

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

SA3E
Long Form

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/28/2025	\$
	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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																		
B Owner	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. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 028910																		
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CSC HOLDINGS, LLC 02891020251 028910 2025/1																		
	1 Court Square, 45th Floor Long Island City, NY 11101																		
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: Altice USA, Inc. 2 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																		
D Area Served First Community	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and list on page 1b with all communities. CITY OR TOWN STATE Bronx NY Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																
Alda	MD	A	1																
Alliance	MD	B	2																
Gering	MD	B	3																
Sample																			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC**SYSTEM ID#****028910**

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.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Bronx	NY	AA	1	First Community
Yonkers City	NY	AA	1	
Allendale	NJ	AB	2	
Alpine	NJ	AB	2	
Bergenfield	NJ	AB	2	
Bogota	NJ	AB	2	
Cedar Grove	NJ	AB	2	
Clifton	NJ	AB	2	
Closter	NJ	AB	2	
Cresskill	NJ	AB	2	
Demarest	NJ	AB	2	
Dumont	NJ	AB	2	
Elmwood Park	NJ	AB	2	
Emerson	NJ	AB	2	
Fairlawn	NJ	AB	2	
Franklin Lakes	NJ	AB	2	
Garfield	NJ	AB	2	
Glen Rock	NJ	AB	2	
Hackensack	NJ	AB	2	
Haledon	NJ	AB	2	
Harrington	NJ	AB	2	
Hasbrouck Heights	NJ	AB	2	
Haworth	NJ	AB	2	
Hawthorne	NJ	AB	2	
Hillsdale	NJ	AB	2	
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	2	
North Caldwell	NJ	AB	2	
North Haledon	NJ	AB	2	
Northvale	NJ	AB	2	
Norwood	NJ	AB	2	
Nutley	NJ	AB	2	
Old Tappan	NJ	AB	2	
Oradell	NJ	AB	2	
Paramus	NJ	AB	2	
Park Ridge	NJ	AB	2	
Passaic	NJ	AB	2	
Paterson	NJ	AB	2	

D
Area Served

See instructions for additional information on alphabetization.

Add rows as necessary.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	D Area Served
Ramsey	NJ	AB	2	
Ridgewood	NJ	AB	2	
River Edge	NJ	AB	2	
Rivervale	NJ	AB	2	
Rochelle Park	NJ	AB	2	
Rockleigh	NJ	AB	2	
Saddle Brook	NJ	AB	2	
Saddle River	NJ	AB	2	
South Hackensack	NJ	AB	2	
Tearneck	NJ	AB	2	
Tenafly	NJ	AB	2	
Totowa	NJ	AB	2	
Upper Saddle River	NJ	AB	2	
Waldwick	NJ	AB	2	
Washington Township	NJ	AB	2	
Wayne	NJ	AB	2	
West Paterson	NJ	AB	2	
Westwood	NJ	AB	2	
Wood Ridge	NJ	AB	2	
Woodcliff Lake	NJ	AB	2	
Wyckoff	NJ	AB	2	
Airmont	NY	AB	3	
Bloomingdale	NJ	AB	3	
Butler	NJ	AB	3	
Chestnut Ridge	NY	AB	3	
Clarkstown	NY	AB	3	
Grandview	NY	AB	3	
Hillburn	NY	AB	3	
Kinnelon	NJ	AB	3	
Lincoln Park	NJ	AB	3	
Mahwah	NJ	AB	3	
Montebello	NY	AB	3	
Montvale	NJ	AB	3	
Montville (Morris County)	NJ	AB	3	
New Hempstead	NY	AB	3	
Nyack	NY	AB	3	
Oakland	NJ	AB	3	
Orangetown	NY	AB	3	
Pequannock	NJ	AB	3	
Piermont	NY	AB	3	
Pompton Lakes	NJ	AB	3	
Ramapo (Rockland)	NY	AB	3	

First
CommunitySee instructions for
additional information
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Add rows as necessary.

