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						
02/28/2023	\$ 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 Period	2022/2						
Bowner	Instructions: Give the full legal name of the owner of the cable system. If t rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conduc If there were different owners during the accounting period, or a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SY CSC HOLDINGS, LLC	ts the business of the cable systenly the owner on the last day of the entire accounting period esystem's ID number assigned be	em the accounting period should s y the Licensing Division.	ubmi028910			
				02891020222			
				028910 2022/2			
	1 Court Square, 45th Floor Long Island City, NY 11101						
С	INSTRUCTIONS: In line 1, give any business or trade name names already appear in space B. In line 2, give the mailing						
	7 11 1	address of the system, if diffe	erent from the address give	II III space b.			
System	1 Altice USA, Inc.						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page	1b. Identify only the frst comm	nunity served below and rel	ist 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 channel line-ups in S	pace G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	Α	1			
•	Alliance	MD	В	2			
	Gering	MD	В	3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# NY **Bronx** AA First Yonkers City NY AA 1 Community Allendale NJ AB Alpine NJ AB 2 Bergenfield 2 NJ AB **Bogota** NJ AB See instructions for 2 **Cedar Grove** NJ AB additional information on alphabetization. 2 Clifton NJ AB Closter NJ AB 2 Cresskill 2 NJ AB 2 Demarest NJ AB Add rows as necessary. 2 Dumont NJ AB Elmwood Park NJ AB 2 NJ **AB** Emerson AB 2 Fairlawn NJ NJ AB Franklin Lakes Garfield NJ AB Glen Rock 2 NJ AB NJ Hackensack AB Haledon NJ AB 2 Harrington NJ AB **Hasbrouck Heights** NJ AB 2 Haworth NJ AB 2 Hawthorne NJ **AB** 2 Hillsdale NJ AB Ho Ho Kus NJ AB 2 Little Falls NJ AB 2 Lodi NJ AB 2 Maywood NJ AB 2 Midland Park NJ **AB** 2 New Milford NJ AB North Caldwell NJ AB North Haledon NJ AB Northvale NJ **AB** 2 Norwood AB 2 NJ Nutley NJ AB **Old Tappan** NJ AB Oradell NJ AB 2

NJ

NJ

NJ

NJ

AB

AB

AB

AΒ

Paramus

Passaic

Paterson

Park Ridge

2

2

2

Prospect Park	NJ	AB	2	

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# NJ Ramsey AB First Ridgewood 2 NJ AB Community River Edge AB NJ Rivervale NJ AB 2 Rochelle Park 2 NJ AB Rockleigh NJ AB See instructions for 2 Saddle Brook NJ AB additional information on alphabetization. 2 Saddle River NJ AB South Hacksensack NJ AB 2 2 **Teaneck** NJ AB Tenafly 2 NJ AB Add rows as necessary. 2 Totowa NJ AB Upper Saddle River NJ AB 2 Waldwick NJ **AB** AB 2 Washington Township NJ NJ **AB West Paterson** NJ AB Westwood 2 NJ AB Wood Ridge NJ AB Woodcliff Lake NJ AB 2 Wyckoff NJ AB **Airmont** NY 3 AB Bloomingdale 3 NJ AB 3 **Butler** NJ **AB Chestnut Ridge** NY AB 3 3 Clarkstown NY AB 3 NY Grandview AB Hillburn NY AB 3 3 Kinnelon NJ AB Lincoln Park NJ **AB** 3 3 Mahwah NJ AB NY Montebello AB 3 3 Montvale NJ AB Montville (Morris County) NJ **AB** 3 AB 3 **New Hempstead** NY 3 Nyack NY AB **Oakland** 3 NJ AB Orangetown NY AB 3 Pequannock NJ 3 AB

Piermont

Pompton Lakes

Ramapo (Rockland)

