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.

Γ

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
-------------------------------	--

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
3-20-25	\$
	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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20242 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CSC NC LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Altice USA, Inc.	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1 Court Square, 45th Floor (Number, street, rural route, apartment, or suite number)	
		Long Island City, NY 11101 (City, town, state, zip)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1		
		West Jefferson, NC MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Brivacy Act Notic	Continu	a 111 of title 17 of the United States Code authorizes the Convight Office to collect the personally identifying information (PII) requested on this	

thorizes the Copyright Offce to c ect the personally id entifying in ition (PII) reque form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency 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 NC LLC	020348					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	e parks should be reported in parentheses below the identified					
F 1(CITY OR TOWN	STATE NC					
First Community	West Jefferson Lansing	NC					
-	Jefferson	NC					
Add Rows as Necessary	Unincorporated Ashe County	NC					

								-	1-2E. PAGE STEM IC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							51	02034
	CSC NC LLC								0100
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	TES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed f	for advan	ice payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		s right ha						
	BLO				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		407	50.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		104	36.95					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC							•	
_	In General: Space F calls for rat				pect to all	your cable sys	tem's servie	ces that were	
F	not covered in space E, that is, th								
. .	service for a single fee. There ar		,		,		υ ()		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually b	med. If any fate	es ale cha	inged on a varia	able per-pro	igram basis,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other service brief (two- or three-word) description and include the rate for each.							form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TUTE		tion: Non-resi		TUTE	ONTEO		
	• Pay cable		• Mote	el, hotel			Core		120.
	• Pay cable—add'l channel	10.00-15.00	• Corr	mercial			Value		125.
	Fire protection		• Pay	cable			Preferr	ed/Select	140.0
	•Burglar protection			cable-add'l cha	annel		Premie		165.
	Installation: Residential		· ·	protection			•••••		
	• First set			lar protection					
	 Additional set(s) 	25.00		ervices:					
	• FM radio (if separate rate)		1	onnect					
	• Converter		•	onnect					
		·····	1				O-hlaO		-
			 Outl 	et relocation			Capiec	ard	2.
				et relocation e to new addre	SS		CableC Conver		2. 00/11.

ting Period: 2	2024/2			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM 1 0203			
G Primary nsmitters: elevision	 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, <i>except</i> (1) statons 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(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC 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. 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						
	FCC. For Mexican or Cana	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	a is identified. 4. LOCATION OF STATION			
	WBTV	23	N	Charlotte, NC			
	WAXN	64	1	Charlotte, NC			
	WAXN-2	64.2	I-М	Charlotte, NC			
ws as Necessary	WAXN-3	64.3	I-M	Charlotte, NC			
	WCYB-1	5	N	Bristol, TN			
	WCYB-2	5.2	I-M	Bristol, TN			
	WJZY	47	N	Charlotte, NC			
	WJZY-2	47.2	I-M	Charlotte, NC			
	WJZY-3	47.3	I-M	Charlotte, NC			
	wsoc	34	N	Charlotte, NC			
	WSOC-2	34.2	I-M	Charlotte, NC			
	WUNC	26	E	Winston-Salem. NC			
			_				

Accounting P	Period: 2024/	2					FORM	A SA1-2E. PAGE 4.
LEGAL NAME OF		CABLE SY	'STEM:					SYSTEM ID# 020348
PRIMARY TRANSMITTERS: RADIO 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.								Н
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 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).							Primary Transmitters: Radio	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	d: 2024/2					FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CSC NC LLC						020348
	SUBSTITUTE CARRIAGE	-	-			on that your cable syste	m carried on a
-	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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 in the paper SA1-2 form.						
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
-	Carriage: Special atement and 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						
Statement and							
Program Log	broadcast by a distant stat	ion?				YES	NO
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	iust complete the progra	am
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	wherever po	ssible if their meaning	is
	clear. If you need more spa	ice, please	add additional	rows to the tables.		-	
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	program") th	at, during the accounting	ng
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	ovies" or "baske	etball." List specific progra	m titles, for e	xample, "I Love Lucy" o	r
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "	No "		
				asting the substitute progr			
	Column 4: Give the broat the case of Mexican or Car			he community to which the			ı
				stem carried the substitute			onth
	first. Example: for May 7 giv	ve "5/7."					
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01			ely
	stated as "6:00–6:30 p.m."						
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for progr			
	was substituted for program						gran
	effect on October 19, 1976		-			-	
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
					·		
						_	
						_	

Accounting Period:	2024/2	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC NC LLC	SYSTEM ID 02034
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	on service unt, see
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263, Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this s accounting period is \$52.00	ix-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	• • • • • • •
)
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	0)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
		,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE S	SYSTEM:	SYSTEM ID# 020348
M Channels	 to its subscribers, and (2) the cable 1. Enter the total number of channel system carried television broadco 2. Enter the total number of activat on which the cable system carried 	cast stations	10 155
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statement	D IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom nt of account.)	
for Further Information	Name RODNEY HA	SKINS Telephone (9	03) 579-3152
	Address 3027 S SE LC (Number, street, rural TYLER, TX 7 (City, town, state, zip	l route, apartment, or suite number) 5701	
	Email ROD	NEY.HASKINS@ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Owner other than corportion) (Agent of owner other that in line 1 of space B (Officer or partner) I am at in line 1 of space B. I have examined the statement of access the statement of acc	account must be certified and signed in accordance with Copyright Office regulations) t (Check one, <i>but only one</i> , of the boxes.) ration or partnership) I am the owner of the cable system as identified in line 1 of space B; or an corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of count and hereby declare under penalty of law that all statements of fact contained herein a best of my knowledge, information, and belief, and are made in good faith.	
		X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		l or printed name: ALAN DANNENBAUM	
	Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date:	2/28/2025	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2024/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NC LLC	02034
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2. Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	-
xdays	-
	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	_
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

P	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials
	Worksheet	Date of remittance	_ Check EFT	FILING FEES
Cable ID #		Date of remittance		Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Jul	-Dec period) No spaces)
Period	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space B Owner				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space D Area Served				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[Information received	
and Rates	Accepted	[Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	Accepted	[Phone call/Date/Contact	

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	