJ -	AB	2			
Victory Gardens	NJ	AK	13			

DRM SA3. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
CSC HOLDINGS, LLC			028910	Name			
OSC NOLDINGO; ELC			020310				
Instructions: List each separate community served by the cable system. A "community served by the cable system."				D			
in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated							
areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the first community." Please use it as the first community."			as a form	Area Served			
•	•	ū		Serveu			
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotels, apartments, condominiums, condominiu	ome parks should	be reported in pare	entheses				
below the identified city or town.							
If all communities receive the same complement of television broadcast stations (i.e.,	one channel line-u	up for all), then eith	er associate				
all communities with the channel line-up "A" in the appropriate column below or leave							
on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	relevant communi	ty with a subscribe	r group,				
designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-comm	nunity basis, assoc	ciate each commur	nity with a				
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a							
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	s below.						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
				-			
Waldwick	NJ	AB	2	First			
Wanaque	NJ	AB	3	Community			
Wappingers	<u>NY</u>	AI	11				
Wappingers Falls	NY	Al	11				
Warwick	NY	AG	9				
Warwick Town	NY	AG	99				
Washington Township	NJ	AB	2				
Washington Township	NY	<u>Al</u>	11				
Wayne	NJ	AB	2				
Wesley Hills	NY	AB	3				
West Haverstraw	NY	AG	8				
West Milford	NJ	AG	99				
West Paterson	NJ	AB	2				
Westfall Township	PA	☐ AG ☐	9				
Weston	CT	AF]	7				
Westport	CT	AF	7				
Westwood	NJ	AB	2				
Wharton	NJ	ĀK	13				
White Plains	NY	AE	6				
Wilton	СТ	AF	7				
Wood Ridge	NJ	AB	2				
Woodbridge	CT	AD	5				
Woodbury	NY	AI	11				
Woodcliff Lake	NJ	AB	2				
Wyckoff	NJ	AB	2				
Yonkers City	NY	ĀĀ	1				
Yorktown	NY	ĀJ	12				
	1	† 1					
	1	† <u>-</u>					
	7	1					
	1	† <u>1</u>					
	1	†					
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\$109.95

\$2.00

\$10.00

CableCARD

CONVERTER

FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary 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). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 2 BLOCK 1 NO. OF NO. OF CATEGORY OF SERVICE CATEGORY OF SERVICE **SUBSCRIBERS** RATE SUBSCRIBERS **RATE** Residential: · Service to first set 16.95-19.99 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential **IO VALUE** \$64.95 \$74.95 • Pay cable \$1.50-\$5/house • Motel, hotel IO PREFERRED • Pay cable—add'l channel \$1.95-24.95 Commercial IO SILVER \$89.95 IO GOLD

· Pay cable

Other services:

Reconnect

 Disconnect Outlet relocation · Move to new address

25.00

Fire protection

Burglar protection

· Pay cable-add'l channel

AM	36564162.	.1

· Fire protection

First set

Converter

Burglar protection

 Additional set(s) • FM radio (if separate rate)

Installation: Residential

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 CABLEVISION SYSTEMS NEW YORK CITY CORPORATION (BRONX) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AA** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 ___7.2 N-M No 7.3 WABC-3 I-M No NEW YORK, NY No **WCBS** Ν NEW YORK, NY 33.2 NEW YORK, NY WCBS-2 N-M No No WFUT NEWARK, NJ MIDDLETOWN, NJ **WJLP** 3 No WLIW 21 Ε GARDEN CITY, NY 21.2 WLIW-2 E-M **GARDEN CITY, NY** WLIW-3 GARDEN CITY, NY 21-3 E-M No ı RIVERHEAD, NY WLNY 47 No __18 No **NEWTON, NJ WMBC** NEW YORK, NY **WNBC** 28 Ν No NEW YORK, NY WNBC-2 28.2 N-M No NEWARK, NJ No WNET 13 Ε NEWARK, NJ WNET-2 13.2 E-M No LINDEN, NJ WNJU 1 No 36 WNJU-2 LINDEN, NJ 36.2 I-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AA (cont.)** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE CHANNEL SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WNYE 24 Ε No WEST MILFORD, NJ _ _ _ _ _ WNYJ 29 Ε No NEW YORK, NY WNYW 1 No WNYW-2 No 44.2 I-M NEW YORK, NY NEW YORK, NY WPIX 11 No 11.2 No WPIX-2 I-M NEW YORK, NY No WPIX-3 11.3 I-M NEW YORK, NY WPXN NEW YORK, NY WRNN KINGSTON, NY POUGHKEEPSIE, NY_____ WTBY 27 No SECAUCUS, NJ **WWOR** 38 No SECAUCUS, NJ No WWOR-3 38.3 I-M WWOR-4 38.4 I-M No SECAUCUS, NJ PATERSON, NJ WXTV