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Ringwood	NJ	AB	3	First Community
Riverdale	NJ	AB	3	
Sloatsburg	NY	AB	3	
South Nyack	NY	AB	3	
Spring Valley	NY	AB	3	
Suffern	NY	AB	3	
Tuxedo	NY	AB	3	
Tuxedo Park	NY	AB	3	
Upper Nyack	NY	AB	3	
Wanaque	NJ	AB	3	
Wesley Hills	NY	AB	3	
Bridgeport	CT	AC	4	
Fairfield	CT	AC	4	
Stratford	CT	AC	4	
Milford	CT	AD	5	
Orange	CT	AD	5	
Woodbridge	CT	AD	5	
Ardsley	NY	AE	6	
Bronxville	NY	AE	6	
Dobbs Ferry	NY	AE	6	
Eastchester	NY	AE	6	
Elmsford	NY	AE	6	
Greensburg	NY	AE	6	
Hastings-on-Hudson	NY	AE	6	
Irvington	NY	AE	6	
Larchmont	NY	AE	6	
Mamaroneck Town	NY	AE	6	See instructions for additional information on alphabetization.
Mamaroneck Village	NY	AE	6	
New Rochelle	NY	AE	6	
North Castle (Mamaroneck)	NY	AE	6	
Pelham	NY	AE	6	
Pelham Manor	NY	AE	6	
Rye City	NY	AE	6	
Ryebrook	NY	AE	6	
Scarsdale	NY	AE	6	
Tuckahoe	NY	AE	6	
White Plains	NY	AE	6	
Darien	CT	AF	7	
Easton	CT	AF	7	
Greenwich	CT	AF	7	
New Canaan	CT	AF	7	
Norwalk	CT	AF	7	

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Stamford	CT	AF	7	First Community
Weston	CT	AF	7	
Westport	CT	AF	7	
Wilton	CT	AF	7	
Bedford (Ossining)	NY	AG	8	
Briarcliff Manor	NY	AG	8	
Buchanan	NY	AG	8	
Cortlandt	NY	AG	8	
Croton-on-Hudson	NY	AG	8	
Haverstraw Town	NY	AG	8	
Haverstraw Village	NY	AG	8	
Mount Pleasant	NY	AG	8	
New Castle	NY	AG	8	
Ossining Town	NY	AG	8	
Ossining Village	NY	AG	8	
Peekskill	NY	AG	8	
Philipstown (Ossining)	NY	AG	8	
Pleasantville	NY	AG	8	
Pomona	NY	AG	8	
Ramapo (Ossining)	NY	AG	8	
Sleepy Hollow	NY	AG	8	
Stony Point	NY	AG	8	
Tarrytown	NY	AG	8	
West Haverstraw	NY	AG	8	
Chester	NY	AG	9	See instructions for additional information on alphabetization.
Chestertown	NY	AG	9	
Florida	NY	AG	9	
Greenville	NY	AG	9	
Greenwood Lake	NY	AG	9	
Matamoras	PA	AG	9	
Minisink	NY	AG	9	
Montague Township	NJ	AG	9	
Sandyston Township	NJ	AG	9	
Unionville	NY	AG	9	
Warwick	NY	AG	9	Add rows as necessary.
Warwick Town	NY	AG	9	
West Milford	NJ	AG	9	
Westfall Township	PA	AG	9	
Harrison	NY	AH	10	
Port Chester	NY	AH	10	
Amenia Township	NY	AI	11	
Beacon	NY	AI	11	