3

3

3

NY

NJ

NY

AB

AB

AΒ

Ramapo Corridor	NY	AB	3	

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Ringwood NJ 3 AB First 3 Riverdale NJ AB Community 3 Sloatsburg NY AB South Nyack NY AB 3 Spring Valley 3 NY AB 3 Suffern NY AB See instructions for 3 Tuxedo NY AB additional information on alphabetization. Tuxedo Park NY AB 3 **Upper Nyack** NY AB 3 3 Wanaque NJ AB **Wesley Hills** 3 NY AB Add rows as necessary. **Bridgeport** CT 4 AC Fairfield CT AC 4 Stratford CT AC 4 AD Milford CT 5 5 CT Orange AD Woodbridge CT AD 5 NY 6 Ardsley AΕ NY 6 **Bronxville** AE **Dobbs Ferry** NY 6 AE NY Eastchester ΑE 6 6 NY **Elmsford** AΕ NY 6 Greensburgh AE 6 Hastings-on-Hudson NY ΑE Irvington NY AE 6 6 Larchmont NY AE NY 6 **Mamaroneck Town** AE **Mamaroneck Village** NY ΑE 6 6 **New Rochelle** NY ΑE North Castle (Mamaroneck) NY ΑE 6 6 Pelham NY AE 6 **Pelham Manor** NY AE 6 Rye City NY AE NY ΑE 6 Ryebrook AE Scarsdale NY 6 6 Tuckahoe NY AΕ White Plains NY 6 ΑE Darien CT AF CT ΑF **Easton**

CT

CT

СТ

ΑF

AF

ΑF

Norwalk

Greenwich New Canaan

Redding	СТ	AF	7	

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Stamford CT AF First Weston CT AF Community Westport CT AF Wilton CT ΑF Bedford (Ossining) NY AG 8 8 **Briarcliff Manor** NY AG See instructions for Buchanan NY 8 AG additional information on alphabetization. Cortlandt NY AG 8 Croton-on-Hudson NY AG 8 8 **Haverstraw Town** NY AG Haverstraw Village 8 NY AG Add rows as necessary. Mount Pleasant NY 8 AG 8 New Castle NY AG Ossining Town NY AG 8 8 Ossining Village NY AG 8 Peekskill NY AG Philipstown (Ossining) NY 8 AG Pleasantville 8 NY AG 8 **Pomona** NY AG 8 Ramapo (Ossining) NY AG NY Sleepy Hollow AG 8 8 Stony Point NY AG 8 Tarrytown NY AG **West Haverstraw** 8 NY AG 9 Chester NY AG 9 Chestertown NY AG **Florida** 9 NY AG Greenville NY AG 9 9 **Greenwood Lake** NY AG Matamoras PA AG 9 NY Minisink AG 9 Montague Township NJ AG Sandyston Township 9 NJ AG Unionville NY 9 AG Warwick 9 NY AG Warwick Town 9 NY AG 9 West Milford NJ AG Westfall Township PA AG 9 Harrison NY AΗ 10

NY

NY

NY

AΗ

ΑI

10

11

11

Beacon

Port Chester

Amenia Township

Blooming Grove	NY	Al	11	ı
				•

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Clinton NY ΑI 11 First 11 Cold Spring NY ΑI Community **Dover Township** NY ΑI 11 East Fishkill NY ΑI 11 **Esopus** ΑI 11 NY Fishkill Town ΑI 11 NY See instructions for NY ΑI 11 Fishkill Village additional information on alphabetization. Harriman NY ΑI 11 Hyde Park NY ΑI 11 ΑI 11 Kent NY La Grange 11 NY ΑI Add rows as necessary. NY Al 11 Lloyd Marlborough NY ΑI 11 NY Milan ΑI 11 Millbrook Village NY ΑI 11 Millerton Village 11 NY ΑI Monroe Town NY ΑI 11 Monroe Village NY ΑI 11 Nelsonville NY ΑI 11 **North East** NY ΑI 11 NY 11 Philipstown (Wappingers Falls) ΑI 11 **Pine Plains** NY ΑI Plattekill NY ΑI 11 NY 11 **Poughkeepsie** ΑI South Blooming Grove NY ΑI 11 ΑI 11 Stanford NY **Union Vale** NY ΑI 11 Wappingers NY ΑI 11 11 Wappingers Falls NY ΑI **Washington Township** NY ΑI 11 Woodbury 11 NY ΑI Bedford (Yorktown) NY 12 ΑJ 12 Lewisboro NY AJ **Mount Kisco** NY AJ 12 North Castle (Yorktown) 12 NY AJ North Salem 12 NY ΑJ **Pound Ridge** NY 12 ΑJ Putnam Valley NY AJ 12 NY 12 Somers ΑJ