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FORM SA3. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CSC HOLDING	S, LLC				028910	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program based basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in Column 1: List each multicast stream cast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi.	G, identify every eystem during to too 5.61(e)(2) and (5.61(e)(2) and (5.61(e)	y television standard accounting in June 24, 19, 4), or 76.63 (4) 4), or 76.63 (4) 4), or 76.63 (5) 4), or 76.63 (6) 4) 4), or 76.63 (7) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4)	g period, except 181, permitting the referring to 76.6 paragraph. It is a paragraph. It i	(1) stations carried be carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitute, see page (v) on program service ver-the-air designate column 1 (list each the television statement of the television, an indefer network multicor "E-M" (for nonce ctions.	s and low power television stations) ad only on a part-time basis under tain network programs [sections and (2) certain stations carried on a table system on a substitute program tent and Program Log)—if the stute basis and also on some other of the general instructions. as such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example stion for broadcasting over-the-air in a may be different from the channel sependent station, or a noncommercial teast), "I" (for independent), "I-M" commercial educational multicast). es". If not, enter "No". For an ex-	G Primary Transmitters: Television
cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ave entered "Yohe distant station on a part-tinicion of a distant entered into on a primary transsimulcasts, also aree categories e location of ea Canadian statio	es" in column on during the me basis becomulticast structure or an acceptance of the second of the s	4, you must con accounting period ause of lack of a eam that is not sune 30, 2009, be association repressor you carried the soft of the general or U.S. stations, we the name of the	mplete column 5, od. Indicate by en activated channel subject to a royaltetween a cable syesenting the prima channel on any o instructions. Ilist the community with	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further by to which the station is licensed by the nawhich the station is identified.	
		CHANN	EL LINE-UP	AC (cont.)		
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	
WZME	42	I	No		BRIDGEPORT, CT	
	<u> </u>	L ·				
		I				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately: for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AD** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 ___7.2 N-M No 7.3 WABC-3 I-M No NEW YORK, NY _ _ _ _ _ _ No WCBS Ν NEW YORK, NY 33.2 WCBS-2 N-M No NEW YORK, NY No WCCT WATERBURY, CT No WCTX 39 NEW HAVEN, CT **BRIDGEPORT, CT** WEDW 49 Ε 49.2 WEDW-2 E-M BRIDGEPORT, CT BRIDGEPORT, CT _ _ _ _ _ WEDW-3 49.3 E-M No WFSB HARTFORD, CT 33 Ν No HARTFORD, CT WFSB-3 N-M No 33.3 WHPX 26 1 No NEW LONDON, CT GARDEN CITY, NY WLIW-3 21.3 E-M Yes No NEW YORK, NY **WNBC** 28 Ν NEWARK, NJ_ Е WNET 13 No No NEWARK, NJ WNET-2 13.2 E-M 11 ı NEW YORK, NY **WPIX** No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD (cont.) 1. CALL 2. B'CAST 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 3. TYPE SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) NEW YORK, NY WPIX-2 11.2 I-M No WPIX-3 11.3 I-M No NEW YORK, NY WRNN No KINGSTON, NY HARTFORD, CT WTIC No NEW HAVEN, CT____ WTNH No No WUVN HARTFORD, CT N_ NEW BRITAIN, CT WVIT 35 No **NEW BRITAIN, CT** WVIT-2 35.2 N-M No No **WWOR** SECAUCUS, NJ WZME BRIDGEPORT, CT No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AE** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 ___7.2 N-M No 7.3 No WABC-3 I-M NEW YORK, NY No WCBS Ν NEW YORK, NY WCBS-2 33.2 NEW YORK, NY N-M No No WFUT NEWARK, NJ No MIDDLETOWN, NJ WJLP WLIW Ε GARDEN CITY, NY 21.2 WLIW-2 E-M GARDEN CITY, NY WLIW-3 GARDEN CITY, NY 21.3 E-M No ı RIVERHEAD, NY WLNY No No **NEWTON, NJ WMBC** 18 NEW YORK, NY **WNBC** 28 Ν No NEW YORK, NY WNBC-2 28.2 N-M No NEWARK, NJ No WNET 13 Ε NEWARK, NJ WNET-2 13.2 E-M No LINDEN, NJ WNJU 1 No 36 WNJU-2 LINDEN, NJ 36.2 I-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AE (cont.)** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) NEW YORK, NY WNYE 24 Ε No NEW YORK, NY WNYW 44 1 No WNYW-2 44.2 I-M No NEW YORK, NY No WPIX 11 NEW YORK, NY WPIX-2 NEW YORK, NY I-M No 11.3 No WPIX-3 I-M **NEW YORK, NY** WPXN NEW YORK, NY No WRNN KINGSTON, NY POUGHKEEPSIE, NY WTBY **WWOR** 38 No SECAUCUS, NJ SECAUCUS, NJ WWOR-3 38.3 I-M No WXTV PATERSON, NJ **WZME** No BRIDGEPORT, CT

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AF** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No _ NEW YORK, NY WABC-2 7.2 N-M No _ 7.3 WABC-3 I-M No NEW YORK, NY No WCBS Ν NEW YORK, NY NEW YORK, NY 33.2 WCBS-2 N-M No No NEW HAVEN, CT WCTX E BRIDGEPORT, CT WEDW No **BRIDGEPORT, CT** WEDW-2 49.2 E-M WEDW-3 E-M BRIDGEPORT, CT HARTFORD, CT WFSB 33 No WFUT No NEWARK, NJ **WJLP** MIDDLETOWN, NJ WLIW Ε No GARDEN CITY, NY WLIW-2 GARDEN CITY, NY 21.2 E-M No GARDEN CITY, NY _ _ _ _ _ No WLIW-3 21.3 E-M RIVERHEAD, NY WLNY No **WMBC** No NEWTON, NJ 18 NEW YORK, NY **WNBC** 28 Ν No