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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	D Area Served
Clinton	NY	AI	11	
Cold Spring	NY	AI	11	
Dover Township	NY	AI	11	
East Fishkill	NY	AI	11	
Esopus	NY	AI	11	
Fishkill Town	NY	AI	11	
Fishkill Village	NY	AI	11	
Harriman	NY	AI	11	
Hyde Park	NY	AI	11	
Kent	NY	AI	11	
La Grange	NY	AI	11	
Lloyd	NY	AI	11	
Marlborough	NY	AI	11	
Milan	NY	AI	11	
Millbrook Village	NY	AI	11	
Millerton Village	NY	AI	11	
Monroe Town	NY	AI	11	
Monroe Village	NY	AI	11	
Nelsonville	NY	AI	11	
North East	NY	AI	11	
Philipstown (Wappingers Falls)	NY	AI	11	
Pine Plains	NY	AI	11	
Plattekill	NY	AI	11	
Poughkeepsie	NY	AI	11	
South Blooming Grove	NY	AI	11	
Stanford	NY	AI	11	
Union Vale	NY	AI	11	
Wappingers	NY	AI	11	
Wappingers Falls	NY	AI	11	
Washington Township	NY	AI	11	
Woodbury	NY	AI	11	
Bedford (Yorktown)	NY	AJ	12	
Lewisboro	NY	AJ	12	
Mount Kisco	NY	AJ	12	
North Castle (Yorktown)	NY	AJ	12	
North Salem	NY	AJ	12	
Pound Ridge	NY	AJ	12	
Putnam Valley	NY	AJ	12	
Somers	NY	AJ	12	
Yorktown	NY	AJ	12	
Allamuchy	NJ	AK	13	
Boonton	NJ	AK	13	

First
CommunitySee instructions for
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Add rows as necessary.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC					SYSTEM ID# 028910																																																																																																						
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Residential:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td style="text-align: center;">629,217</td> <td style="text-align: center;">\$ 50.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to additional set(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Motel, hotel</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial</td> <td style="text-align: center;">40,607</td> <td style="text-align: center;">\$ 46.95</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Converter</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	Residential:						• Service to first set	629,217	\$ 50.00				• Service to additional set(s)						• FM radio (if separate rate)						Motel, hotel						Commercial	40,607	\$ 46.95				Converter						• Residential						• Non-residential																																									
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F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Continuing Services:</td> <td></td> <td>Installation: Non-residential</td> <td></td> <td>Core</td> <td style="text-align: center;">\$ 120.00</td> </tr> <tr> <td>• Pay cable</td> <td style="text-align: center;">1.50/house</td> <td>• Motel, hotel</td> <td></td> <td>Value</td> <td style="text-align: center;">\$ 125.00</td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td style="text-align: center;">4.95-34.95</td> <td>• Commercial</td> <td></td> <td>Preferred>Select</td> <td style="text-align: center;">\$ 140.00</td> </tr> <tr> <td>• Fire protection</td> <td></td> <td>• Pay cable</td> <td></td> <td>Premier</td> <td style="text-align: center;">\$ 165.00</td> </tr> <tr> <td>• Burglar protection</td> <td></td> <td>• Pay cable-add'l channel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Installation: Residential</td> <td></td> <td>• Fire protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• First set</td> <td></td> <td>• Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Additional set(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Converter</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other services:</td> <td></td> <td>CableCard</td> <td style="text-align: center;">\$ 2.50</td> </tr> <tr> <td></td> <td></td> <td>• Reconnect</td> <td></td> <td>Converter</td> <td style="text-align: center;">10.00/\$11.00</td> </tr> <tr> <td></td> <td></td> <td>• Disconnect</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						BLOCK 1				BLOCK 2		CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	Continuing Services:		Installation: Non-residential		Core	\$ 120.00	• Pay cable	1.50/house	• Motel, hotel		Value	\$ 125.00	• Pay cable—add'l channel	4.95-34.95	• Commercial		Preferred>Select	\$ 140.00	• Fire protection		• Pay cable		Premier	\$ 165.00	• Burglar protection		• Pay cable-add'l channel				Installation: Residential		• Fire protection				• First set		• Burglar protection				• Additional set(s)						• FM radio (if separate rate)						• Converter								Other services:		CableCard	\$ 2.50			• Reconnect		Converter	10.00/\$11.00			• Disconnect						• Outlet relocation						• Move to new address			
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC						SYSTEM ID# 028910	Name
PRIMARY TRANSMITTERS: TELEVISION							
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>							
CHANNEL 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	I-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	I-M	No		NEW YORK, NY		
WCBS-3	2.3	I-M	No		NEW YORK, NY		
WFUT	68	I	No		NEWARK, NJ		
WFUT-3	68.3	I-M	No		NEWARK, NJ		
WJLP	33	I	No		MIDDLETOWN, NJ		
WLIW	21	E	No		GARDEN CITY, NY		
WLIW-2	21.2	E-M	No		GARDEN CITY, NY		
WLIW-3	21.3	E-M	No		GARDEN CITY, NY		
WLIW-4	21.4	E-M	No		GARDEN CITY, NY		
WLNY	55	I	No		RIVERHEAD, NY		
WMBC	63	I	No		NEWTON, NJ		
WNBC	4	N	No		NEW YORK, NY		
WNBC-2	4.2	I-M	No		NEW YORK, NY		
WNBC-3	4.3	I-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		

