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
03/01/2022	\$
	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	2021/2				
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 of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of the unting period.	em. the accounting period should su	•)10
	CSC HOLDINGS, LLC				
				0289102021	12
				028910 2021/2	2
	1 Court Square, 45th Floor				
	Long Island City, NY 11101				
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address or				
System	IDENTIFICATION OF CABLE SYSTEM:	. the eyetem, if an	Toront from the address giv		
- Cyclom	Altice USA, Inc.				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(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 page 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	· · · · · · · · · · · · · · · · · · ·			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	
Sample	Alliance	MD MD	A B	2	
	Alliance Gering	MD MD	В	3	
	- Conning	1110		J	

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.

ACCOUNTING PERIOD: 2021/2 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

Oradell

Paramus

Park Ridge

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

ACCOUNTING PERIOD: 2021/2 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: 2021/2 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: 2021/2 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 Westfall Township PA AG 9

NY

NY

AΗ

AH

10

10

Harrison

Port Chester

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

ACCOUNTING PERIOD: 2021/2 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 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 **Putnam Valley** 12 NY AJ

NY

NY

ΑJ

12

12

Somers

Yorktown

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

ACCOUNTING PERIOD: 2021/2 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 AK 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

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.

BL	OCK 1			BLOC	K 2	
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATI	E	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	839,286	\$ 35	5.00			
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	47,137	\$ 36	6.95			
Converter						
Residential						
Non-residential						,
1	 	†				†

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	\$ 108.00
• Pay cable	1.50/house	Motel, hotel		Value	\$ 110.00
 Pay cable—add'l channel 	2.95-34.95	Commercial		Preferred/Select	\$ 130.00
 Fire protection 		Pay cable		Premier	\$ 155.00
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: 2021/2 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) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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

		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	"""alphabetization.
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	ı	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	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	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	2	KINGSTON, NY	
wwor	9	I	No	2	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	

Transmitters:

Television

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

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:

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

CHANNEL 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				

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), 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 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 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 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

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 exclanation of local service area, see page (v) of the represquishments located in the paper 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

CSC HOLDINGS, LLC

SYSTEM ID#

CSC HOLDINGS, LLC

028910

DDIMADY 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:

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 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 WFTA-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 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 "0." 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.

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	l 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

SYSTEM ID#

O28910

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 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	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	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	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	l	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	l	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
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	I	BRIDGEPORT, CT

Primary

Transmitters: Television

FORM SASE. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

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 76.51(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph.

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

 Do not list the station here in space G—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

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), or "E-M" (for noncommercial educational).

Ext. the meaning of these terms, see page (v) of the general instructions located in the page SA2 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 exclanation of local service area, see page (v) of the represal instructions located in the pager 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 ascolation 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	AF	
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	
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	E	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	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		N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		1
WNET			No		NEW YORK, NY
	13	E			NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47		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
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	1	BRIDGEPORT, CT

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 program program program to the station person in special Statement and Program Logical Program Logical Statement and Program Log

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	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	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	ı	No		RIVERHEAD, NY
WMBC	63	ı	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	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	ı	No		PATERSON, NJ

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.

		CHANN	EL 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	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	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	1	SECAUCUS, NJ
WWOR-4	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
WZME	43	I	No		BRIDGEPORT. CT
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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 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

- 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.
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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 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 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 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.

		CHANN	EL 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	Е	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	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	Е	No		NEW YORK, NY
WNYW	5	I	No	1	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	1	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
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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), 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 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

- 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 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-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 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

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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 or utilizing any utilizing the property lines up you are property as you have all you are property.

1. CALL SIGN WABC WABC-2	2. B'CAST CHANNEL	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
	NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	
WABC-2	7	N	No	,	NEW YORK, NY
	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	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	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
WZME	43	I	No		BRIDGEPORT, CT

Primary

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 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 asis under specifc 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 multieast 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 its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 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

able 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 pager 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.