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FORM SA3, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AG** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 ___7.2 N-M No 7.3 WABC-3 I-M No NEW YORK, NY _ _ _ _ _ _ No WCBS Ν NEW YORK, NY _ 33.2 NEW YORK, NY WCBS-2 N-M No No WFUT NEWARK, NJ MIDDLETOWN, NJ WJLP No WLIW Ε Yes GARDEN CITY, NY Yes 21.2 WLIW-2 E-M GARDEN CITY, NY E-M Yes GARDEN CITY, NY WLIW-3 21.3 WMBC 18 1 No NEWTON, NJ NEW YORK, NY **WNBC** 28 No WNBC-2 28.2 N-M No NEW YORK, NY NEWARK, NJ WNET __13 Ε No NEWARK, NJ No WNET-2 13.2 E-M WNJN MONTCLAIR, NJ No LINDEN, NJ WNJU No 36 WNJU-2 LINDEN, NJ 36.2 I-M No

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AH** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 7.2 N-M No 7.3 No NEW YORK, NY WABC-3 I-M No WCBS Ν NEW YORK, NY NEW YORK, NY WCBS-2 33.2 N-M No No WEDW BRIDGEPORT, CT No NEWARK, NJ WFUT WJLP MIDDLETOWN, NJ WLIW **GARDEN CITY, NY** WLIW-2 21.2 E-M No **GARDEN CITY, NY** WLIW-3 GARDEN CITY, NY _ _ _ _ _ 21.3 E-M No RIVERHEAD, NY No WLNY WMBC No NEWTON, NJ NEW YORK, NY WNBC No NEW YORK, NY WNBC-2 28.2 N-M No E NEWARK, NJ_ WNET 13 NEWARK, NJ No WNET-2 13.2 E-M WNJU ı LINDEN, NJ 36 No

FORM SA3. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AH (cont.)** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) WNJU-2 36.2 I-M LINDEN, NJ No NEW YORK, NY WNYE 24 Ε No NEW YORK, NY WNYW - 1 No WNYW-2 No I-M NEW YORK, NY NEW YORK, NY WPIX 11 No 11.2 No WPIX-2 I-M NEW YORK, NY No WPIX-3 11.3 I-M NEW YORK, NY WPXN NEW YORK, NY WRNN KINGSTON, NY POUGHKEEPSIE, NY_____ WTBY No SECAUCUS, NJ WWOR 38 No No SECAUCUS, NJ WWOR-3 38.3 WXTV No PATERSON, NJ WZME BRIDGEPORT, CT

FORM SA3, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AI** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) W42AE __ 42 Е No POUGHKEEPSIE, NY NEW YORK, NY WABC __7 Ν No 7.2 No NEW YORK, NY WABC-2 N-M No WABC-3 I-M NEW YORK, NY NEW YORK, NY WCBS Ν No No WCBS-2 33.2 N-M NEW YORK, NY No WFUT NEWARK, NJ MIDDLETOWN, NJ WJLP 3 No Yes WLIW-2 21.2 E-M GARDEN CITY, NY WLIW-3 GARDEN CITY, NY 21.3 E-M Yes WMBC 18 1 No NEWTON, NJ NEW YORK, NY **WNBC** 28 No WNBC-2 28.2 N-M No NEW YORK, NY NEWARK, NJ WNET __13 Ε No NEWARK, NJ No WNET-2 13.2 E-M WNJN MONTCLAIR, NJ LINDEN, NJ WNJU No 36 WNJU-2 LINDEN, NJ 36.2 I-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AI (cont.)** 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL SIGN OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) NEW YORK, NY WNYW 44 - 1 No WNYW-2 44.2 I-M No NEW YORK, NY WPIX 1 No NEW YORK, NY 11 No WPIX-2 11.2 I-M NEW YORK, NY WPIX-3 I-M No NEW YORK, NY No WPXN NEW YORK, NY KINGSTON, NY WRNN No POUGHKEEPSIE, NY_____ WTBY **WWOR** SECAUCUS, NJ 38 WWOR-3 I-M 38.3 No SECAUCUS, NJ 38.4 SECAUCUS, NJ WWOR-4 I-M No PATERSON, NJ WXTV

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AJ** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 ___7.2 N-M No 7.3 WABC-3 I-M No NEW YORK, NY _ _ _ _ _ _ No WCBS Ν NEW YORK, NY _ 33.2 NEW YORK, NY WCBS-2 N-M No No WFUT NEWARK, NJ No MIDDLETOWN, NJ WJLP WLIW 21 Ε GARDEN CITY, NY 21.2 WLIW-2 E-M **GARDEN CITY, NY** GARDEN CITY, NY WLIW-3 21.3 E-M No WMBC 18 1 No NEWTON, NJ NEW YORK, NY **WNBC** 28 No NEW YORK, NY WNBC-2 28.2 N-M No NEWARK, NJ WNET __13 Ε No NEWARK, NJ WNET-2 13.2 E-M No LINDEN, NJ WNJU 36 No No LINDEN, NJ WNJU-2 36.2 I-M 24 NEW YORK, NY **WNYE** Ε No