Boonton

Yorktown

Allamuchy

12

13

13

ΑJ

AK

ΑK

NY

NJ

NJ

Boonton Township	NJ	AK	13	

ACCOUNTING PERIOD: 2022/2 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 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Chatham NJ ΑK 13 First 13 **Denville** AK Community 13 Dover NJ AK **East Hanover** NJ AK 13 Florham Park AK 13 NJ Hanover Township 13 NJ AK See instructions for NJ ΑK 13 Hopatcong additional information on alphabetization. Jefferson Township NJ AK 13 Madison NJ **AK** 13 Mine Hill 13 NJ AK Montville (Morris Township) 13 NJ AK Add rows as necessary. **Morris Plains** ΑK 13 NJ Morris Township NJ AK 13 Morristown NJ **AK** 13 AK 13 Mount Arlington NJ 13 NJ **Mount Olive** AK **Mountain Lakes** NJ AK 13 13 Netcong NJ AK NJ 13 **Parsippany-Troy Hills** AK Randolph NJ ΑK 13 Rockaway NJ AK 13 13 **Rockaway Township** NJ AK Roxbury 13 AK NJ ΑK 13 Stanhope NJ **The Picatinny Arsenal** AK NJ 13 NJ ΑK 13 Victory Gardens NJ ΑK 13 Wharton

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID#

028910

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		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	803,671	\$ 35.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	45,666	\$ 46.95				
Converter						
 Residential 						
Non-residential						
	I	 			T	

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 	4.95-34.95	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

SYSTEM ID# FGAL NAME OF OWNER OF CABLE SYSTEM: Name CSC HOLDINGS, LLC 028910

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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

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 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). 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-

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

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed

		CHANN	EL 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
WASA	24	I	No		PORT JERVIS, NJ	on 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	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	
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		KINGSTON, NY	
wwor	9	I	No		SECAUCUS, NJ	
WWOR-3	9.3	I-M	No		SECAUCUS, NJ	
WWOR-4	9.4	I-M	No		SECAUCUS, NJ	
wxtv	41	I	No		PATERSON, NJ	

G

Primary Transmitters: Television

Primary

Transmitters:

Television

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

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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- 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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in 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), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) are "E-M" (for noncommercial educational). 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-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

		CHANN	EL 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	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	E	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	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	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	ı	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	ı	No		NEW YORK, NY
WRNN	48	ı	No		KINGSTON, NY
WWOR	9	I	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
	41	ı	No	l	PATERSON, NJ

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

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report 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

no 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 noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "1" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational).

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exanation 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 of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	ı	No		PORT JERVIS, NJ
WCBS	2	N	No	1	NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No	1	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	ı	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	1	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			
WLNY	21.4 55		No No		GARDEN CITY, NY
	•	l N			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	<u> </u>	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No	.	NEW YORK, NY
WPXN	31	l	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	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
WZME	43	ı	No	Ī	BRIDGEPORT, CT

Primary

Primary

Transmitters:

Television

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

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the 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

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 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). 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-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up

		CHANN	EL LINE-UP	AD	
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	(II Diotait)	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-2	21.2	Е-М	Yes	Е	GARDEN CITY, NY
WLIW-3	21.3	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	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
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	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

U.S. Copyright Office

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 3 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) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television asis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-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 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), "l" (for independent), "l-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 exlanation 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 designa ion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up CHANNEL LINE UD AL

CHANNEL 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	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	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	9.3	I-M	No		SECAUCUS, NJ		
WWOR-4	9.4	I-M	No		SECAUCUS, NJ		
WXTV	41	ı	No		PATERSON, NJ		
WZME	43	I	No		BRIDGEPORT, CT		
	I	l	l	1	1		

U.S. Copyright Office

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

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report 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

no 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 noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "1" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational).

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exanation 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 of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is 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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	ı	No		PORT JERVIS, NJ
WCBS	2	N	No	•	NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No	1	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	ı	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		1	No No		NEWTON, NJ
	63	l N			
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	<u> </u>	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	ı	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	9.3	I-M	No	.	SECAUCUS, NJ
WWOR-4	9.4	I-M	No	.	SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
WZME	43	ı	No		BRIDGEPORT, CT

G

Primary

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 3 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) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television asis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-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 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), "l" (for independent), "l-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 exlanation 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 designa ion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed 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	Е-М	Yes	Е	GARDEN CITY, NY
WLIW-3	21.3	Е-М	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	Е	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

U.S. Copyright Office

Primary

Transmitters:

Television

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

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the 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

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 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). 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-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

		CHANN	EL LINE-UP	АП	
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	Е	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	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	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	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

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the 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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in 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), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) are "E-M" (for noncommercial educational). 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-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

		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	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	E	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	ı	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	ı	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	1	No		PATERSON, NJ

Primary

Transmitters:

Television

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

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the 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