		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	ı	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: 2021/2 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

TORWOADE, FACE 5.						ACCOUNTING	1 LINIOD. 2021/2
CSC HOLDINGS, LLC	CABLE SYS	TEM:			S	YSTEM ID# 028910	Name
SUBSTITUTE CARRIAG	_	_		_			_
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per	_			sis, any non	network television progr	am	Special Statement and
broadcast by a distant sta	ition?				Yes	XNo	Program Log
Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram	
log in block 2. 2. LOG OF SUBSTITUTI	E DPOCP	A M S					
In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if their meaning	is	
clear. If you need more spa				\ 41-	-		
period, was broadcast by a			vision program (substitute our cable system substitu				
under certain FCC rules, re	egulations,	or authorizatio	ns. See page (vi) of the ge	eneral instruc	ctions located in the pap	er	
SA3 form for futher informatitles, for example, "I Love				or "basketba	ll". List specific program	1	
			er "Yes." Otherwise enter	"No."			
			casting the substitute prog		icancad by the ECC or i	n	
the case of Mexican or Car			the community to which the community with which the			11	
Column 5: Give the more	nth and day		stem carried the substitut			onth	
first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	em. List the times accura	itely	
to the nearest five minutes						,	
stated as "6:00–6:30 p.m."	tor "D" if the	listed program	m was substituted for proc	romming the	t vour evetem was requi	rad	
to delete under FCC rules			n was substituted for prog luring the accounting perio				
gram was substituted for p	•	g that your sys	tem was permitted to dele	te under FC0	C rules and regulations i	n	
effect on October 19, 1976	-						
				WHE	EN SUBSTITUTE	7. REASON	
S		E PROGRAM	1		IAGE OCCURRED 6. TIMES	FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	DELETION	
					_		
						'	
					_		
					_		
						"	
					_		
					_		
	1				1		i

ACCOUNTING PERIOD: 2021/2 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 i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed 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)	ndary transmission service	K Gross Receipts
	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 188,249,199.57 (Amount of gross receipts)	
Instru Com Com If yo fee t	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hiplete block 1, showing your minimum fee. hiplete block 2, showing whether your system carried any distant television stations. For unappears of the program of the p	ts of the DSE Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.		
3 be			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	la de enterea 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 Enter the result here.	\$ 188,249,199.57	
	This is your minimum fee.	\$ 2,002,971.48	
	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 X Yes—Complete the DSE schedule.	n 4, you must check d?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 121,783.76	
	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	\$ 121,783.76	
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	\$ 2,002,971.48	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 the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 2,003,696.48	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		auditional lees.
	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: 2021/2 FORM SA3E, PAGE 8.

				FURIVI SASE, FAGE 6.					
Name	LEGAL NAME OF OWNER		STEM:	SYSTEM ID#					
	CSC HOLDINGS,	LLC		028910					
	CHANNELS								
M	Instructions: You	must give	1) the number of channels on which the cable system carried television broadcast static	ons					
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	to its subscribers ar	id (2) the t	able system's total number of activated channels, during the accounting period.						
	1. Enter the total nu	ımber of cl	nannels on which the cable						
			adcast stations	57					
	•		_						
	2. Enter the total nu	ımber of a	ctivated channels						
	on which the cable	e system o	arried television broadcast stations	660					
	and nonbroadcast	services		660					
	INDIVIDUAL TO D	E CONTA	OTED IS SUDTUSED INSCORMATION IO NESSEED / Identify on individual						
N	we can contact abo		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual						
Individual to	we can contact abo	ut tillo otal	official of account.						
Be Contacted									
for Further	Name RODN	EY HAS	KINS Telephone (90	3) 579-3152					
Information			Mana						
	222		DD 444						
	Address 3027 S		OP 323 Subject apartment, or suite number)						
		R, TX 75	701						
	(City, town	, state, zip)							
	Email	BODI	IEY.HASKINS@ALTICEUSA.COM Fax (optional)						
	Liliali	INODI	IEY.HASKINS@ALTICEUSA.COM Fax (optional)						
	CERTIFICATION (Th	nis stateme	nt of account must be certifed and signed in accordance with Copyright Office regulatio	ns.)					
0									
Certifcation	• I, the undersigned,	hereby cer	ify that (Check one, but only one, of the boxes.)						
		•							
	(Owner other tha	an corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or						
	_								
	(Agent of owner	other than	corporation or partnership) I am the duly authorized agent of the owner of the cable syste	em as identified					
			that the owner is not a corporation or partnership; or	, in do idonaliou					
	V (055)			£ 11 1. 1					
	(Officer or partr in line 1 of sp		n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of	if the cable system					
		u00 D.							
			t of account and hereby declare under penalty of law that all statements of fact contained he	rein					
	are true, complete, a [18 U.S.C., Section 1		to the best of my knowledge, information, and belief, and are made in good faith.						
	[10 0.0.0., 000.011	1001(1300)							
		Х	/s/ Alan Dannenbaum						
			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 in the	hox and press the "F2"					
			nen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatib						
		_	ALAN BANGER						
		Typed	or printed name: ALAN DANNENBAUM						
			мания на под от открыти на под от откр На под открыти на под от открыти на под от						
			OVE PROGRAMMING						
		Title:	SVP, PROGRAMMING						
			(Title of official position held in corporation or partnership)						
		Date:	February 25, 2022						