FORM SA3. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ (cont.) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) NEW YORK, NY WNYW - 1 44 No NEW YORK, NY WNYW-2 44.2 I-M No WPIX _ _11 1 No NEW YORK, NY No WPIX-2 11.2 I-M NEW YORK, NY NEW YORK, NY WPIX-3 I-M No No WPXN NEW YORK, NY KINGSTON, NY WRNN No POUGHKEEPSIE, NY_____ WTBY **WWOR** SECAUCUS, NJ 38 WWOR-3 I-M 38.3 No SECAUCUS, NJ WXTV PATERSON, NJ No BRIDGEPORT, CT WZME

FORM SA3, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. **CHANNEL LINE-UP AK** 1. CALL 2. B'CAST 3. TYPE 4 DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WABC 7 Ν No NEW YORK, NY WABC-2 7.2 N-M No 7.3 No WABC-3 I-M NEW YORK, NY No WCBS Ν NEW YORK, NY WCBS-2 33.2 NEW YORK, NY N-M No No WFUT NEWARK, NJ No MIDDLETOWN, NJ WJLP 3 WLIW-2 21.2 E-M GARDEN CITY, NY GARDEN CITY, NY _ _ _ _ _ _ 21.3 WLIW-3 E-M RIVERHEAD, NY WLNY No NEWTON, NJ WMBC 18 No No NEW YORK, NY **WNBC** 28 NEW YORK, NY WNBC-2 28.2 N-M No WNET _ _ _ NEWARK, NJ __13 Ε No NEWARK, NJ No WNET-2 13.2 E-M WNJN MONTCLAIR, NJ No LINDEN, NJ WNJU No 36 WNJU-2 LINDEN, NJ 36.2 I-M No

FORM SA3, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK (cont.) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE CHANNEL SIGN OF (Yes or No) NUMBER STATION (If Distant) NEW YORK, NY WNYE 24 Ε No WEST MILFORD, NJ _ _ _ _ _ WNYJ 29 Ε No WNYW 1 No NEW YORK, NY WNYW-2 No 44.2 I-M NEW YORK, NY NEW YORK, NY WPIX 11 No 11.2 No WPIX-2 I-M NEW YORK, NY No WPIX-3 11.3 I-M NEW YORK, NY WPXN NEW YORK, NY WRNN KINGSTON, NY POUGHKEEPSIE, NY_____ WTBY 27 No SECAUCUS, NJ **WWOR** 38 No SECAUCUS, NJ No WWOR-3 38.3 I-M WWOR-4 38.4 I-M No SECAUCUS, NJ PATERSON, NJ WXTV

ACCOUNTING PERIOD: 2017/2 FORM SA3. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3. PAGE 5.						ACCOUNTING	G PERIOD: 2017/2
LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				SYSTEM ID#	Nama
CSC HOLDINGS, LLC						028910	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM I OG				
In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regul	ations, or authorizations		Substitute
1. SPECIAL STATEMENT	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
 During the accounting per broadcast by a distant sta 		r cable system	carry, on a substitute basis	s, any nonne	twork television program	m ⊠No	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	ust complete the progra	ım	1 10g.u 20g
period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast station adian station th and day we "5/7." es when the Example: a er "R" if the	ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (thens, if any, the when your systematical program carriellisted program	s. See page (vi) of the general tball." List specific program "Yes." Otherwise enter "Nesting the substitute program he community to which the community with which the stem carried the substitute pagram was carried by your ded by a system from 6:01:1 was substituted for program.	d for the progeral instruction titles, for exco." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y	gramming of another stans for further information ample, "I Love Lucy" or ensed by the FCC or, in nitified). I have the times accurate the times	nth ely	
gram was substituted for preffect on October 19, 1976.	ogramming						
S	SUBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
,							
					_		
4 36564162 1	 	<u> </u>	t				

ACCOUNTING PERIOD: 2017/2 FORM SA3. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CSC HOLDINGS, LLC** 028910 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** DATE **FROM** TO