See instructions for
additional information
on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC						SYSTEM ID# 028910	Name
PRIMARY TRANSMITTERS: TELEVISION							
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CHANNEL LINE-UP AB							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WABC	7	N	No		NEW YORK, NY		
WABC-2	7.2	I-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	I-M	No		NEW YORK, NY		
WCBS-3	2.3	I-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	O	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	I-M	No		NEW YORK, NY		
WNBC-3	4.3	I-M	No		NEW YORK, NY		
WNET	13	E	No		NEWARK, NJ		
WNET-2	13.2	E-M	No		NEWARK, NJ		
WNJN	50	E	No		MONTCLAIR, NJ		
WNJU	47	I	No		LINDEN, NJ		
WNJU-2	47.2	I-M	No		LINDEN, NJ		
WNYE	25	E	No		NEW YORK, NY		
WNYW	5	I	No		NEW YORK, NY		
WNYW-2	5.2	I-M	No		NEW YORK, NY		
WPIX	11	I	No		NEW YORK, NY		
WPIX-2	11.2	I-M	No		NEW YORK, NY		
WPIX-3	11.3	I-M	No		NEW YORK, NY		
WPXN	31	I	No		NEW YORK, NY		
WRNN	48	I	No		KINGSTON, NY		
WWOR	9	I	No		SECAUCUS, NJ		
WWOR-3	9.3	I-M	No		SECAUCUS, NJ		
WWOR-4	9.4	I-M	No		SECAUCUS, NJ		
WXTV	41	I	No		PATERSON, NJ		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC					SYSTEM ID# 028910	Name
PRIMARY TRANSMITTERS: TELEVISION						
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CHANNEL LINE-UP AC						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WABC	7	N	No		NEW YORK, NY	
WABC-2	7.2	I-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	I-M	No		NEW YORK, NY	
WCBS-3	2.3	I-M	No		NEW YORK, NY	
WCTX	59	I	No		NEW HAVEN, CT	
WEDW	49	E	No		BRIDGEPORT, CT	
WEDW-3	49.3	E-M	No		BRIDGEPORT, CT	
WFSB	3	N	No		HARTFORD, CT	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	I	No		MIDDLETOWN, NJ	
WLIW	21	E	No		GARDEN CITY, NY	
WLIW-2	21.2	E-M	No		GARDEN CITY, NY	
WLIW-3	21.3	E-M	No		GARDEN CITY, NY	
WLIW-4	21.4	E-M	No		GARDEN CITY, NY	
WLNY	55	I	No		RIVERHEAD, NY	
WNBC	4	N	No		NEW YORK, NY	
WNBC-2	4.2	I-M	No		NEW YORK, NY	
WNBC-3	4.3	I-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	
WTNH	8	N	No		NEW HAVEN, CT	
WWIT	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	I	No		BRIDGEPORT, CT	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AE					
1. CALL SIGN	2. BCAST 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	I-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	I-M	No		NEW YORK, NY
WCBS-3	2.3	I-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	I-M	No		NEW YORK, NY
WNBC-3	4.3	I-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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC					SYSTEM ID# 028910	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL 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	I-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	I-M	No		NEW YORK, NY	
WCBS-3	2.3	I-M	No		NEW YORK, NY	
WCTX	59	I	No		NEW HAVEN, CT	
WEDW	49	E	No		BRIDGEPORT, CT	
WEDW-3	49.3	E-M	No		BRIDGEPORT, CT	
WFSB	3	N	No		HARTFORD, CT	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	I	No		MIDDLETOWN, NJ	
WLIW	21	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	I-M	No		NEW YORK, NY	
WNBC-3	4.3	I-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	
WTNH	8	N	No		NEW HAVEN, CT	
WWIT	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	I	No		BRIDGEPORT, CT	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AG					
1. CALL SIGN	2. BCAST 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	I-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	I-M	No		NEW YORK, NY
WCBS-3	2.3	I-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	O	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	I-M	No		NEW YORK, NY
WNBC-3	4.3	I-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WWOR	9	I	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