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	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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. 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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
INTERPRET ASSESSMENTS	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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)	
* 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	
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.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

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
Note that lead stations are not asymbol at all in commuting DCCs	

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

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

• If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

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

		\$6,384.00			
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 GOTTLDOLL. FAGI	LEGAL NAME OF OWNER OF CABLI	E CVCTEM:			6/2	STEM ID#				
1										
	CSC HOLDINGS, LLC					028910				
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:							
	 Add the DSEs of each station 	١.								
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		1.25					
2	Instructions:	Simmile lint the an	Il siems of all distant stations	. ialamtifical burt	iba lattar "O" in anluman F					
_	In the column headed "Call sof space G (page 3).	sign : list the ca	iii sigris or aii distant stations	s identified by i	the letter O in column 5					
Computation	In the column headed "DSF"	': for each inden	endent station, give the DSI	as "1 0"· for	each network or noncom-					
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Otations	WASA	1.000	CALL CICIT	BOL	O/ILL OIGIT	BOL				
	WLIW	0.250								
	WLIW-2	-								
	WLIW-3	-								
	WLIW-4	-								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
I				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: 2021/2

EGAL NAME OF C	OWNER OF CABLE GS, LLC	SYSIEM:					S	487EM ID# 028910	Nama
structions: Blo	ck A must be com	pleted.							
block A:	"Yes," leave the re		part 6 and part	7 of the DSE sch	adula blank a	nd complete n	art 8 (page 16) of	the	6
hedule.			•	. 7 Of the DOL Scho	edule blatik a	na complete pa	art o, (page 10) or	uie	
f your answer if	"No," complete blo			TELEVISION M	IARKETS				Computation
the cable syste	m located wholly o					section 76.5 of	FCC rules and re	gulations in	3.75 Fee
fect on June 24,									
	nplete part 8 of the		OO NOT COM	PLETE THE REM	AINDER OF	PART 6 AND 7	'.		
X No—Comp	plete blocks B and	C below.							
		BLOC	K B: CARE	RIAGE OF PERI	MITTED D	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	n part 2, 3, and 4 o ne 25, 1981. For fi he letter M below i Act of 2010.)	urther explan	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncomeric D Grandfathered instructions for E Carried pursua *F A station pre	ules and regued pursuant of the pursuant of th	lations cited be to the FCC many distribution (76.5 (kk) (16.5 (kk) (16.5 (kk)) (16.5 (kk)	ne or substitute ba contour, [76.59(d)	ose in effect of 76.57, 76.59(I) (e)(1), 76.63(a) referring obstitution of gassis prior to June 2007.	on June 24, 196 b), 76.61(b)(c), a) referring to 7 ing to 76.61(d)] grandfathered s une 25, 1981	76.63(a) referring 76.61(e)(1) stations in the		
Column 3:		e stations ide determine the	ntified by the e DSE.)	n parts 2, 3, and 4 letter "F" in column	n 2, you must	complete the v	1	T	
1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WASA	Α	1.00							
WLIW	C	0.25							
WLIW-2	M	-							
WLIW-3	M	-							
WLIW-4	M	-							
				···			<u> </u>	·	_
								1.25	-
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				-
ne 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	e sum of permitte	d DSEs froi	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		5 rate.	HII.		
ne 4: Enter gro	oss receipts from	space K (p	age 7)				× 0.03	375	Do any of the DSEs representation
ne 5: Multiply I	line 4 by 0.0375 a	and enter s	ım here						permited/ partially nonpermitte
ne 6: Enter tot	al number of DSI	Es from line	3						carriage? If yes, see pa
ne 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	e 2, block 3, spac	ce L (page 7)		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910							Mana		
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
					•				
					•				
			•						
						<u> </u>			