ORM SA3. PAGE 7. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	028910	Name
CSC HOLDINGS, LLC	020910	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identifed in space E) during the accounting period. For a further explanation of page (vii) of the general instructions.	em's secondary transmission service	K Gross Receip
Gross receipts from subscribers for secondary transmission service(s)		
during the accounting period.	\$ 120,865,817.00	
IMPORTANT: You must complete a statement in space P concerning gross receip	Ots. (Amount of gross receipts)	
OPYRIGHT ROYALTY FEE structions: 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 stat If your system did not carry any distant television stations, leave block 3 blank. En 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 appraccompanying this form and attach the schedule to your statement of account.	ter the amount of the minimum	L Copyright Royalty Fe
If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee block 3 below.	should be entered on line 1 of	
If part 6 of the DSE schedule was completed, the amount from line 7 of block C sł $3\ \text{below}.$	nould be entered on line 2 in block	
If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge am 2 in block 4 below.	ount should be entered on line	
MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,60 least the minimum fee, regardless of whether they carried any distant stations system's gross receipts for the accounting period.	s. This fee is 1.064 percent of the	
Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 120,865,817.00	
This is your minimum fee.	\$ 1,286,012.29	
 space G. If, in space G, you identifed any stations as "distant" by stating "Yes "Yes" in this block. Did your cable system carry any distant television stations during the account X Yes—Complete the DSE schedule. No—Leave block 3 below Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 4, or part 9, block A of the DSE schedule. If none, enter zero 	nting period? blank and complete line 1, block 4.	
4, or part 9, block A of the DSL schedule. If florie, effer zero	Ψ 23,240.10	
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	\$ 29,240.16	
Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the mini from block 1 or the sum of the base rate fee / 3.75 fee from block 3, I whichever is larger		Cable syste
Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from eith (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If no	·	submitting additional
zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q (Interest Worksheet)	, page 9	deposits und Section 111(c should conta the Licensia
TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 1,286,012.29	Division for to appropriate form for submitting to
Remit this amount via <i>electronic payment</i> payable to Register of Copgeneral instructions for more information.)	pyrights. (See page (i) of the	additional fe

ACCOUNTING PERIOD: 2017/2
FORM SA3. PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	ations 60
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	673
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	220 440 4254
for Further Information	Address 1 Court Square, 45th Floor (Number, street, rural route, apartment, or suite number) Long Island City, NY 11101	
	(City, town, state, zip) Email (optional) sibo.mcnally@alticeusa.com Fax (optional) 929-418-4	699
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained I are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Handwritten signature: /s/ Michael Schreiber Typed or printed name: Michael Schreiber	
	Title: Executive Vice President, Chief Content Officer (Title of official position held in corporation or partnership)	
	Date: 2/28/2018	

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 effects 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910	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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instru- During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions.	underpayment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	nterest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyrigh please list below the owner, address, frst community served, accounting period, and ID number as given filing.		
Owner Address		
First community served Accounting period ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3 (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3 (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3 (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24. 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.
- NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or
 part-time basis only and complete the log to determine the portion of
 the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located in
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area

• If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSF 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

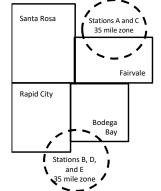
EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B. D. and E.

Distant Stations Carried		Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00



AM 36564162.1

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)	(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1 CSC HOLDINGS, LLC 028910 Instructions: 2 In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-Computation of DSEs for mercial educational station, give the DSE as ".25." Category "O" CATEGORY "O" STATIONS: DSEs CALL SIGN Stations **CALL SIGN** DSE CALL SIGN DSE DSE 0.25 SUM OF DSEs OF CATEGORY "O" STATIONS: Add the DSEs of each station. 0.25 Enter the sum here and in line 1 of part 5 of this schedule.

Name	CSC HOLDINGS, L								028910
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should corresp Column 3: For ea Column 4: Divide be carried out at leas Column 5: For ea give the type-value as	all sign of all distar ach station, give th ond with the infornach station, give the a the figure in colur t to the third decimach independent si s ".25." ly the figure in colu	e number of Ination given in e total number on 2 by the final point. This eation, give the	nours your can space J. Can space J. Can of hours that gure in column is the "basis of type-value" figure in colur	ble system carricleulate only one it the station bro in 3, and give the formal carriage value? as "1.0." For earn 5, and give the min 5, and give the state of th	ed the static DSE for ea adcast over e result in de "for the statich network	on during the ach station. the air during ecimals in colution. or noncommodulation 6. Rou	g the accounting umn 4. This figu ercial education und to no less th	period. re must al station, an the
Capacity		CATE	GORY LAC	STATION	IS: COMPUT	ATION O	F DSEs		
	1. CALL SIGN	2. NUMBER OF HOUR! CARRIED SYSTEM	S OF BY ST	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. D	SE
			=			<u>x</u>		=	
		-				x			
			:			x			
			<u> </u>			x			
			· - !			x			
			. – ‡ – – –			^			
	SUM OF DSEs OF CA Add the DSEs of each Enter the sum here	station.		hedule,	, .		0.00		
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the ca Was carried by you tions in effect on O Broadcast one or m space I). Column 2: For eac at your option. This fig Column 3: Enter th Column 4: Divide ti decimal point. This is ti	ir system in substit ctober 19, 1976 (a nore live, nonnetwo h station give the r ure should corres; e number of days he figure in columi	ution for a pro- is shown by the shown by the programs do number of live pond with the in the calendar 2 by the figure 2 by the figure.	ogram that yo he letter "P" in uring that opti e, nonnetwork information in ar year: 365, our ure in column	ur system was p column 7 of spa ional carriage (as programs carried space I. except in a leap 3, and give the r	ermitted to ace I); and shown by the din substited in substited in column and the column are sult in column are sult in column.	delete under ne word "Yes" i ution for progumn 4. Round	FCC rules and r in column 2 of rams that were o	deleted
		SUBSTI	TUTE-BAS	SIS STATIO	ONS: COMPI	UTATION	OF DSEs		
	1. CALL 2. NUM		IUMBER	4. DSE	1. CALL	2. NUM		3. NUMBER	4. DSE
	SIGN OF PRO		F DAYS I YEAR		SIGN	OF PRC	GRAMS	OF DAYS IN YEAR	
	 			=	T				
		-			 -				_
			. – – – –	<u></u>	+		:		
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	station.					0.00		
5	TOTAL NUMBER OF D			boxes in parts	2, 3, and 4 of th	is schedule a	and add them	to provide the to	al
Total Number	1. Number of DSEs							0.25	
of DSEs	2. Number of DSEs	from part 3 •			<u>}</u>			0.00	
	3. Number of DSEs	from part 4 •			>			0.00	
	TOTAL NUMBER OF D	SEs					> [0.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

