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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/30/21	\$					
0/00/21	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2021/1				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ss of the cable syster on the last day of the unting period.	em. the accounting period should su	•	028910
	CSC HOLDINGS, LLC				
				028910)20211
				028910	2021/1
	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 o				
	inames already appear in space B. In line 2, give the mailing address 0	ille system, il un	lerent nom the address giv	en in space	; D.
System	Altice USA, Inc.				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pag	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	Bronx	NY			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#
Sample	Allianea	MD	A B		1
	Alliance Gering	MD MD	В		3
		,,,,,			

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 fling, a determination that would be made by a court of law.

Oradell

Paramus

Park Ridge

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN **STATE** CH LINE UP **Bronx** NY AA First Yonkers City NY AA 1 Community 2 Allendale NJ AB Alpine NJ AB 2 Bergenfield 2 NJ AB 2 **Bogota** NJ AB See instructions for 2 **Cedar Grove** NJ AB additional information on alphabetization. 2 Clifton NJ AB 2 NJ AB Closter Cresskill NJ AB 2 Demarest NJ AB Add rows as necessary. 2 **Dumont** NJ **AB** 2 AB Elmwood Park NJ 2 Emerson NJ AB Fairlawn NJ AB 2 Franklin Lakes NJ **AB** Garfield NJ 2 AB Glen Rock NJ AB 2 Hackensack NJ AΒ 2 Haledon NJ AB 2 Harrington NJ AB NJ AB 2 **Hasbrouck Heights** 2 Haworth NJ AB 2 Hawthorne NJ AB Hillsdale NJ AB Ho Ho Kus NJ AB 2 Little Falls NJ AB 2 Lodi NJ AB AB 2 Maywood NJ **Midland Park** NJ AB 2 **New Milford** NJ AB 2 North Caldwell NJ AB North Haledon NJ AB Northvale AB 2 NJ 2 Norwood NJ AB Nutley NJ AB NJ 2 Old Tappan AB

NJ

NJ

NJ

AB

AB

AB

2 2

Passaic	NJ	AB	2
Paterson	NJ	AB	2
Prospect Park	NJ	AB	2

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN STATE CH LINE UP Ramsey NJ AB First Ridgewood NJ AB 2 Community River Edge 2 NJ AB Rivervale NJ AB 2 2 Rochelle Park NJ AB 2 Rockleigh NJ AB See instructions for 2 Saddle Brook NJ AB additional information on alphabetization. 2 Saddle River NJ AB 2 South Hacksensack NJ AB Teaneck NJ AB 2 **Tenafly** NJ AB Add rows as necessary. 2 **Totowa** NJ **AB** 2 Upper Saddle River AB NJ 2 NJ Waldwick AB **Washington Township** NJ AB 2 NJ **AB** Wayne West Paterson NJ 2 AB Westwood NJ AB 2 Wood Ridge NJ AΒ 2 Woodcliff Lake NJ AB 2 Wyckoff NJ AB **Airmont** NY AB 3 Bloomingdale 3 NJ AB 3 Butler NJ AB **Chestnut Ridge** NY AB 3 Clarkstown NY AB 3 3 Grandview NY AB NY 3 Hillburn AB Kinnelon NJ AB 3 Lincoln Park NJ AB 3 3 Mahwah NJ AB Montebello NY AB 3 3 NJ AB Montvale Montville (Morris County AB 3 NJ **New Hempstead** NY AB 3 3 Nyack NY AB 3 Oakland NJ AB Orangetown NY AB 3

NJ

NY

AB

AB

3 3

Piermont

Pequannock

Pompton Lakes	NJ	AB	3
Ramapo (Rockland)	NY	AB	3
Ramapo Corridor	NY	AB	3

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN STATE CH LINE UP Ringwood NJ AB 3 First Riverdale NJ AB 3 Community **Sloatsburg** 3 NY AB NY South Nyack AB 3 **Spring Valley** NY 3 AB 3 Suffern NY AB See instructions for 3 Tuxedo NY AB additional information on alphabetization. 3 **Tuxedo Park** NY AB NY 3 AB **Upper Nyack** Wanaque NJ AB 3 3 NY AB Wesley Hills Add rows as necessary. AC **Bridgeport** CT 4 AC 4 Fairfield CT Stratford CT AC 4 AD Milford CT 5 **Orange** CT **AD** Woodbridge CT AD 5 Ardsley NY ΑE 6 **Bronxville** NY 6 ΑE **Dobbs Ferry** 6 NY AE **Eastchester** NY AΕ 6 **Elmsford** NY ΑE 6 NY ΑE 6 Greensburgh 6 Hastings-on-Hudson NY AE NY ΑE 6 Irvington Larchmont NY ΑE 6 Mamaroneck Town 6 NY ΑE Mamaroneck Village NY AE 6 6 **New Rochelle** NY AΕ North Castle (Mamaroneck) NY 6 AE 6 Pelham NY ΑE **Pelham Manor** NY AE 6 NY 6 Rye City AE NY ΑE 6 Ryebrook Scarsdale NY AE 6 6 Tuckahoe NY ΑE White Plains NY 6 AE