SYSTEM ID# 028910						Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AH						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WABC	7	N	No		NEW YORK, NY	
WABC-2	7.2	I-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	I-M	No		NEW YORK, NY	
WCBS-3	2.3	I-M	No		NEW YORK, NY	
WEDW	49	E	No		BRIDGEPORT, CT	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	I	No		MIDDLETOWN, NJ	
WLIW	21	E	No		GARDEN CITY, NY	
WLIW-2	21.2	E-M	No		GARDEN CITY, NY	
WLIW-3	21.3	E-M	No		GARDEN CITY, NY	
WLIW-4	21.4	E-M	No		GARDEN CITY, NY	
WLNY	55	I	No		RIVERHEAD, NY	
WMBC	63	I	No		NEWTON, NJ	
WNBC	4	N	No		NEW YORK, NY	
WNBC-2	4.2	I-M	No		NEW YORK, NY	
WNBC-3	4.3	I-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	

SYSTEM ID# 028910						Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AI						
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	I-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	I-M	No		NEW YORK, NY	
WCBS-3	2.3	I-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	O	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	I-M	No		NEW YORK, NY	
WNBC-3	4.3	I-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	

SYSTEM ID# 028910						Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL 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	I-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	I-M	No		NEW YORK, NY	
WCBS-3	2.3	I-M	No		NEW YORK, NY	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	I	No		MIDDLETOWN, NJ	
WLIW	21	E	No		GARDEN CITY, NY	
WLIW-2	21.2	E-M	No		GARDEN CITY, NY	
WLIW-3	21.3	E-M	No		GARDEN CITY, NY	
WLIW-4	21.4	E-M	No		GARDEN CITY, NY	
WLNY	55	I	No		RIVERHEAD, NY	
WMBC	63	I	No		NEWTON, NJ	
WNBC	4	N	No		NEW YORK, NY	
WNBC-2	4.2	I-M	No		NEW YORK, NY	
WNBC-3	4.3	I-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	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL 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	I-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	I-M	No		NEW YORK, NY
WCBS-3	2.3	I-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	I-M	No		NEW YORK, NY
WNBC-3	4.3	I-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WWOR	9	I	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WWOR-4	9.4	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 188,069,511.96 (Amount of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <ul style="list-style-type: none"> ► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below. 			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$ 188,069,511.96 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 2,001,059.61		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 		
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 \$ 85,316.14 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 \$ 85,316.14		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger \$ 2,001,059.61 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. \$ 0.00 Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$ 0.00 Line 4. FILING FEE \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 2,001,784.61 EFT Trace # or TRANSACTION ID # Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
M Channels	CHANNELS 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. <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 58</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 655</p>	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) <p>Name RODNEY HASKINS Telephone (903) 579-3152</p> <p>Address 6151 Paluxy Dr (Number, street, rural route, apartment, or suite number)</p> <p>TYLER, TX 75703 (City, town, state, zip)</p> <p>Email RODNEY.HASKINS@OPTIMUM.COM Fax (optional).....</p>	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (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 cable system in line 1 of space B.</p> <p>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]</p> <div style="text-align: center;">  X /s/ Alan Dannenbaum </div> <p>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 box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: ALAN DANNENBAUM</p> <p>.....</p> <p>Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)</p> <p>Date: August 29, 2025</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name																
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$</p> <table border="1"> <tr> <td>Name</td> <td></td> <td>Name</td> <td></td> </tr> <tr> <td>Mailing Address</td> <td></td> <td>Mailing Address</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Name		Name		Mailing Address		Mailing Address									
Name		Name																	
Mailing Address		Mailing Address																	
<p>P Special Statement Concerning Gross Receipts Exclusion</p>																			
<p>INTEREST ASSESSMENTS</p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment</p> <p>x</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here -</p> <p>x days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here -</p> <p>x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ (interest charge) -</p> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner</p> <p>Address</p> <p>First community served</p> <p>Accounting period</p> <p>ID number</p>																			
<p>Q Interest Assessment</p>																			

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

DSE SCHEDULE. PAGE 11.