CSC HOLDING	WNER OF CABLE SYSTEM:				S	YSTEM ID# 028910	Name
In block A:	ck A must be completed. "Yes," leave the remainder of pa	art 6 and part 7 of the DSE sched	dule blank and	complete part	8, (page 16) of th	e	6
	"No," complete blocks B and C b	pelow.					
	<u> </u>	BLOCK A: TELEVISION M	ARKETS				Computation of 3.75 Fee
effect on June 24		•			CC rules and regu	ations in	
	plete part 8 of the schedule—DC plete blocks B and C below.	ONOT COMPLETE THE REMA	INDER OF PAI	RI 6 AND 7.			
	BLOC	CK B: CARRIAGE OF PER	MITTED DSI	Es			
Column 1: CALL SIGN	under FCC rules and regulation	tions listed in part 2, 3, and 4 of ns prior to June 25, 1981. For fu ule. (Note: The letter M below re and Localism Act of 2010.)	rther explanation	on of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rules and regula A Stations carried pursuant to 76.61(b)(c)] B Specialty station as defined C Noncommerical educational D Grandfathered station (76.6 instructions for DSE schedu E Carried pursuant to individua *F A station previously carried	al waiver of FCC rules (76.7) d on a part-time or substitute bas thin grade-B contour, [76.59(d)(5	se in effect on 3.5.57, 76.59(b), 6.57, 76.63(a) 16.3(a) referring to stitution of gradies is prior to June	June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered states	6.63(a) referring to		
Column 3:		tation listed in parts 2, 3, and 4 c tified by the letter "F" in column DSE.)			rksheet on page 1	4 of	
1. CALL SIGN WLIW	2. PERMITTED 3. DSE BASIS 0.25	1. CALL 2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.25	
	В	LOCK C: COMPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of DSEs from p				,		
Line 2: Enter the	sum of permitted DSEs from	block B above					
	line 2 from line 1. This is the t eave lines 4–7 blank and prod	,		ate. 			
Line 4: Enter gro	oss receipts from space K (pa	ge 7)			x 0.03	75	Do any of the DSEs represent partially
Line 5: Multiply I	ne 4 by 0.0375 and enter sun	n here			х		permited/ partially nonpermitted carriage?
Line 6: Enter tot	al number of DSEs from line 3						If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 and enter here	and on line 2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating 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. the DSE 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). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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)). Carriage 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. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes-List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	120,865,817.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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 defned by the FCC? X Yes—Complete section 3 below.	low.	
	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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	ne DSE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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)	ne DSE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			SYSTEM ID#
		CSC HOLDINGS, LLC	028910
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 Syndicated		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	_
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
	Inetru	ctions:	
8		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	part
0		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	1	ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	wolk
Base Rate Fee	blank What i	:. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	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	· /	<u> </u>
	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)	0.00
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

_	AME OF OWNER OF CABLE SYSTEM: HOLDINGS, LLC 0289	Namo
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
	A. Enter 0.01064 of gross receipts (the amount in section 1)	8
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	F. Multiply line D by line E and enter here \$	_
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00]

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lineups in Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: 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 must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give 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 subscribers in the group.
- If:
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

9

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS. LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

CSC HOLDINGS, LLC	CABLE	SYSTEM:				Sì	028910	Name
BLOC	K A: C	OMPUTATIO	N OF BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
F	IRST S	SUBSCRIBER G	ROUP		SECOND	SUBSCRIBER GROUP	Р	•
COMMUNITY/ AREA 1_E	Bronx/	Yonkers		COMMUNITY/ AREA	2 Bergei	n/Paterson/Passai	c	9 Computation
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	1							Base Rate Fee and
					†	 	+	Syndicated
	#				†	 	t	Exclusivity
-	1			1	†		†I	Surcharge
					I			for
					 		1	Partially
	#				 	 	1	Distant
	#		+		 	 	+	Stations
					 	 	+	
	+				 		+	
	#				 	 	+	
	+		+		 		+	
					†		+	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u> </u>	s 36	,236,610.00	Gross Receipts Secon	d Group	\$ 20,00	09,515.00	
	Γ							
Base Rate Fee First Group	5	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Т	HIRD S	SUBSCRIBER G	GROUP		FOURTH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA 3_F	Rockla	nd/Oakland		COMMUNITY/ AREA	4.00 1.00	nort/Enirtiald/Stra	_	
				COMMONT I/ AREA	4 Briage	port/Fairfield/Stra	tford	
CALL SIGN DS	 							
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	 		DSE					
WLIW	SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW(SE		DSE					
WLIW-2 WLIW-3 	D.25	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	
WLIW-2 WLIW-3	D.25	CALL SIGN	0.25	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	\$ 6,36	DSE	
WLIW-2 WLIW-3	D.25	CALL SIGN	0.25	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
WLIW-2 WLIW-3	D.25	CALL SIGN	0.25	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	\$ 6,36	DSE	
WLIW-2 WLIW-3	D.25	CALL SIGN CALL SIGN SIGN SIGN CALL SIGN	0.25	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	\$ 6,36	DSE	