CT

CT

CT

AF

ΑF AF

Darien

Easton

Greenwich

New Canaan	СТ	AF	7
Norwalk	CT	AF	7
Redding	CT	AF	7

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN STATE CH LINE UP Stamford CT AF First СТ ΑF Weston Community Westport CT AF CT Wilton AF **Bedford (Ossining)** NY AG 8 8 Briarcliff Manor NY AG See instructions for Buchanan NY AG 8 additional information on alphabetization. 8 Cortlandt NY AG NY 8 Croton-on-Hudson AG **Haverstraw Town** NY AG 8 8 **Haverstraw Village** NY AG Add rows as necessary. NY 8 **Mount Pleasant** AG 8 **New Castle** AG NY 8 NY Ossining Town AG Ossining Village NY AG 8 8 Peekskill NY AG Philipstown (Ossining) NY AG 8 Pleasantville NY AG 8 **Pomona** NY 8 AG Ramapo (Ossining) 8 NY AG 8 Sleepy Hollow NY AG **Stony Point** NY AG 8 8 Tarrytown NY AG 8 West Haverstraw NY AG Chester NY 9 AG Chestertown NY AG 9 9 Florida NY AG NY 9 Greenville AG **Greenwood Lake** AG 9 NY **Matamoras** PA AG 9 NY 9 Minisink AG **Montague Township** 9 NJ AG Sandyston Township AG 9 NJ Unionville NY 9 AG Warwick NY AG 9 9 **Warwick Town** NY AG 9 West Milford AG NJ

PA

NY

NY

AG

AΗ

AH

9

10

10

Harrison

Port Chester

Westfall Township

Amenia Township	NY	Al	11
Beacon	NY	Al	11
Blooming Grove	NY	Al	11

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN STATE CH LINE UP Clinton NY ΑI 11 First **Cold Spring** NY Al 11 Community **Dover Township** NY ΑI 11 East Fishkill NY ΑI 11 NY 11 **Esopus** ΑI 11 Fishkill Town NY ΑI See instructions for Fishkill Village NY ΑI 11 additional information on alphabetization. 11 Harriman NY ΑI NY 11 ΑI **Hyde Park** Kent NY ΑI 11 La Grange NY ΑI 11 Add rows as necessary. NY 11 Lloyd ΑI Marlborough AI 11 NY NY ΑI 11 Milan Millbrook Village NY ΑI 11 Millerton Village NY ΑI 11 **Monroe Town** NY 11 ΑI Monroe Village NY ΑI 11 Nelsonville NY ΑI 11 North East 11 NY ΑI Philipstown (Wappingers Falls) NY ΑI 11 **Pine Plains** NY ΑI 11 **Plattekill** NY ΑI 11 11 Poughkeepsie NY ΑI NY ΑI 11 South Blooming Grove Stanford NY ΑI 11 11 **Union Vale** NY ΑI NY Wappingers ΑI 11 Wappingers Falls 11 NY ΑI **Washington Township** NY ΑI 11 Woodbury NY 11 ΑI 12 **Bedford (Yorktown)** NY AJ 12 NY AJ Lewisboro NY 12 **Mount Kisco** AJ North Castle (Yorktown) NY AJ 12 12 North Salem NY AJ 12 NY Pound Ridge ΑJ

Somers

Yorktown

Putnam Valley

12

12

12

AJ

ΑJ

NY

NY

NY

Allamuchy	NJ	AK	13
Boonton	NJ	AK	13
Boonton Township	NJ	AK	13

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 028910 CSC HOLDINGS, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN SUB GRP# STATE CH LINE UP Chatham NJ AK 13 First Denville NJ AK 13 Community Dover NJ AK 13 **East Hanover** ΑK NJ 13 Florham Park ΑK 13 NJ **Hanover Township** 13 NJ AK See instructions for Hopatcong NJ AK 13 additional information on alphabetization. **Jefferson Township** 13 NJ ΑK ΑK Madison NJ 13 Mine Hill NJ AK 13 Montville (Morris Township) NJ 13 AK Add rows as necessary. **Morris Plains** NJ AK 13 ΑK 13 **Morris Township** NJ NJ ΑK 13 Morristown **Mount Arlington** 13 NJ AK **Mount Olive** NJ AK 13 **Mountain Lakes** NJ AK 13 Netcong NJ AK 13 NJ ΑK 13 **Parsippany-Troy Hills** 13 Randolph NJ AK Rockaway NJ ΑK 13 NJ ΑK 13 **Rockaway Township** Roxbury NJ AK 13 13 Stanhope NJ AK The Picatinny Arsenal NJ ΑK 13 Victory Gardens NJ ΑK 13 ΑK 13 Wharton

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Name CSC HOLDINGS, LLC SYSTEM: SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **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.

