This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information,
General instru	uctions are located	8/30/21		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	1			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20211	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par	•	idiary of another corporation, give the full o	corporate
Owner	List any other name or names under whic	ch the owner conducts the business of t	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should ting period.	d submit a
	X Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CSC NC LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)	
	Altice USA, Inc.			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	1 Court Square, 45th Floor (Number, street, rural route, apartment, or suite n			
	Long Island City, NY 11101 (City, town, state, zip)	1		
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line			

 

 System
 1
 IDENTIFICATION OF CABLE SYSTEM: West Jefferson, NC

 AllLING ADDRESS OF CABLE SYSTEM:
 MAILING ADDRESS OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the

completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CSC NC LLC	0
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon identified city.	ne parks should be reported in parentheses below the
First	CITY OR TOWN West Jefferson	STATE NC
Community	Lansing	NC
-	Jefferson	NC
ows as Necessary	Unincorporated Ashe County	NC

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	CSC NC LLC								
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR	IBERS AND R	ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission					•			
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n					•		s charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	ae and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc						o mann a	particular rate	
	Block 1: In the left-hand block								
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again unc	ler "Ser	vice to addition	nal set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	inu rates, in th	e nym-i	Iditu Diock. A t	wo- or the	e-word descript		Service is	
		DCK 1					BLOCK	٢2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		482	42.60					
	Service to additional set(s)		402	42.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		34	42.60					
	Converter		J7	42.00					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for rat					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There ar		,		0		0 (	/	
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If any f			able per p	rogram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				-	-			
	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						e form of a		
	brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	RAIE		ation: Non-res		RATE	CATEGO	JRT OF SERVICE	RATE
	Pay cable			tel, hotel	haentiai		Fxpano	ded Basic	80.1
	• Pay cable—add'l channel	10.00-16.95		mmercial			Digital		9.0
	Fire protection			y cable			Convei		00-6.0
	•Burglar protection			y cable-add'l cl	nannel		- 511761		
	Installation: Residential			e protection					
	First set			rglar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)			connect					h
	Converter			connect					
				tlet relocation					
			_						
			• IVIO	ve to new addr	ress				

ing Period: 2				
ame	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. S: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th	(1) stations carried only on a part be carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a st	t-time basis under grams [sections tations carried on a ubstitute program
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove	ctions. SPN, etc. Identify each port multistream er the air in its community
	educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAXN	64	l	Charlotte, NC
	WAXN WBTV	64 23	I N	Charlotte, NC Charlotte, NC
cessary			I N N	
ecessary	WBTV	23		Charlotte, NC
cessary	WBTV WCYB-1	23 5	N	Charlotte, NC Bristol, TN
cessary	WBTV WCYB-1 WCYB-2	23 5 5.2	N	Charlotte, NC Bristol, TN Bristol, TN
ccessary	WBTV WCYB-1 WCYB-2 WJZY	23 5 5.2 47	N       	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC
Vecessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
s Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
s Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
is Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
s Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC
as Necessary	WBTV WCYB-1 WCYB-2 WJZY WSOC	23 5 5.2 47 34	N I N N	Charlotte, NC Bristol, TN Bristol, TN Charlotte, NC Charlotte, NC

EGAL NAME OF		JABLE S'	YSIEM:					SYSTEM
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info	it is carried by monitoring, to prmation abou	y the sys be recei	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during ce	) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S	lentify the call tate whether t	he statio	each station carried. n is AM or FM.					
gnal, indicate	this by placing	g a check	nal was electronically process < mark in the "S/D" column. on (the community to which th					
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

ccounting Perio	od: 2021/1						-	M SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID
	CSC NC LLC							
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident							
• • • • •	substitute basis during the a							
Substitute Carriage:	explanation of the programm				the general in	structions in tr	te paper S	A1-2 form.
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per</li> </ol>				asis any non	network televi	ision prog	ram
Statement and	broadcast by a distant sta	•	ui cable syster	in carry, on a substitute i	asis, any non			
Program Log							YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer	is "Yes," you	must complet	e the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTE							
	In General: List each subsicilear. If you need more spaced more spaced more spaced more spaced by a spread of the special space spac	ace, please of every not a distant stat egulations, of ries like "mot . Bulls." m was broa sign of the adcast statil nadian statid nth and day ive "5/7." nes when the . Example: a	add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entu station broadc on's location ( ons, if any, the r when your sy e substitute pr	I rows to the tables. vision program ("substitu our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente casting the substitute pro the community to which t e community with which t stem carried the substitu ogram was carried by yo	te program") t uted for the pr eneral instruct ram titles, for o r "No." gram. he station is li ne station is li ne station is li te program. U ur cable syste	hat, during th ogramming or ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tin	e account f another er informa ove Lucy" e FCC or, with the r nes accur	ting station ttion. or in nonth
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the and regulati mming that y	ions in effect d	luring the accounting per	iod; enter the	letter "P" if the	e listed pr	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the and regulati mming that y	ions in effect d your system w	luring the accounting per as permitted to delete un	iod; enter the ader FCC rules	letter "P" if the s and regulation	e listed pr ons in JTE	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the and regulati mming that y UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI	UTE RRED	ogram
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
			0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,949.86
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			<u> </u>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
		_	_
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC NC LLC		SYSTEM ID# 0
M Channels	to its subscribers, and (2) the cable system's total n 1. Enter the total number of channels on which the	Idcast stations	7 161
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY HASKINS	Telephone (90	3) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, c TYLER, TX 75701 (City, town, state, zip)		
	Email RODNEY.HASKINS	S@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, but (Owner other than corporation or partner)</li> <li>(Agent of owner other than corporation in line 1 of space B and that the owner</li> <li>X (Officer or partner) I am an officer (if a control in line 1 of space B.</li> <li>I have examined the statement of account and hereber (Second Control in Control i</li></ul>	ership) I am the owner of the cable system as identified in line 1 of space B; or or partnership) I am the duly authorized agent of the owner of the cable syste	em as identified
	Ente	X /s/ Alan Dannenbaum er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) me: ALAN DANNENBAUM	
		/P, PROGRAMMING position held in corporation or partnership)	
	Date:	7/22/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

AL NAME OF OV <b>C NC LLC</b>		FORM SA1-2E. PAGE 8
	/NER OF CABLE SYSTEM:	SYSTEM ID
The Satellite I lowing senten "In det service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
For an explan	aplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessment
	x	
Line 2 Multin	ly line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multip	x days ly line 2 by the number of days late and enter the sum here	
Line 4 Multip	ly line 2 by the number of days late and enter the sum here	
Line 4 Multip in spa * To view f	ly line 2 by the number of days late and enter the sum here	
Line 4 Multip in spa * To view t contact t	ly line 2 by the number of days late and enter the sum here	
Line 4 Multip in spa * To view contact f ** This is t NOTE: If you	ly line 2 by the number of days late and enter the sum here	
Line 4 Multip in spa * To view contact f ** This is t NOTE: If you	ly line 2 by the number of days late and enter the sum here	

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