	LC	E SYSTEM:				S	YSTEM ID# 028910	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	IP		SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	5 Milfor	d/Orange/Woodb	ridge	COMMUNITY/ AREA	6 Mama	roneck		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW-3	-		-					Base Rate Fee
	11				†			and
	 				T			Syndicated
		1	I		I			Exclusivity
					I			Surcharge
	.		L		 	 		for
	.		L		↓			Partially
					.			Distant
			<u> </u>		 	#		Stations
			<u> </u>		 	#		
					 	#	- +	
					 	#	- +	
					 		- +	
					 		- +	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,318,	804.00	Gross Receipts Secon	d Group	\$ 7,0	70,159.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	7 Norwa	alk		COMMUNITY/ AREA	9 Ossini	ina		
		. – – – – – – .			8 Ossini	9		
CALL SIGN	De	CALLSIGN	Dee .		 			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
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CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
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CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
CALL SIGN	DSE	CALL SIGN	DSE		 		DSE	
	DSE	CALL SIGN		CALL SIGN	 			
Total DSEs			0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
		\$ 11,867,	0.00	CALL SIGN	DSE	CALL SIGN		
Total DSEs			0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
Total DSEs Gross Receipts Third G		<u>s</u> 11,867,	0.00	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	\$ 5,1	0.00	
Total DSEs Gross Receipts Third G	Group	\$ 11,867,	0.00	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	\$ 5,1	0.00	

LEGAL NAME OF OWNE		E SYSTEM:				S	928910 028910	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GROU	JP		TENTH	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA	9 Warw	ick		COMMUNITY/ AREA	10 Port	Chester		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW	0.25							Base Rate Fee
WLIW-2 WLIW-3			+		+	+	- +	and
AAFIAA-2			 		+	#	- +	Syndicated Exclusivity
	11		 		 	╫	- +	Surcharge
	1		†		+	╫	- +	for
	11	1	†		† – – – -	#	- †	Partially
	11		†		† – – – -	 	† <u> </u>	Distant
	11		†		†		- 	Stations
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Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	roup	s 2.541	,797.00	Gross Receipts Second	d Group	\$ 1,2	69,498.00	
Greed recorptor and	. • • •			Cross ressipes cosmi	a 0 .0up	<u>, ,,-</u>		
Base Rate Fee First G	roup	\$ 6	,761.18	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	11 Wap	pingers Falls		COMMUNITY/ AREA	12 York	town		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW-2	-	CALL SIGIV	DOL	CALL SIGN	DOL	OALL SIGN	DOL	
WLIW-3	11		†		†	#	- †	
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			t		†	#	- +	
	11		†		†		- +	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 6,473	,281.00	Gross Receipts Fourth	Group	\$ 3,0	74,959.00	
Page Pote For This I C	roup.		0.00	Page Bate Fra Fauri	Craws		0.00	
Base Rate Fee Third G	oroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes al	bove.	\$ 29,240.	16	
						L		

LEGAL NAME OF OWNER CSC HOLDINGS, L		E SYSTEM:					028910	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THIR	TEENTH	SUBSCRIBER GROU	IP	FOL	JRTEENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	13 Morr	ris Twp		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
					†	 	- †	Syndicated
					†		_	Exclusivity
								Surcharge
					↓	<u> </u>	_	for
					 	 		Partially
					-	#		Distant
					+	#	- +	Stations
					+	 	- +	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 10,038,	194.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GROU	IP	S	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0,122 0.0.1	202	07.22 0.011	202	07.22 0.011	302	1 0/122 0/0/1	302	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes a	bove.	\$ 29,240	.16	
L							" [

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABL	E SYSTEM:				SY	STEM ID# 028910	Name
BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA 1 Bron	x/Yonkers		COMMUNITY/ AREA	2 Berge	n/Paterson/Passaic		9
							Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	 			+	+	+	and
				†	+	 	Syndicated
	<u> </u>			†	 	†	Exclusivity
	1			†	 	†	Surcharge
	1			I	I	T	for
				↓ _ <i>_</i>		<u> </u>	Partially
				↓		<u> </u>	Distant
	#			 	<u> </u>	 	Stations
				 		 	