BLG	OCK 1			BLOC	K 2	
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	931,320	\$ 24.99				
 Service to additional set(s) 						
 FM radio (if separate rate) 			" "			
Motel, hotel			11			
Commercial	47,778	\$ 35.95	" "			
Converter						
Residential			" "			
Non-residential			" "			
	ļ	•	·· ···		l'''''''	•

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		Core	\$ 79.99
 Pay cable 	1.50/house	Motel, hotel		Value	\$ 84.99
 Pay cable—add'l channel 	2.95-34.95	Commercial		Preferred/Select	\$ 94.99
 Fire protection 		Pay cable		Premier	\$ 129.99
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 		Burglar protection			
 Additional set(s) 	\$ 25.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
 Converter 		Disconnect		Guide	
		Outlet relocation		CableCard	\$ 2.50
		 Move to new address 		Converter	10.00/\$11.00

ACCOUNTING PERIOD: 2021/1

FORM SA3E. PAGE 3. EGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910

n General: In space G, identify every television station (including translator stations and low power television stations) arried 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis 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 th

- 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach 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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel n 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 noncommercia ducational 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). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex anation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 subjec 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is li

		CHANN	IEL LINE-UP	AA		
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	
WABC	7	N	No		NEW YORK, NY	
WABC-2	7.2	N-M	No		NEW YORK, NY	See instructions for
WABC-3	7.3	I-M	No		NEW YORK, NY	additional information o
WASA	24	I	No		PORT JERVIS, NJ	aipiiabetization.
WCBS	2	N	No		NEW YORK, NY	
WCBS-2	2.2	N-M	No		NEW YORK, NY	
WCBS-3	2.3	N-M	No		NEW YORK, NY	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	I	No		MIDDLETOWN, NJ	
WLIW	21	Е	No		GARDEN CITY, NY	
WLIW-2	21.2	E-M	No		GARDEN CITY, NY	
WLIW-3	21.3	E-M	No		GARDEN CITY, NY	
WLIW-4	21.4	E-M	No		GARDEN CITY, NY	
WLNY	55	I	No		RIVERHEAD, NY	
WMBC	63	I	No		NEWTON, NJ	
WNBC	4	N	No		NEW YORK, NY	
WNBC-2	4.2	N-M	No		NEW YORK, NY	
WNET	13	E	No		NEWARK, NJ	
WNET-2	13.2	E-M	No		NEWARK, NJ	
WNJU	47	I	No		LINDEN, NJ	
WNJU-2	47.2	I-M	No		LINDEN, NJ	
WNYE	25	Е	No		NEW YORK, NY	
WNYE-2	25.2	E-M	No		NEW YORK, NY	
WNYE-3	25.3	E-M	No		NEW YORK, NY	
WNYW	5	ı	No		NEW YORK, NY	
WNYW-2	5.2	I-M	No		NEW YORK, NY	
WPIX	11	I	No		NEW YORK, NY	
WPIX-2	11.2	I-M	No		NEW YORK, NY	
WPIX-3	11.3	I-M	No		NEW YORK, NY	
WPXN	31	ı	No		NEW YORK, NY	
WRNN	48	ı	No		KINGSTON, NY]
WWOR	9	I	No		SECAUCUS, NJ	
WWOR-3	9.2	I-M	No		SECAUCUS, NJ	
WWOR-4	9.3	I-M	No		SECAUCUS, NJ	J
WXTV	41	I	No		PATERSON, NJ	

G

Primary Transmitters: Television

CSC HOLDINGS, LLC

SYSTEM ID#

CSC HOLDINGS, LLC

028910

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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), 76.61(e)

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis under specific 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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form.

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-2" (and its each stream separately); for example weta-stream services to the stream services of the stream

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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) or "be meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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 identified.

Note: If you great utilizing multiple channel lineurs. Use a senarcte space 6 for each channel lineur.

		CHANN	IEL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No	(NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	Е	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	Е	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	Е	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	Е	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No	T	PATERSON, NJ

G

Primary Transmitters: Television

Primary

Transmitters:

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) 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), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—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 located in the paper SA3 form.

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

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), "" (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 located in the page SA3 form.

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exlapation of local service area, see page (v) of the general instructions located in the paner SA3 form.

planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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

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 located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

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.

		CHANN	EL LINE-UP	AC	
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
WABC	7	N	No	,	NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WCTX	59	I	No		NEW HAVEN, CT
WEDW	49	Е	No		BRIDGEPORT, CT
WEDW-3	49.3	E-M	No	• • • • • • • • • • • • • • • • • • • •	BRIDGEPORT, CT
WFSB	3	N	No		HARTFORD, CT
WFUT	68	I	No	•	NEWARK, NJ
WFUT-3	68.3	I-M	No	•	NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WNBC	4	N	No	•	NEW YORK, NY
WNBC-2	4.2	N-M	No	•	NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No	•	NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	ı	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WTNH	8	N	No		NEW HAVEN, CT
WVIT	30	N	No		NEW BRITAIN, CT
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
WZME	43	I	No		BRIDGEPORT, CT
		l	No	1	

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CSC HOLDINGS, LLC** 028910

n General: In space G, identify every television station (including translator stations and low power television stations) arried 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis 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 th

- 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach 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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel n 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 noncommercia ducational 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). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex anation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 subjec 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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.