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 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). 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-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	Е-М	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	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ
	43	I	No		BRIDGEPORT, CT

Primary

Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID#

Name

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 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 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 FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NJ
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	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	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	Е	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	l .	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	ı	No		NEW YORK, NY
WRNN	48	ı	No		KINGSTON, NY
WWOR	9	ı	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No	1	PATERSON, NJ

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	6 PERIOD: 2022/2	
LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#	Nome	
CSC HOLDINGS, LLC						028910	Name	
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	1			ı	
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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
broadcast by a distant stat Note: If your answer is "No"		rest of this pag	ge blank. If your answer is '	'Yes," you mu		⊠No am	Statement and Program Log	
log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s idcast static .ath and day /e "5/7." es when the Example: a er "R" if the and regulatio ogramming	MS Im on a separa attach additiona nnetwork televi ion and that you r authorizationa t use general of BA Basketball: dcast live, enter station broadca on's location (the ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	te line. Use abbreviations al pages. ision program (substitute pur cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the community with substitute purposes of the subs	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye center the let	sible, if their meaning during the accounting ramming of another stins located in the pape List specific program nsed by the FCC or, in tiffied). List the times accurat 8:30 p.m. should be our system was requireter "P" if the listed pro	ation r onth ely		
S	LIRSTITLIT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028910 **CSC HOLDINGS, LLC PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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** TO DATE **FROM** TO

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

LEG	AL NAME OF OWNER OF CABLE SYSTEM: C HOLDINGS, LLC			TEM ID# 028910	Name
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seco identifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions.	ondary	transmission service		K Gross Receipts
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. CORTANT: You must complete a statement in space P concerning gross receipts.		\$ 171,267,5 (Amount of gross receipts		
• Cor • Cor • If your fee • If you	RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In block 2, showing whether your system carried any distant television stations. In block 3 blank. Enter the arriform block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee.				L Copyright Royalty Fee
bloo	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!$				
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. I	uld be	entered on line		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K			81.56	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		·,=0.,0		
	This is your minimum fee.	\$	1,822,2	87.07	
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the state of the stat	nn 4, yo	ou must check		
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		\$ 73,5	57.23	
	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	\$	73,5	57.23	
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$ 1,822,2	87.07	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	r		0.00	additional deposits under Section 111(d)(7)
	(Interest Worksheet)			0.00	should contact the Licensing
	Line 4. FILING FEE		\$ 7	25.00	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	\$	1,823,0	12.07	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #				additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to	•	• ()		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CSC HOLDINGS, LLC	028910								
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	4. Foto-the Add asserts on the bounds on which the could									
	Enter the total number of channels on which the cable system carried television broadcast stations	57								
	Gystom carried toleriolon produced tolerion									
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	660								
	and nonbroadcast services									
	INDIVIDUAL TO DE CONTACTED LE FUIDTUED INFORMATION LO NEEDED. (dantée un individue)									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Individual to										
Be Contacted										
for Further Information	Name RODNEY HASKINS Telephone (903)	579-3152								
mormation	Add 2027 S SE LOOP 222									
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)									
	TYLER, TX 75701									
	(City, town, state, zip)									
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)									
	CERTIFICATION /This statement of account must be partifed and signed in accordance with Convigate Office regulations									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations	1.								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
Gertification	i, the direct signed, hereby certify that (officer one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system	as identified								
	in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the legal entity identified as owne	he cable system								
	in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here where the statement of account and hereby declare under penalty of law that all statements of fact contained here	in								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	/s/ Alan Dannenbaum									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.									
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the bo									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compared	ibility settings.								
	Typed or printed name: ALAN DANNENBAUM									
	Typed of printed figure. ALAN DANNETSDAUM									
	Title: SVP, PROGRAMMING									
	(Title of official position held in corporation or partnership)									
	Date: February 28, 2023									

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 telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CSC HOLDINGS, LLC	028910	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	the basic t include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or ur 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	days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(intere	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	tance please	
** 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 Coplease list below the owner, address, first community served, accounting period, and ID number as given in 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: 2022/2

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 carriec 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 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 or 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 ε 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),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

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

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

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

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

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

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

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

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

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

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

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

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

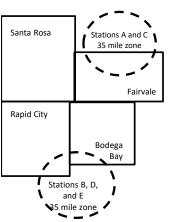
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carried			Identification of	Identification of Subscriber Groups				
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS			
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS			
3	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00			
-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00			
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00			
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00			
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00			

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σοσο				
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)