	#			+	+	+	
				 	+	+	
				 		 	
				†		 	
Total DSEs		0.00	Total DSEs	l		0.00	
Gross Receipts First Group	\$ 36,236,	610.00	Gross Receipts Second	d Group	\$ 20,009	9,515.00	
- Constitution of the cons							
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second		\$	0.00	
	SUBSCRIBER GROU	Р			SUBSCRIBER GROUP		
COMMUNITY/ AREA 3 Rock	land/Oakland		COMMUNITY/ AREA	4 Bridge	port/Fairfield/Strat	ford	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				1		<u> </u>	
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				 	+	+	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$ 8,450,	746.00	Gross Receipts Fourth	Group	\$ 6,36	9,427.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rat Enter here and in block 3, line 1, s		iber group a	as shown in the boxes at	oove.	\$	0.00	
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CSC HOLDINGS, I		E SYSTEM:	•			S	STEM ID# 028910	Name	
В				TE FEES FOR EACH					
		SUBSCRIBER GROU				SUBSCRIBER GROUI	P	9	
COMMUNITY/ AREA	5 Milfor	d/Orange/Woodb	ridge	COMMUNITY/ AREA 6 Mamaroneck				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
			<u> </u>		1		 	Base Rate Fee	
			 		+		 	and	
			 		+	 	+	Syndicated Exclusivity	
			+		†		+	Surcharge	
			†		†			for	
]]							Partially	
			 		1		 	Distant	
			 		+		+	Stations	
			 		+	 	+		
			 		†		+		
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]][]		[I		[[]]		
Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 2,318	,804.00	Gross Receipts Secon	d Group	\$ 7,07	70,159.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00		
		SUBSCRIBER GROU	IP			SUBSCRIBER GROUI	P		
COMMUNITY/ AREA	7 Norwa	alk 		COMMUNITY/ AREA	8 Ossini	ing 			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$ 11,867	,725.00	Gross Receipts Fourth	Group	\$ 5,14	15,102.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00		
				II					
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	bove.	\$			

CSC HOLDINGS, L		SYSTEM:	•			SY	STEM ID# 028910	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP	١	•
COMMUNITY/ AREA	9 Warw	ick		COMMUNITY/ AREA	10 Port	Chester		9
							<u> </u>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					 	 	+	Base Rate Fee
					 		+	and
					+	H	+	Syndicated Exclusivity
					†	+	+	Surcharge
					+	 	+	for
					†	 	 	Partially
					†		† I	Distant
					†		† I	Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 2,541,	797.00	Gross Receipts Second	d Group	\$ 1,26	9,498.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	11 Wap	pingers Falls		COMMUNITY/ AREA	12 Yorkt	own		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					1			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	s 6,473,	281.00	Gross Receipts Fourth	Group	\$ 3,07	4,959.00	
	·							
Base Rate Fee Third Gr	oup	<u> </u> \$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Bate 5		· Constitution of the Cons						
Base Rate Fee: Add the Enter here and in block			iber group a	as snown in the boxes al	oove.	\$		
		,						

LEGAL NAME OF OWNER CSC HOLDINGS, LI		SYSTEM:				SY	STEM ID# 028910	Name	
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU	Р	FOU	RTEENTH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA	13 Morr			COMMUNITY/ AREA	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
							 	Base Rate Fee	
	+				. – – –		 	and	
	+					#	 	Syndicated	
	+					+	 	Exclusivity Surcharge	
						 	†	for	
							I	Partially	
]						I I	Distant	
							 	Stations	
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	+					 	 		
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	†						†		
							<u> </u>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$ 10,038,	194.00	Gross Receipts Second	Group	\$	0.00		
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00		
	TEENTH	SUBSCRIBER GROU			XTEENTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Book Both For Third Co.			0.00	Page Page For For the	Orone		0.00		
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	οιουρ	\$	0.00		
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes ab	ove.	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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 9 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 Second 50 major television market of First 50 major television market Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations vour actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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 9 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 Second 50 major television market of First 50 major television market Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations vour actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

	LEGAL NAME OF COMMED OF CARLE OVERTIME	FORM SA3. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you must also compute a
of		Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerci	ial VHF Grade B contour stations listed in block A part 9 of
Syndicated	this schedule.	al VIII Grade B contour cratione lieuce III Block 74, part o ci
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for	
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.	rmula outlined in block D, section 3 or 4 of part 7 of this
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	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	computation
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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 9 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 Second 50 major television market of First 50 major television market Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations vour actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2017/2

STATE NY			First Commu
1111			
	\$	1,286,012.29	Total
		725.00	Fee
ACCOUNTING PERIOD	\$	1,286,737.29	
statements of account (SO. L SOAs for current, past ar 498). Please be advised th	As) under the s nd future accou at the filing fee	ection 111, 119, and nting periods. For is deducted before	
	tension and Localism Act of statements of account (SO L SOAs for current, past ar 498). Please be advised th ate filing fee will result in a	tension and Localism Act of 2010 (STELA statements of account (SOAs) under the statements for current, past and future accoud (1988). Please be advised that the filing fee ate filing fee will result in an underpayment.	tension and Localism Act of 2010 (STELA), which granted statements of account (SOAs) under the section 111, 119, and L SOAs for current, past and future accounting periods. For 498). Please be advised that the filling fee is deducted before ate filling fee will result in an underpayment of royalty fees.

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