2. B'CAST	ĺ	1	1	1
CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
7	N	No		NEW YORK, NY
7.2	N-M	No		NEW YORK, NY
7.3	I-M	No		NEW YORK, NY
24	I	Yes	0	PORT JERVIS, NJ
2	N	No		NEW YORK, NY
2.2	N-M	No		NEW YORK, NY
2.3	N-M	No		NEW YORK, NY
49	E	No		BRIDGEPORT, CT
68	I	No		NEWARK, NJ
68.3	I-M	No		NEWARK, NJ
33	I	No		MIDDLETOWN, NJ
21.2	E-M	Yes	E	GARDEN CITY, NY
21.3	E-M	Yes	Е	GARDEN CITY, NY
55	I	No		RIVERHEAD, NY
63		No		NEWTON, NJ
4	N	No		NEW YORK, NY
4.2	N-M	No		NEW YORK, NY
13	Е	No		NEWARK, NJ
13.2	E-M	No		NEWARK, NJ
50	Е	No		MONTCLAIR, NJ
47	I	No		LINDEN, NJ
47.2	I-M	No		LINDEN, NJ
5	I	No		NEW YORK, NY
5.2	I-M	No		NEW YORK, NY
11	I	No		NEW YORK, NY
11.2	I-M	No		NEW YORK, NY
11.3	I-M	No		NEW YORK, NY
31	I	No		NEW YORK, NY
48		No		KINGSTON, NY
9	I	No		SECAUCUS, NJ
9.2	I-M	No		SECAUCUS, NJ
9.3	I-M	No		SECAUCUS, NJ
41	ı	No		PATERSON, NJ
1	Ī			
			•	
	NUMBER 7 7.2 7.3 24 2 2.2 2.3 49 68 68.3 33 21.2 21.3 55 63 4.4 4.2 13.2 50 47.2 5.2 11 11.2 11.3 31 48 9 9.2 9.3	NUMBER STATION	NUMBER	NUMBER STATION (If Distant)

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

028910

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under 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

- 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 located in the paper SA3 form.

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 multi-cast 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 located in the paper SA3 form.

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 located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

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 located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AE	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	ı	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
wxtv	41	ı	No		PATERSON, NJ
WZME	43	I	No	T	BRIDGEPORT, CT

Primary

Transmitters: Television

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# **CSC HOLDINGS, LLC** RIMARY TRANSMITTERS: TELEVISION

In General: In space G. identify every television station (including translator stations and low power television stations) arried 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

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis under specific 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 located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in s 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).

or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-

anation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 xplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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.

		CHANN	EL LINE-UP	AF	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distort)	
WABC		N N	No	(If Distant)	NEW YORK, NY
	7				1
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No No		NEW YORK, NY
WASA	24	l N	No		PORT JERVIS, NJ
WCBS	2	N	No 		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M ·	No 		NEW YORK, NY
WCTX	59	<u> </u>	No		NEW HAVEN, CT
WEDW	49	E	No	ļ	BRIDGEPORT, CT
WEDW-3	49.3	E-M	No		BRIDGEPORT, CT
WFSB	3	N	No	ļ	HARTFORD, CT
WFUT	68	l	No		NEWARK, NJ
WFUT-3	68.3	I-M	No	.	NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No	•	NEW YORK, NY
WNYW	5	I	No	•	NEW YORK, NY
WNYW-2	5.2	I-M	No	•	NEW YORK, NY
WPIX	11	I	No	†	NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No	†	NEW YORK, NY
WPXN	31	l	No		NEW YORK, NY
WRNN	48	l	No		KINGSTON, NY
WTNH	8	N N	No	†	NEW HAVEN, CT
WVIT	30	N	No		NEW BRITAIN, CT
WWOR		l I	No No	†	***************************************
	9				SECAUCUS, NJ
WWOR-3	9.2	I-M	No No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
WZME	43	ı	No		BRIDGEPORT, CT

Primary

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID#

CSC HOLDINGS, LLC

028910

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

pasis 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

- 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 located in the paper SA3 form.

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 located in the paper SA3 form.

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 located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

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 located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AG	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	Е	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

028910

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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), 76.61(e)

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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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-2" (and its each stream separately); for example weta-stream services to the stream services of the stream

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes." If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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 identified 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 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				
WABC	7	N	No	,	NEW YORK, NY				
WABC-2	7.2	N-M	No		NEW YORK, NY				
WABC-3	7.3	I-M	No		NEW YORK, NY				
WASA	24	I	No		PORT JERVIS, NJ				
WCBS	2	N	No		NEW YORK, NY				
WCBS-2	2.2	N-M	No		NEW YORK, NY				
WCBS-3	2.3	N-M	No		NEW YORK, NY				
WEDW	49	E	No		BRIDGEPORT, CT				
WFUT	68	I	No		NEWARK, NJ				
WFUT-3	68.3	I-M	No		NEWARK, NJ				
WJLP	33	I	No		MIDDLETOWN, NJ				
WLIW	21	E	No		GARDEN CITY, NY				
WLIW-2	21.2	E-M	No		GARDEN CITY, NY				
WLIW-3	21.3	E-M	No		GARDEN CITY, NY				
WLIW-4	21.4	E-M	No		GARDEN CITY, NY				
WLNY	55	I	No		RIVERHEAD, NY				
WMBC	63	I	No		NEWTON, NJ				
WNBC	4	N	No		NEW YORK, NY				
WNBC-2	4.2	N-M	No		NEW YORK, NY				
WNET	13	E	No		NEWARK, NJ				
WNET-2	13.2	E-M	No		NEWARK, NJ				
WNJU	47	I	No		LINDEN, NJ				
WNJU-2	47.2	I-M	No		LINDEN, NJ				
WNYE	25	E	No		NEW YORK, NY				
WNYW	5	I	No		NEW YORK, NY				
WNYW-2	5.2	I-M	No		NEW YORK, NY				
WPIX	11	I	No		NEW YORK, NY				
WPIX-2	11.2	I-M	No		NEW YORK, NY				
WPIX-3	11.3	I-M	No		NEW YORK, NY				
WPXN	31	I	No		NEW YORK, NY				
WRNN	48	ı	No		KINGSTON, NY				
WWOR	9	I	No		SECAUCUS, NJ				
WWOR-3	9.2	I-M	No		SECAUCUS, NJ				
WWOR-4	9.3	I-M	No		SECAUCUS, NJ				
WXTV	41	I	No		PATERSON, NJ				
WZME	43	I	No		BRIDGEPORT, CT				

Transmitters:

Television

CSC HOLDINGS, LLC

SYSTEM ID#

CSC HOLDINGS, LLC

028910

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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), 76.61(e)

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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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 ir 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 located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes." If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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 identified.