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	Namo
	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	0
	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 defined 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	-1 -
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	-
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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	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	ow						
		id 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 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: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CSC HOLDINGS, LLC	028910	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave set	ection 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation 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	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basi	is Carriage of television broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, receipts from subscribers located within the station's local service area, from your system		Computation
this exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely station or the same group of stations. Next: Treat each subscriber group as if it were a set DSEs and the portion of your system's gross receipts attributable to that group, and calculate the state of the portion of your system's gross receipts attributable to that group, and calculate the state of the portion of your system's gross receipts attributable to that group, and calculate the portion of your system's gross receipts attributable to that group and calculate the portion of your system's gross receipts attributable to that group at the portion of your system's gross receipts attributable to the group of the portion of your system's gross receipts attributable to the group of the portion of your system's gross receipts attributable to the group of the portion of your system's gross receipts attributable to the group of the portion of your system's gross receipts attributable to the group of the group of the portion of your system's gross receipts attributable to the group of the gr	parate cable system. Determine the number of parate a separate base rate fee for each group.	Syndicated
Finally: Add up the separate base rate fees for each subscriber group. That total is the ba	• •	for Partially
NOTE: If any portion of your cable system is located within the top 100 television market a must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this However, if your cable system is wholly located outside all major television markets, compared to the comp	case, complete both block A and B below.	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distacarried to that community.	ant and each partially distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine we outside the station's local service area. A subscriber located outside the local service area the same token, the station is distant to the subscriber.)	-	
Step 3: Divide your subscribers into subscriber groups according to the complement of st	lations to which they are distant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same system will have only one subscriber group when the distant stations it carried have local		
Computing the base rate fee for each subscriber group: Block A contains separate se subscriber groups.	ections, one for each of your system's	
In each section: • Identify the communities/areas represented by each subscriber group.		
 Give the call sign for each of the stations in the subscriber group's complement—that is, 	, each station that is distant to all of the	
subscribers in the group.		
If:1) your system is located wholly outside all major and smaller television markets, give each	ch station's DSE as you gave it in parts 2, 3,	
and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller televison market, give each		
part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscribe	er group	
 Calculate gross receipts for the subscriber group. For further explanation of gross receipt in the paper SA3 form. 	•	
Compute a base rate fee for each subscriber group using the formula outline in block B page. In making this computation, use the DSE and gross receipts figure applicable to the DSEs for that group's complement of stations and total gross receipts from the subscriber.	ne particular subscriber group (that is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

your actual calculations on the form.

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 OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910							
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP							
	FIRST SUBSCRIBER GROUP				SECOND	SUBSCRIBER GROU	JP	•					
COMMUNITY/ AREA	Bronx/\	onkers/		COMMUNITY/ AREA	Bergen/	Paterson/Passaid	;	9 Computa					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of					
								Base Rate					
								and					
								Syndicat					
								Exclusiv					
								Surchar					
								for					
								Partiall					
								Distan					
								Station					
	<u> </u>												
otal DSEs			0.00	Total DSEs			0.00						
iross Receipts First G	roup	\$ 50,767	,258.69	Gross Racainte Seco	nd Group	\$ 31,30	08,594.34						
noss neceipis Filst G	ioup	Ψ 50,767	,200.03	Gross Receipts Second Group		ψ 31,30	00,034.34						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00						
	TUIDD												
	טחוחו	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP						
COMMUNITY/ AREA		SUBSCRIBER GROU	JP	COMMUNITY/ AREA									
COMMUNITY/ AREA			JP DSE	COMMUNITY/ AREA									
CALL SIGN	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3 VLIW-4	Rocklar	nd/Oakland			Bridgep	ort/Fairfield/Strat	ford						
CALL SIGN VLIW VLIW-2 VLIW-3 VLIW-4	DSE 0.25	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE						
CALL SIGN VLIW VLIW-2 VLIW-3 VLIW-4	DSE 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
CALL SIGN WLIW WLIW-2 WLIW-3 WLIW-4 Total DSEs Gross Receipts Third (DSE 0.25	CALL SIGN	DSE	Total DSEs	DSE h Group	CALL SIGN	DSE						