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	CSC HOLDINGS, LLC 028910									
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:			I				
	Add the DSEs of each station									
	Enter the sum here and in line	0.25								
						<u> </u>				
2	Instructions:	Sian": list the cal	ll signs of all distant stations	identified by t	the letter "Ω" in column 5					
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation	In the column headed "DSE'	: for each indepe	endent station, give the DSE	as "1.0"; for	each network or noncom-					
of DSEs for	mercial educational station, giv	e the DSE as ".2								
Category "O"			CATEGORY "O" STATION	IS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WLIW	0.250								
	WLIW-2	-								
	WLIW-3	-								
	WLIW-4	-								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

Name	CSC HOLDIN	OWNER OF CABLE SYSTEM:					S	YSTEM ID# 028910
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 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. 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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, 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 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.							
Capacity			CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		ìΕ
			÷		=	x	=	
			÷ ÷			x x	=	
			į			x	=	
			+		=	x	=	
			÷		=	X X	=	
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		hedule,	≯	0.00]	
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							m).
				BASIS STATION				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷ -	=
				=			÷	=
		4	-	=			÷	=
							÷ ÷	=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:	:	▶	0.00		
5 Total Number of DSEs	number of DSEs 1. Number o 2. Number o	ER OF DSEs: Give the ams applicable to your system f DSEs from part 2 • f DSEs from part 3 • f DSEs from part 4 •		boxes in parts 2, 3, and	4 of this schedul	e and add them to provide	0.25 0.00 0.00	0.25
							L	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

CSC HOLDING		SYSTEM:					S	YSTEM ID# 028910	Name	
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.										
BLOCK A: TELEVISION MARKETS										
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7 No—Complete blocks B and C below.										
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs				
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he		
Column 2: BASIS OF PERMITTED CARRIAGE B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198' G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.										
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
WLIW	C	0.25	01014	BAGIO		Ololy	Влою			
WLIW-2	M	-								
WLIW-3	M	-								
WLIW-4	M	-								
								0.25		
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1			
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B abo	ove						
Line 3: Subtract (If zero, l				r of DSEs subject 7 of this schedu		rate.				
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply li	Line 5: Multiply line 4 by 0.0375 and enter sum here									
Line 6: Enter tota	al number of DSI	Es from line	3						carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 028910 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE BASIS SIGN BASIS SIGN SIGN BASIS Computation of 3.75 Fee

Name	CSC HOLDING		SYSTEM:						S	928910
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fi A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Comparin block	or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CCC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Comparing the station's I e the DSE figure B, column 3 conformation years	1981, under former ach distant station nis station for a sing period and year arriage on which the regulations cited be mming: Carriage, ()(1), or 76.63 (refectoriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in column of part 6 for this state ungive in columns	er FCC rules govidentifed by the gle accounting in which the car he station was of elow pertain to a part-time borring to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and ation. 2, 3, and 4 musting the gless of the section of the sec	/err lett peri rriag arri thos asis ((1)) s 76 auth riod list	entifed by the letter "F" ining part-time and subter "F" in column 2 of piod, occurring betweer ge and DSE occurred ge and DSE occurred se in effect on June 24 s, of specialty program). 6.59(d)(3), 76.61(e)(3) horizations. For furthe las computed in parts the smaller of the two e accurate and is subject to the subject in the subject	stitute carri part 6 of the n January 1 (e.g., 1981) e following l, 1981. Iming unde , or 76.63 (r explanation 2, 3, and 4 of figures he	age. DSE schedule, 1978 and Jun (1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ections vi) of the should be	981 ne enterei
		1			ED	ON A PART-TIME AN				
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	Oloiv	DOL		LITIOD		CARTITAGE		JOL		DOL
Computation of the Syndicated Exclusivity Surcharge	If your answer is Is any portion of the o	"Yes," comple "No," leave b	ete blocks B and C locks B and C blar BLOC vithin a top 100 maj	k and complete K A: MAJOR	TE	as defined by section 7	ET 6.5 of FCC	rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	16.			No—Proceed to	part 8			
	BLOCK B: C	arriage of VHI	-/Grade B Contou	Stations		BLOCK	C: Compu	itation of Exem	pt DSE	S
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each st			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
		•								
		-								
		-								
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	71,267,581.56	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below. 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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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)	SE	
	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		

N	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	•	CSC HOLDINGS, LLC	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	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	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). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here.	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here		
D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broat instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple charges of the cable	•	9
Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation of
exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ine the number of	Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and E if your cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	station you	for Partially Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers wer outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distart subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups. In each section:	system's subscriber	
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 subscribers in the group. If: 	all of the	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave and 4 of this schedule; or,	it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it part 6 of this schedule.	in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in the paper SA3 form.	ral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on t page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not	(that is, the total	

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

actual calculations on the form.