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.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

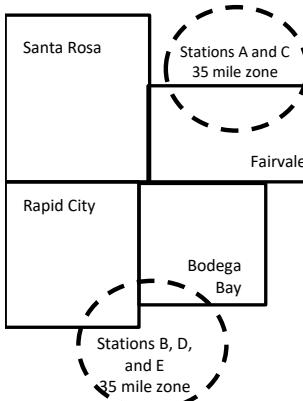
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL	
A (independent)	1.0		SERVICE AREA OF	
B (independent)	1.0	Santa Rosa	Stations A, B, C, D, E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00
Minimum Fee Total Gross Receipts				
\$600,000.00				
x .01064				
\$6,384.00				
First Subscriber Group (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)	Third Subscriber Group (Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts
DSEs	2.472	DSEs	1.083	DSEs
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee
$$310,000 \times .01064 \times 1.0 =$	3,298.40	$$170,000 \times .01064 \times 1.0 =$	1,808.80	$$120,000 \times .01064 \times 1.0 =$
$$310,000 \times .00701 \times 2.472 =$	3,198.80	$$170,000 \times .00701 \times .083 =$	98.91	$$120,000 \times .00701 \times .389 =$
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee
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)				



DSE SCHEDULE. PAGE 11. (CONTINUED)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC					SYSTEM ID# 028910		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	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.)							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
	÷	=	×	=			
	÷	=	×	=			
	÷	=	×	=			
	÷	=	×	=			
	÷	=	×	=			
	÷	=	×	=			
	÷	=	×	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, ➤ 0.00								
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	÷	=		÷	=	
	÷	=		÷	=	
	÷	=		÷	=	
	÷	=		÷	=	
	÷	=		÷	=	
	÷	=		÷	=	
	÷	=		÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ➤ 0.00								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 •	_____ ➤			0.25			
	2. Number of DSEs from part 3 •	_____ ➤			0.00			
	3. Number of DSEs from part 4 •	_____ ➤			0.00			
TOTAL NUMBER OF DSEs						_____ ➤	0.25	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name					
Instructions: Block A must be completed. In block A: <ul style="list-style-type: none"> • 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? <p style="margin-top: 10px;"> <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below. </p>								
BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) <p style="margin-top: 10px;"> CALL SIGN </p>								
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) <p style="margin-top: 10px;"> BASIS OF PERMITTED CARRIAGE </p>								
A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(k) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)) C Noncommercial educational station [76.59(c), 76.61(d), 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, 1981 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. <p style="margin-top: 10px;"> Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.) </p>								
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						
WLIW-2	M	-						
WLIW-3	M	-						
WLIW-4	M	-						
0.25								
BLOCK C: COMPUTATION OF 3.75 FEE								
Line 1: Enter the total number of DSEs from part 5 of this schedule 								
Line 2: Enter the sum of permitted DSEs from block B above 								
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) <p style="margin-top: 10px;"> Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions. </p>								
Line 4: Enter gross receipts from space K (page 7) x 0.0375								
Line 5: Multiply line 4 by 0.0375 and enter sum here x								
Line 6: Enter total number of DSEs from line 3 								
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) 0.00								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID#

028910

Name _____

BLOCK A: TELEVISION MARKETS (CONTINUED)

DSE SCHEDULE. PAGE15.