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910						Name		
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Milford	/Orange/Woodbri	dge	COMMUNITY/ AREA Mamaroneck			9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW-3	-							Base Rate Fee
WASA	1.00							and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
						•		
Total DSEs			1.00	Total DSEs			0.00	
	iroun	s 4.015.		Gross Receipts Seco	nd Group	s 11,26	69,066.90	
Gross Receipts First Group \$ 4,015,817.18				Greek Resemble Cook	na Group	<u> </u>		
Base Rate Fee First G	roup	\$ 42.	728.29	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Norwal	k		COMMUNITY/ AREA Ossining				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third (Group	\$ 19,596,	,581.41	Gross Receipts Fourth Group \$ 8,268,759.55			68,759.55	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
se Rate Fee: Add ther here and in block			riber group	as shown in the boxes	above.	\$		

Comput of Base Ra	UP		TENTH	<u> </u>				
Comput of Base Ra			TENTH SUBSCRIBER GROUP			NINTH SUBSCRIBER GROUP		
of Base Ra		COMMUNITY/ AREA Port Chester				Warwic	COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							0.25	WLIW
and							-	NLIW-2
Syndic Exclus Surch							-	WLIW-3
foi Partia Dista								
Statio								
							-	
	0.00			Total DSEs	0.25			Fotal DSEs
=					902.59	4 400	roup	
-	Gross Receipts Second Group \$ 1,909,283.06			902.59	3 4,480,	iroup	Gross Receipts First G	
	0.00 UP	SUBSCRIBER GROU		Base Rate Fee Secon	919.20	UBSCRIBER GROU	-	Base Rate Fee First G
	COMMUNITY/ AREA Yorktown				ers Falls	Wappin	COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_					0.25	NLIW
							<u> </u>	NLIW-2
							-	VLIW-3
		_					-	VLIW-4
		-						
							<u> </u>	
_	0.00		-1	Total DSEs	0.25			otal DSEs
				Total DOLS				otal DOES
-	35,312.18	\$ 5,13	h Group	Gross Receipts Fourth	979.99	11,198,	Group	Gross Receipts Third (
- -	33,312.10	—		Base Rate Fee Fourth Group \$ 0.00			se Rate Fee Third Group \$ 29,789.29	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910						Name		
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO		
COMMUNITY/ AREA			COMMUNITY/ ARE				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
						-		Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 16,046	5,596.19	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third (oup	\$	0.00	Gross Receipts Fou	rui Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910						Name		
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Bronx/	Yonkers		COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
		 						Exclusivity
								Surcharge
								for Partially
		-						Distant
		-				# 		Stations
		·				n -		
Total DSEs	_		0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$ 50,767	,258.69	Gross Receipts Seco	and Group	\$ 31,30		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP					
COMMUNITY/ AREA	Rockla	nd/Oakland		COMMUNITY/ AREA Bridgeport/Fairfield/Stratford				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		 						
		-				# 		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 14,040	,215.88	Gross Receipts Four	th Group	\$ 10,2	11,831.61	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				ll				
Base Rate Fee: Add th		te fees for each subso space L (page 7)	riber group	as shown in the boxes	s above.	s	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910						Name		
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	COMMUNITY/ AREA Milford/Orange/Woodbridge			COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant Stations
		_						Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Gross Receipts First Group \$ 4,015,817.18			Gross Receipts Seco	ond Group	\$ 11,20	69,066.90	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	ond Group	\$	0.00	
SEVENTH SUBSCRIBER GROUP						SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Norwal	K		COMMUNITY/ AREA Ossining				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 19,596	,581.41	Gross Receipts Four	th Group	\$ 8,20	68,759.55	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls Base Rate fee And Syndica Exclusion of Community Area Mappingers Falls COMMUNITY/ AREA Mappingers Falls Base Rate and Syndica Exclusion of Community Surchard for Partial Distar Station of Community Area Mappingers Falls Base Rate Fee Second Group \$ 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 1,909,283.06 ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA Mappingers Falls	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 028910							Name	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group TWELVTH SUBSCRIBER GROUP COmpute of Base Rate and Syndica Exclusion Computer	В				TE FEES FOR EAC			UP	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndical Exclusion Surchard for Partial Distar Station	COMMUNITY/ AREA	Warwi	wick		COMMUNITY/ AREA	_			
and Syndica Exclusive Surchar for Partial Distant Station al DSEs 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 1,909,283.06 Be Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndical Exclusive Surchar for Partial Distar Station Distar									Base Rate F
Exclusing Surchar for Partial Distar Station Distar Station Distar Station Distar Station Total DSEs D.00 Gross Receipts Second Group Fee Rate Fee First Group Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
Surchai for Partial Distar Station al DSEs 0.00 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									Syndicated
for Partial Distar Station al DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Be Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
Partial Distar Station Distar									_
Station Sta									Partially
BI DSES 0.00 Total DSES 0.00 Gross Receipts Second Group \$ 1,909,283.06 BERATE FEE First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorktown									Distant
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									Stations
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
See Rate Fee First Group \$ 4,480,902.59 Gross Receipts Second Group \$ 1,909,283.06 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown									
Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown	Total DSEs			0.00	Total DSEs			0.00	
ELEVENTH SUBSCRIBER GROUP MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown	Gross Receipts First G	Group	\$ 4,480	,902.59	Gross Receipts Sec	ond Group	\$ 1,9	09,283.06	
MMUNITY/ AREA Wappingers Falls COMMUNITY/ AREA Yorktown	Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	E	LEVENTH	I SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ALL SIGN DSE AL	COMMUNITY/ AREA	Wappi	ngers Falls		COMMUNITY/ AREA Yorktown				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			··						
									