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

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 028910	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Bronx/	Yonkers		COMMUNITY/ AREA	Bergen/	Paterson/Passaid		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 44,635	,654.96	Gross Receipts Secon	d Group	\$ 28,5	30,329.47	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Rockla	nd/Oakland		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
NLIW	0.25							
WLIW-2	-							
WLIW-3	-							
WLIW-4	-							
						 -		
Total DSEs	1		0.25	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 13.079	,474.96	Gross Receipts Fourth	Group	\$ 9,1	58,677.07	
,	'		·		•			
Base Rate Fee Third (Group	\$ 34	,791.40	Base Rate Fee Fourth	Group	\$	0.00	
			criber group	as shown in the boxes a	bove.		73 557 23	
inter here and in bloc	κ ૩, IIne 1, s	space L (page /)				\$	73,557.23	

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 028910	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	Milford	/Orange/Woodbri	dge	COMMUNITY/ AREA	Mamaro	oneck		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW-3	-							Base Rate F
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
							····	
		-					····	
							·····	
						-		
							·····	
						!!		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 3,665	162.76	Gross Receipts Secon	d Group	\$ 10,5	02,539.24	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	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	\$ 18,178	679.70	Gross Receipts Fourth	Group	\$ 7,62	28,955.95	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		<u>i.</u>			. т	<u>ı·</u>		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	028910	Name
BI	LOCK A: C	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NINTH	SUBSCRIBER GRO	JP		TENTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Warwic	k		COMMUNITY/ AREA	Port Ch	ester		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW	0.25							Base Rate F
WLIW-2	-							and
WLIW-3	-							Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs	•		0.00	
Gross Receipts First G	roup	s 4,217	,486.18	Gross Receipts Sec	ond Group	s 1,8	313,869.64	
Base Rate Fee First G	roup	s 11	,218.51	Base Rate Fee Seco	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	JP	<u> </u>	TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Wappin			COMMUNITY/ AREA	A Yorkton	wn		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25							
WLIW-2	-							
WLIW-3	-							
WLIW-4	-							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 10,356	,132.39	Gross Receipts Four	th Group	\$ 4,6	696,999.50	
			F4= 61					
Base Rate Fee Third G	Froup	\$ 27	,547.31	Base Rate Fee Four	tn Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

CSC HOLDINGS, I		LE SYSTEM:				S	028910	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Morris	Twp		COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
		_						Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 14,803,	619.74	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roun	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		·					<u>, </u>	
COMMUNITY/ AREA	FICENIA	SUBSCRIBER GROU	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