Note: If you great utilizing multiple channel lineurs. Use a senarcte space 6 for each channel lineur.

		CHANN	IEL LINE-UP	Al	
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
W42AE	42	E	No		POUGHKEEPSIE, NY
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	E	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	ı	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
]		I	

Primary

Transmitters:

Television

CSC HOLDINGS, LLC

SYSTEM ID#

CSC HOLDINGS, LLC

028910

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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), 76.61(e)

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		CHANN	EL LINE-UP	AJ	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	ı	No		MIDDLETOWN, NJ
WLIW	21	Е	No	•	GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	l I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	 	No		NEW YORK, NY
WRNN	48	<u>-</u>	No		KINGSTON, NY
WWOR	9	i	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
	•	1			
WXTV WZME	41 43	l I	No No		PATERSON, NJ BRIDGEPORT, CT
VV∠(VI E	43	ļ <u>.</u>	NO		BRIDGEPURI, CI
		L			

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

028910

Name

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

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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).

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For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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 located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you

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 located in the paper SA3 form.

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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AK	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	1	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.2	I-M	No		SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 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 located in the paper SA3 form. 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 LOCATION OF STATION S/D

CSC HOLDINGS, LLC	CABLE SYS	TEM:			S	028910	Name	
SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the acceptanation of the programm	ify every no	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former FC	a distant statio	lations, or authorizations.	For a further	Substitute	
form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? — Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broadthe case of Mexican or Car Column 5: Give the moi first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every no distant state gulations, attion. Do not be adcast statination attion attion attion attion the adcast statination attion attion attion the example: ter "R" if the and regulation of the attion attio	am on a separ attach addition connetwork teletion and that yor authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ons, if any, they when your sy he substitute pra program care listed programions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the go categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the extern carried the substitut rogram was carried by you ried by a system from 6:0 m was substituted for prog during the accounting perio	e program) the ted for the program instruction "basketbal" "No." ram. he station is like station is like program. Unit cable system in the program in the pr	at, during the accounting ogramming of another stons located in the papular. List specific programming of the FCC or, lentified). It is the times accurately accurately accurately be accurately accurately be accurately accurately be accurately accurately accurately be accurately accurat	g station er in nonth stely		
S	UBSTITUT	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		

ACCOUNTING PERIOD: 2021/1 FORM SA3E. 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 • 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 TO

	L NAME OF OWNER OF CABLE SYSTEM: C HOLDINGS, LLC	SYSTEM ID# 028910	Name
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
InstruConConIf your feeIf you accord	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the lock 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.	ts of the DSE Schedule	Copyright Royalty Fee
bloc	k 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er		
3 be			
	block 4 below.	id be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	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	\$ 184,838,529.29	
	Enter the result here. This is your minimum fee.	\$ 1,966,681.95	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period	n 4, you must check	
	Yes—Complete the DSE schedule. No—Leave block 3 below blank and cline 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	complete line 1, block 4.	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 117,343.78	
	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	\$ 117,343.78	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 1,966,681.95	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 1,967,406.95	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta		

ACCOUNTING PERIOD: 2021/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CSC HOLDINGS,		STEM:	SYSTEM ID# 028910						
	CHANNELS			-						
M		-	1) the number of channels on which the cable system carried television broadcast able system's total number of activated channels, during the accounting period.	stations						
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	oyotom camed told	oviolon bro								
	Enter the total number on which the cable		tivated channels arried television broadcast stations							
		•		660						
N Individual to										
Be Contacted for Further Information										
	Address 3027 S	SE LO	DP 323 Dute, apartment, or suite number)							
		R, TX 75	701							
	Email		EY.HASKINS@ALTICEUSA.COM Fax (optional)							
	CERTIFICATION (Th	is stateme	nt of account must be certifed and signed in accordance with Copyright Office regu	ulations.)						
0	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
Certifcation	• I, the undersigned, h	nereby cer	ify that (Check one, but only one, of the boxes.)							
	(Owner other tha	n corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or						
			corporation or partnership) I am the duly authorized agent of the owner of the cable that the owner is not a corporation or partnership; or	system as identified						
	(Officer or partn in line 1 of spa		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	rner of the cable system						
		nd correct	of account and hereby declare under penalty of law that all statements of fact containe to the best of my knowledge, information, and belief, and are made in good faith.	ed herein						
		X	/s/ Alan Dannenbaum							
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor nen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com							
		Typed	or printed name: ALAN DANNENBAUM							
		Title:	SVP, PROGRAMMING	10000001100100000000000000000000000000						
			(Title of official position held in corporation or partnership)							
		Date:	July 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 the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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: SYSTEM ID#	Name			
CSC HOLDINGS, LLC 028910				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion			
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?				
X NO				
YES. Enter the total here and list the satellite carrier(s) below				
Name Mailing Address Name Mailing Address				
INTEREST ASSESSMENTS				
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.				
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				
Line 3 Multiply line 2 by the number of days late and enter the sum here				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)				
(interest charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.				
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.				
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.				
Owner Address 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 in the paper SA3 form.

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 SA3E (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 accoun (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
North Control of the	

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 C of your Form SA3E, 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 SA3E (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 particula 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, ir 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 SA3E (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 beer 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),(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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
 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.

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.

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.

- Calculate a separate base rate fee for each subscriber group, using
 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:

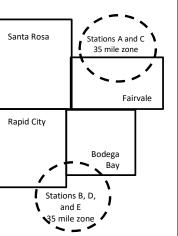
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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	1	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)	0.25	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

		\$6,384.00			
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)

DOL GOITEDOLL. I AG	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910					
•						
	SUM OF DSEs OF CATEGOR	Y "O" STATIOI	NS:			
	• Add the DSEs of each station.					
	Enter the sum here and in line 1 of part 5 of this schedule.				1.25	
		1 of part o or an	o concadio.			
	Instructions:					
2	In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	identified by	the letter "O" in column 5	
	of space G (page 3).					
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, giv	e the DSE as "'				
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WASA	1.000				
	WLIW	0.250				
		0.230				
	WLIW-2	-				
	WLIW-3	-				
	WLIW-4	-				
Add rows as						
necessary.						
Remember to copy						
all formula into new						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
rows.						
10W3.						
		· · · · · · · · · · · · · · · · · · ·				
	L			L		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS OF DAYS SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 1.25 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 1.25 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

CSC HOLDING		SYSTEM:					S'	YSTEM ID# 028910	Name
Instructions: Bloom In block A: If your answer if schedule.			art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo	ocks B and C	below.						
		E	BLOCK A: 1	TELEVISION M.	ARKETS				Computation of 3.75 Fee
	1981?	schedule—D	,	aller markets as de			`	gulations in	50100
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrivation of the Stations carrivation of the Station of the Stati	ales and reguled pursuant to on as defined al educational distation (76.6 or DSE schedlant to individuations but the station will be station w	ations cited both the FCC mains for the FCC main	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198 n), 76.61(b)(c), referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:	*(Note: For those this schedule to	e stations ider determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the v	T -	Г	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WASA	Α	1.00							
WLIW	С	0.25							
WLIW-2	M	-							
WLIW-3	M	-							
WLIW-4	M	-							
								1.25	
		ВІ	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	sum of permitte	d DSEs fron	n block B ab	ove			u -		
Line 3: Subtract (If zero, I				r of DSEs subject t 7 of this schedu		rate.	· ·		
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter here	e and on line	2, block 3, spac	e L (page 7 <u>)</u>	l		0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910										
			JED)	(CONTIN	SION MARKETS	A: TELEVIS	BLOCK				
6	3. DSE	2. PERMITTED BASIS		3. DSE	2. PERMITTED BASIS			2. PERMITTED BASIS	1. CALL SIGN		
Computation 3.75 Fee											

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.) 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. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). 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 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED 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 Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned 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 CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	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. No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in 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	
Section 4a	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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	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		ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i were lo	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 part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. 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 "local e area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?	ow
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 2	Enter the amount of gross receipts from space K (page 7). Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OMNER OF CARLE OVOTEM	OVOTEMID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 028910	Name
CSC HOLDINGS, LLC	020910	
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		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of
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	
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of televi	sion broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receip this exclusion, you must:	ts. To take advantage of	of
tills exclusion, you must.		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate bas		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is no	t exempt in part 7, you	Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both However, if your cable system is wholly located outside all major television markets, complete block A only.	n block A and B below.	Distant
		Stations, and for Partially
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 partiall	v distant station you	Permitted
carried to that community.	y distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscroutside the station's local service area. A subscriber located outside the local service area of a station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stati system will have only one subscriber group when the distant stations it carried have local service areas that contains the c	ions. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each		
subscriber groups.	. s. your systems	
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 subscribers in the group. 	distant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as and 4 of this schedule; or,	you gave it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as yo part 6 of this schedule.	u gave it in block B,	
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	
in the paper SA3 form.	and gorioral mondonolis	
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sche page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscrib DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). Yo your actual calculations on the form. 	per group (that is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 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.

LEGAL NAME OF OWNE		E SYSTEM:				S	O28910	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA	Bronx/	fonkers		COMMUNITY/ AREA	Bergen/	Paterson/Passaic		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	302	07.122 0.0.1	552	07.22 576.1	332	0/122 0/0/1	302	Base Rate F
								and
			······································			·		Syndicated
						-		Exclusivity
								_
								Surcharge
								for
								Partially
								Distant
								Stations
					<u> </u>			
Total DSEs			0.00	Total DSEs	ı		0.00	
Gross Receipts First G	iroup	\$ 50,579	,913.41	Gross Receipts Secon	d Group	\$ 31,06	55,472.82	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Rockla	nd/Oakland		COMMUNITY/ AREA	Bridgep	ort/Fairfield/Strat	ford	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25					 -		
WLIW-2	-							
WLIW-3	-							
WLIW-4	-							
		-						
		-						
	<u>-</u>					H		
								
	<mark> </mark>							
Fotal DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 13,709	,527.21	Gross Receipts Fourth	Group	\$ 9,84	13,573.72	
Base Rate Fee Third 0	Group	\$ 36	,467.34	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base r at	e fees for each subsc	riber aroun	II as shown in the boxes a	hove			
Enter here and in block			g.oup			\$ 11	7,343.78	

RI							028910	
DL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	Milford	Orange/Woodbri	dge	COMMUNITY/ AREA	Mamaro	neck		9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW-3	-							Base Rate
NASA	1.00							and
								Syndicate
		-						Exclusivi
								Surcharg
		-						for
	•	-						Partially
	4							Distant
	•	•						Stations
	•					H		
	•					H		
	†	-				 		
						+		
	 							
	i		_			I I		
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	s 3,810.	,044.06	Gross Receipts Seco	nd Group	\$ 11,12	23,561.44	
,	•				•			
Base Rate Fee First Gr	oup	\$ 40	,538.87	Base Rate Fee Seco	and Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Norwall			COMMUNITY/ AREA				
JONINIONITI/ AILA	INOI WAII			COMMONTT/ ARLA		9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	l							
						-		
Total DSEs			0.00	Total DSEs			0.00	
	roup	\$ 18,803	0.00	Total DSEs Gross Receipts Four	th Group	\$ 8,00	0.00	
	roup	\$ 18,803			th Group	\$ 8,00	_	
Total DSEs Gross Receipts Third G	croup	\$ 18,803	,542.46	Gross Receipts Four	·	\$ 8,00	_	
		\$ 18,803 _.			·	\$ 8,00	_	
Gross Receipts Third G		\$ 18,803 _.	,542.46	Gross Receipts Four	·		03,344.00	
Gross Receipts Third G		\$ 18,803, \$,542.46	Gross Receipts Four	·		03,344.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group		03,344.00	

Name	028910					L NAME OF OWNER OF CABLE SYSTEM: CHOLDINGS, LLC					
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl			
_	P	SUBSCRIBER GROUI	TENTH		JP	SUBSCRIBER GROU	NINTH				
9 Computa		ester	Port Che	COMMUNITY/ AREA		k	Warwic	COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate							0.25	WLIW			
and							-	WLIW-2			
Syndicat							-	NLIW-3			
Exclusiv											
Surcharg											
for											
Partially											
Distant							.				
Station											
			.			•	†				
							 				
	0.00			Total DSEs	0.25			otal DSEs			
	0,864.76	s 1,89	d Group	Gross Receipts Second	302.77	s 4,351,	oup	Gross Receipts First G			
	0,864.76	\$ 1,89	d Group	Gross Receipts Second	302.77	\$ 4,351,	oup	Gross Receipts First G			
	0.00	\$ 1,89		Gross Receipts Second Base Rate Fee Second	302.77 574.47		·	·			
	0.00		d Group	Base Rate Fee Second	574.47		oup	Base Rate Fee First Gr			
	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Second	574.47	\$ 11,	oup EVENTH	Gross Receipts First Gross Rate Fee First Gross Rate Fee First Gross EL			
	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Second	574.47	\$ 11,	oup EVENTH	Base Rate Fee First G			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	Base Rate Fee First Green Firs			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	eventh Wappin	Base Rate Fee First Gr EL COMMUNITY/ AREA CALL SIGN VLIW			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	ELCOMMUNITY/ AREA CALL SIGN VLIW VLIW-2			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	Base Rate Fee First Gr EL COMMUNITY/ AREA			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN WLIW-2 WLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN WLIW-2 WLIW-3			
	0.00	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN VLIW VLIW-2 VLIW-3			
	DSE	\$ SUBSCRIBER GROUD Vn	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-4			
	0.00 P DSE	SUBSCRIBER GROUI	d Group TWELVTH Yorktow	Base Rate Fee Second COMMUNITY/ AREA	574.47	\$ 11, SUBSCRIBER GROU	EVENTH Wappin	CALL SIGN NLIW NLIW-2 NLIW-4			
	DSE	SUBSCRIBER GROUI	d Group TWELVTH Yorktow DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	574.47 JP DSE 0.25	\$ 11, SUBSCRIBER GROU	DSE 0.25	CALL SIGN NLIW NLIW-2 NLIW-3			

-	LLC				028910	Name		
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Morris '	Twp		COMMUNITY/ AREA	Α		0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
						 -		Syndicat
								Exclusiv
								Surchar
								for
		 						Partiall
		H				 -		Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	s 15,859	9,721.33	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMOTOR TO THE PROPERTY OF THE								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O'NEE O'O'N	DOL	O/LE CION	DOL	O/ILL OIOIV	DOL	O/LE GIGIT	DOL	
		_						
otal DSEs			0.00	Total DSEs			0.00	
	Score				th Group		-	
	Group	\$	0.00	Total DSEs Gross Receipts Foul	th Group	\$	0.00	
Fotal DSEs Gross Receipts Third (Group	\$			th Group	\$	-	
		\$				\$	-	
ross Receipts Third 0			0.00	Gross Receipts Fou			0.00	
ross Receipts Third 0			0.00	Gross Receipts Fou			0.00	
ross Receipts Third (ase Rate Fee Third (Group	\$	0.00	Gross Receipts Fou	th Group		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910								Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Bronx/	Yonkers		COMMUNITY/ AREA	A Bergen/	Paterson/Passaid	:	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
		,,						and Syndicated
		-				-		Exclusivity
		,						Surcharge for
						-		Partially
		,						Distant
	<u> </u>							Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 50,579	,913.41	Gross Receipts Sec	ond Group	\$ 31,00	65,472.82	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP			SUBSCRIBER GROU		
COMMUNITY/ AREA	Rockla	nd/Oakland		COMMUNITY/ AREA	A Bridgep	ort/Fairfield/Strat	ford	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						,		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 13,709	,527.21	Gross Receipts Foul	rth Group	\$ 9,84	43,573.72	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			moer group	as shown in the boxes	s above.	\$	0.00	

	GAL NAME OF OWNER OF CABLE SYSTEM: SC HOLDINGS, LLC 028910							
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Milford	l/Orange/Woodbr	dge	COMMUNITY/ AREA	Mamaro	oneck		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		 -						and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		,						Distant
								Stations
Total DSEs	roup	£ 3.810	0.00	Total DSEs	and Croup	. 11.11	0.00 23,561.44	
Gross Receipts First G	roup	\$ 3,810	,044.00	Gross Receipts Seco	ла Group	\$ 11,12	23,361.44	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
,	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Norwa	lk		COMMUNITY/ AREA	\ Ossinin	ıg		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 18,803	,542.46	Gross Receipts Four	th Group	\$ 8,00	03,344.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
tŀ	ne base ra	te fees for each subsc space L (page 7)		as shown in the boxes	·	\$	0.00	

LEGAL NAME OF OWNE CSC HOLDINGS, I		LE SYSTEM:				S	028910	Name
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Warwi	ck		COMMUNITY/ AREA	A Port Ch	ester		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicated
								Exclusivity
	<u> </u>							Surcharge for
	<u> </u>	-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 4,351	,302.77	Gross Receipts Sec	ond Group	\$ 1,8	90,864.76	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Wappi	ngers Falls		COMMUNITY/ AREA	A Yorktov	vn		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
						·		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 10,813	,195.04	Gross Receipts Fou	rth Group	\$ 4,9	84,466.27	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Rate Fee: Add th	ne base ra	\$ te fees for each subsespace L (page 7)				\$	0.00	

SYSTEM ID# 028910 Name				E SYSTEM:		EGAL NAME OF OWNE
				COMPUTATION OF		
RIBER GROUP 0	RTEENTH			SUBSCRIBER GROU -		
0 Computa	COMMUNITY/ AREA 0			Гwр	Morris '	COMMUNITY/ AREA
. SIGN DSE of	DSE	SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						
and						
Syndica						
Exclusiv Surchar						
for						
Partial					-	
Distar						
Station						
0.00		Es	0.00			Total DSEs
0.00	Gross Receipts Second Group \$ 0.00		721.33	\$ 15,859,	roup	Gross Receipts First G
0.00	Group	i te Fee Second	0.00	\$	roup	3ase Rate Fee First G
RIBER GROUP	XTEENTH	SI	Р	SUBSCRIBER GROU	FTEENTH	FIF
	COMMUNITY/ AREA 0		0		COMMUNITY/ AREA	
. SIGN DSE	DSE	SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-	
0.00		Es	0.00			Fotal DSEs
	Group		_	\$	Group	
0.00	Group	Es eceipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television male by section 76.5 of FCC rules in effect on June 24, 1981:	rket any portion of your cable system is located in as defined			
of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.			
İ	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group			
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group 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 Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page				

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	CSC HOLDINGS, LLC 02891					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	☐ First 50 major television market	Second 50 major television market				
Base Rate Fee	INSTRUCTIONS:					
and	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					
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as					
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.					
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.					
Partially Distant	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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show					
Stations	your 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 total number of DSEs for	and enter here. This is the 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 First Group	SURCHARGE Second Group				
	That Group	Gecord Group				
	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 total number of DSEs for	and enter here. This is the total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE				
	Third Group	Fourth Group \$				
	<u>инилизичнининининининининининининининининини</u>					
	OVAIDIOATED EVOLUCIVITY OUDOUADOE A LITTURE OF A LITTURE					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for or in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as snown				

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	CSC HOLDINGS, LLC 028910					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	☐ First 50 major television market ☐ Second 50 major television market					
Base Rate Fee	INSTRUCTIONS:					
and	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					
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as					
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.					
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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	your actual calculations on this form.					
		1				
	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	Line 3: Subtract line 2 from line 1				
	and enter here. This is the total number of DSEs for	and enter here. This is the 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 First Group	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	Line 3: Subtract line 2 from line 1				
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge computation	subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE				
	Third Group	Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page					
		- 				

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	CSC HOLDINGS, LLC 028910					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	First 50 major television market	Second 50 major television market				
Base Rate Fee	INSTRUCTIONS:					
and	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					
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as					
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.					
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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	your 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 this subscriber group	total number of DSEs for this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY				
	SURCHARGE	SURCHARGE				
	First Group	Second Group				
	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 total number of DSEs for	and enter here. This is the total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE				
	Third Group	Fourth Group\$				
	OVAIDIO ATER EVOLUCIVITY OUR OUR DOE: A LILIU					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page					