		<u></u>							
			•						
al DSEs 0.00 Total DSEs 0.00	Total DSEs			0.00	Total DSEs			0.00	
ss Receipts Third Group \$ 11,198,979.99 Gross Receipts Fourth Group \$ 5,135,312.18	Gross Receipts Third (Group	s 11,198			rth Group	\$ 5,1		
se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTEENTH SUBSCRIBER GROUP ### COMMUNITY AREA Morris Twp	
MUNITY/ AREA Morris Twp COMMUNITY/ AREA 0	
	a
	9 Computation
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate F
	and
	Syndicate
	Exclusivit
	Surcharge for
	Partially
	Distant
	Stations
DSEs 0.00 Total DSEs 0.00	
Receipts First Group \$ 16,046,596.19 Gross Receipts Second Group \$ 0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	
MUNITY/ AREA 0 COMMUNITY/ AREA 0	
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
DSEs	
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
, , , , , , , , , , , , , , , , , , ,	

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you mus also compute a rket any portion of your cable system is located in as defined Second 50 major television market ercial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as ter zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the	
	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 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 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF 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
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for on the boxes above. Enter here and in block 4, line 2 of space L (page)	each subscriber group as shown 7) \$

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I			
Name	CSC HOLDINGS, LLC 02891			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you 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:			
9				
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.

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 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:		
of	_ ·	☐ Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	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 en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.	
	NINTH OURSONIES OROUR	TENTU QUIDOODIDED ODQUID	
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP	
1	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$	
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP	
	EEEVENTI GOBGONIBEN GNOOT	TWEEVITTOSSOCIALITY	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	
	Line 2: Enter the Exempt DSEs.		
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE	SURCHARGE	
	Third Group	Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page		

FORM SA3E. PAGE 20.

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				
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially	If your cable system is located within a top 100 television market and the s Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	station is not exempt in Part 7, you mus also compute a any portion of your cable system is located in as defined Second 50 major television market I VHF Grade B contour stations listed in block A, part 9 of the VHF Grade B contour stations that were classified as zero. SEs used to compute the surcharge.			
Distant Stations		In making this computation, use gross receipts figures applicable to the particular group. You do not need to show			
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	ine 1: Enter the VHF DSEs			
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			