CALL SIGN DSE CALL SIGN	FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Bronx/Yonkers COMMUNITY/ ARE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSEs 0.00 Total DSEs Gross Receipts First Group \$ 44,635,654.96 Base Rate Fee First Group \$ 0.00 Base Rate Fee Sec THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	SECOND SUBSCRIBEI A Bergen/Paterson/P DSE CALL SIGI	R GROUP 2assaic N DSE 0.00 28,530,329.47 0.00 R GROUP	Computat of Base Rate and Syndicate Exclusive Surchard for Partially
COMMUNITY/ AREA Bergen/Paterson/Passaic Sommunity AREA Bergen/Paterson/Passaic Sommunity AREA	COMMUNITY/ AREA Bronx/Yonkers CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN Total DSEs Gross Receipts First Group \$ 44,635,654.96 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	DSE CALL SIGN DSE CALL SIGN CAL	0.00 28,530,329.47 0.00	Computat of Base Rate and Syndicate Exclusive Surchard for Partially
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Section of Computation of Comp	CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CAL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CAL SIGN DSE CALL	ond Group \$ FOURTH SUBSCRIBEI	0.00 28,530,329.47 0.00	Computat of Base Rate and Syndicat Exclusiv Surchard for Partially
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Base Rate Syndicat Security Station Statio	Total DSEs O.00 Total DSEs Gross Receipts First Group 44,635,654.96 Gross Receipts Sec THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBEI	0.00 28,530,329.47 0.00	of Base Rate and Syndicat Exclusiv Surchar for Partiall Distant
Base Rate Square Station Third DSUBSCRIBER GROUP Third DSUSCRIBER GROUP COMMUNITY AREA Rockland/Oakland CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Otal DSEs O.00 Total DSEs O.00 Total DSEs O.00 Gross Receipts First Group S 28,530,329.47 FOURTH SUBSCRIBER GROUP COMMUNITY AREA Rockland/Oakland CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Otal DSEs O.00 Gross Receipts Fourth Group S 9,158,677.07 Fourth Group S 9,158,677.07	Total DSEs Total DSEs Gross Receipts First Group \$ 44,635,654.96 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBEI	0.00 28,530,329.47 0.00	Base Rate and Syndicat Exclusive Surcharg for Partially
Syndicate Exclusive Surchard For Potential Distant Stations Otal DSEs 0.00 Total DSEs 0.00 Surchard Stations Otal DSEs 0.00 Total DSEs 0.00 Surchard Stations Asso Rate Fee First Group \$ 44,635,654.96 Gross Receipts Second Group \$ 28,530,329.47 Final Dubbacking Stations Third Dubbacking Scriber Group FOURTH SUBSCRIBER GROUP Gross Receipts First Group Subscriber Group	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Section Base Rate Fee First Group \$ 0.00 Base Rate Fee Section THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Syndicat Exclusive Surcharg for Partially Distant
Exclusive Surchars for partially Distant Stations otal DSEs	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Exclusive Surcharg for Partially Distant
Exclusivi Surchare for partially Distant Stations Total DSEs 0.00 Total DSEs 0.00 Sase Receipts First Group Subscriber G	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Exclusive Surcharg for Partially Distant
Otal DSEs	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Section Base Rate Fee First Group \$ 0.00 Base Rate Fee Section THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Surcharg for Partially Distant
Partially Distant Stations otal DSEs otal	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Partially Distant
otal DSEs John Lose Secretary Secre	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Distant
Stations Statio	ross Receipts First Group \$ 44,635,654.96 Gross Receipts Section Base Rate Fee First Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP S	s 44,635,654.96 Gross Receipts Sections Section Secti	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	Stations
ase Rate Fee First Group THIRD SUBSCRIBER GROUP S	ross Receipts First Group \$ 44,635,654.96 Gross Receipts Section Base Rate Fee First Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP S	s 44,635,654.96 Gross Receipts Sections Section Secti	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP S	s 44,635,654.96 Gross Receipts Sections Section Secti	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE STORE CEIPTS FOURTH Group S 9,158,677.07	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP SOMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE STORE CEIPTS FOURTH Group TOTAL DSES D.000 TOTAL DSES STORES Receipts Fourth Group S 9,158,677.07	stross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE STORE CEIPTS FOURTH Group S 9,158,677.07	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
ase Rate Fee First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE STORE CEIPTS FOURTH Group S 9,158,677.07	Gross Receipts First Group \$ 44,635,654.96 Gross Receipts Sections Section S	ond Group \$ FOURTH SUBSCRIBER	28,530,329.47 0.00	
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE CALL SI	THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA	ond Group \$ FOURTH SUBSCRIBER	0.00	
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ase Rate Fee First Group \$ 0.00 Base Rate Fee Sec THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Rockland/Oakland COMMUNITY/ ARE	ond Group \$ FOURTH SUBSCRIBER	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE CAL	THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Rockland/Oakland COMMUNITY/ ARE	FOURTH SUBSCRIBE	R GROUP	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ AREA Rockland/Oakland CALL SIGN DSE	THIRD SUBSCRIBER GROUP OMMUNITY/ AREA Rockland/Oakland COMMUNITY/ ARE	FOURTH SUBSCRIBE	R GROUP	
CALL SIGN DSE CA	COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ ARE			
CALL SIGN DSE CA	COMMUNITY/ AREA Rockland/Oakland COMMUNITY/ ARE			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		A Bridgeport/Fairneid	d/Stratiord	
otal DSEs Total DSEs Total DSEs Gross Receipts Third Group \$ 13,079,474.96 Gross Receipts Fourth Group \$ 9,158,677.07	CALL SIGN DSE CALL SIGN DSE CALL SIGN			
otal DSEs Total DSEs Total DSEs Gross Receipts Third Group \$ 13,079,474.96 Gross Receipts Fourth Group \$ 9,158,677.07	CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN	DOE TO CALL SIGN	N DOE	
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Gross Receipts Third Group \$ 13,079,474.96 Gross Receipts Fourth Group \$ 9,158,677.07				
Gross Receipts Third Group \$ 13,079,474.96 Gross Receipts Fourth Group \$ 9,158,677.07	otal DSEs	. 11	0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ross Receipts Third Group \$ 13,079,474.96 Gross Receipts Fou	rth Group \$	9,158,677.07	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00				
ase Nate Lee Hind Group \$ 0.00	Raco Pato Foo Third Group	rth Group	0.00	
Π	ase rate ree mild Group	Turi Group	0.00	
	ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxe			