LEGAL NAME 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) ► \$ 188,069,511.96		
Section 2	A. Enter the total DSEs from block B of part 7 ► 0.00 B. Enter the total number of exempt DSEs from block C of part 7 ► 0.00 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		
• Is any portion of the cable system within a top 50 television market as defned by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1) ► \$ B. Enter 0.00377 of gross receipts (the amount in section 1) ► \$ C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ► D. Multiply line B by line C and enter here ► E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge ► \$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00599 of gross receipts (the amount in section 1) ► \$ B. Enter 0.00377 of gross receipts (the amount in section 1) ► \$ C. Multiply line B by 3.000 and enter here ► \$ D. Enter 0.00178 of gross receipts (the amount in section 1) ► \$ E. Subtract 4.000 from total DSEs (the 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 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge ► \$		
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) ► \$ B. Enter 0.00189 of gross receipts (the amount in section 1) ► \$ C. Subtract 1.000 from total permitted DSEs (the 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 ► \$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910						
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). ► \$ </p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). ► \$ </p> <p>C. Multiply line B by 3.000 and enter here. ► \$ </p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). ► \$ </p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ► </p> <p>F. Multiply line D by line E and enter here ► \$ </p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge ► \$ </p>							
8 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p> <p style="text-align: center;">BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</p> <ul style="list-style-type: none"> • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p> <p style="text-align: center;">BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Section 1</td> <td>Enter the amount of gross receipts from space K (page 7). ► \$ </td> </tr> <tr> <td>Section 2</td> <td>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.) ► </td> </tr> <tr> <td>Section 3</td> <td> <p>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.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ </p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► </p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► </p> <p>D. Multiply line B by line C and enter here. ► \$ </p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p> </td> </tr> </table>			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	<p>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.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ </p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► </p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► </p> <p>D. Multiply line B by line C and enter here. ► \$ </p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p>
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	<p>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.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ </p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► </p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► </p> <p>D. Multiply line B by line C and enter here. ► \$ </p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p>								

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC		SYSTEM ID# 028910	Name
4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
	A. Enter 0.01064 of gross receipts (the amount in section 1)	► \$	8 Computation of Base Rate Fee
	B. Enter 0.00701 of gross receipts (the amount in section 1)	► \$	
	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 broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:			
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.			
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.			
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.			
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 station you carried to that community.			
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by 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 distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable 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 system's subscriber groups.			
In each section:			
<ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. 			
<ul style="list-style-type: none"> • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
	<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</p> <p>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.</p> <p>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.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC								SYSTEM ID# 028910	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA	Bronx/Yonkers			COMMUNITY/ AREA	Bergen/Paterson/Passaic				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 41,412,511.74				Gross Receipts Second Group \$ 32,733,425.12					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
THIRD SUBSCRIBER GROUP								FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA	Rockland/Oakland			COMMUNITY/ AREA	Bridgeport/Fairfield/Stratford				
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 \$ 15,019,613.56				Gross Receipts Fourth Group \$ 9,883,776.78					
Base Rate Fee Third Group \$ 39,952.17				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 85,316.14	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC								SYSTEM ID# 028910	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP				FOURTEENTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA	Morris Twp			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 17,197,115.18				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
FIFTEENTH SUBSCRIBER GROUP								SIXTEENTH SUBSCRIBER GROUP	
COMMUNITY/ AREA	0			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 0.00				Gross Receipts Fourth Group \$ 0.00					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910												
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:													
	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market													
	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 this schedule.													
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 028910
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	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 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 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.	
	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.	
	FIFTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation -	
SYNDICATED EXCLUSIVITY SURCHARGE First Group <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
SIXTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation -		
SYNDICATED EXCLUSIVITY SURCHARGE Second Group <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
SEVENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs. <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation -		
SYNDICATED EXCLUSIVITY SURCHARGE Third Group <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
EIGHTH SUBSCRIBER GROUP		
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SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) <input style="width: 200px; height: 20px;" type="text"/>		

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SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) <input type="text"/>		



Cable Worksheet

Total amount of remittance Number of SAs rec'd Initials

Date of remittance Check EFT FILING FEES

Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period			(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)		
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted		<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact		
Space B Owner					
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted		<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact		
Space D Area Served					
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted		<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact		
Space E Secondary Transission Service Subscribers: and Rates					
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted		<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact		
Space G Primary Transmitters: Television					
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted		<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact		
Space H Primary Transmitters: Radio					
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
					Space I Substitute Carriage

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