Name	028910	SY			•	E SYSTEM:		LEGAL NAME OF OWNE CSC HOLDINGS, L
	,	IBER GROUP SUBSCRIBER GROUF		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BL
9				COMMUNITY/ AREA		Orange/Woodbri		COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	-		Total DSEs	0.00			Total DSEs
	2,539.24	\$ 10,502	d Group	Gross Receipts Secon	162.76	\$ 3,665,	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
)	SUBSCRIBER GROUP	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	S
		g	Ossinin	COMMUNITY/ AREA		k	Norwall	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$ 7,628	Group	Total DSEs Gross Receipts Fourth	_	\$ 18,178,	Group	Total DSEs Gross Receipts Third G

	LOCK A :	COMPUTATION OF	- DAOF DA	TE FEED FOR EAC				
В		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GROU	IP	
OMMUNITY/ AREA			<u>. </u>	COMMUNITY/ AREA			J.	9
O.M.M.O.T.T. 17, 7.8.12.7.1								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Bossinto First C		4 0 4 =	100 10			¢ 1.0	13,869.64	
ross Receipts First G	roup	\$ 4,217	,486.18	Gross Receipts Seco	nd Group	\$ 1,8	13,003.04	
ioss Receipis Fiisi G	roup	\$ 4,217	,486.18	Gross Receipts Seco	ond Group	\$ 1,0	13,009.04	
ase Rate Fee First G		\$ 4,217	0.00	Gross Receipts Seco		\$ 1,0	0.00	
ase Rate Fee First G	roup		0.00		nd Group		0.00	
ase Rate Fee First G	roup	\$ SUBSCRIBER GRO	0.00		ond Group	\$ SUBSCRIBER GROU	0.00	
ase Rate Fee First G	roup	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	ond Group	\$ SUBSCRIBER GROU	0.00	
ase Rate Fee First G	roup	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	ond Group	\$ SUBSCRIBER GROU	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	0.00	
ase Rate Fee First G E OMMUNITY/ AREA CALL SIGN	roup LEVENTH Wappi r	\$ SUBSCRIBER GRO	DSE	Base Rate Fee Seco	TWELVTH	\$ SUBSCRIBER GROUND	JP DSE	
ase Rate Fee First G E OMMUNITY/ AREA	roup LEVENTH Wappi r	SUBSCRIBER GRO	0.00	Base Rate Fee Seco	TWELVTH	SUBSCRIBER GROUND CALL SIGN	0.00 JP DSE 0.00	
ase Rate Fee First G E OMMUNITY/ AREA CALL SIGN	LEVENTH Wappir DSE	SUBSCRIBER GRO	DSE	Base Rate Fee Seco	TWELVTH Yorktow DSE	SUBSCRIBER GROUND CALL SIGN	JP DSE	
ase Rate Fee First G E OMMUNITY/ AREA CALL SIGN otal DSEs	LEVENTH Wappir DSE	SUBSCRIBER GRO	0.00	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	TWELVTH Yorktow DSE	SUBSCRIBER GROUND CALL SIGN	0.00 JP DSE 0.00	
ase Rate Fee First G E OMMUNITY/ AREA CALL SIGN otal DSEs	LEVENTH Wappir DSE	SUBSCRIBER GRO	0.00	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN Total DSEs	TWELVTH Yorktow DSE th Group	SUBSCRIBER GROUND CALL SIGN	0.00 JP DSE 0.00	

Name		IDED 05.:-	01155				00:1:	
-	ID	IBER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU		
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Computa				OCIVIIVICIATI 17 74 ALEX				SOMMONT IT THE
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$		Base Rate Fee Second	0.00	\$		ase Rate Fee First G
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	0.00 JP	\$ SUBSCRIBER GROU	I Group XTEENTH	Base Rate Fee Second SI: COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF
	0.00 JP	\$ SUBSCRIBER GROU	I Group XTEENTH	Base Rate Fee Second SI: COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS, LLC 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS, LLC 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second 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 and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS, LLC 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS, LLC 028910 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** 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 **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown