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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
03/02/21	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2020/2			
	Instructions:			
B Owner	Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the entire accounting the covering the system's first filing. If not, enter the system's ID not, enter the system's ID not account and royalty fee.	es of the cable system on the last day of the unting period.	m. e accounting period should sub	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	CSC HOLDINGS, LLC			
				00758720202
				007587 2020/2
	1 Court Square, 45th Floor			
	Long Island City, NY 11101			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic	dentify the busines	s and operation of the syste	m unless these
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	า in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	Altice USA, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
_				
D	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b
Area Served	with all communities.  CITY OR TOWN	STATE		
First	Amityville	NY		
Community	Below is a sample for reporting communities if you report multiple cha		0	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Samula	Alda	MD	A	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

**Lake Success** 

**Laurel Hollow** 

Lattingtown

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007587 **CSC HOLDINGS, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **Amityville** NY AA 1 **First Asharoken** NY AA 1 Community **Atlantic Beach** NY AA 1 **Babylon Town** NY AA 1 **Babylon Village** NY AA 1 1 **Baxter Estates** NY AA See instructions for **Bayville** NY AA 1 additional information on alphabetization. 1 **Bellerose** NY AA **Brookville** NY AA 1 NY 1 Cedarhurst AA 1 Centre Island NY AA Add rows as necessary. 1 **Cove Neck** NY AA AA 1 **East Hills** NY NY AA 1 **East Rockaway East Williston** NY AA 1 **Farmingdale** NY AA 1 Floral Park NY AA 1 Flower Hill NY AA 1 1 **Freeport** NY AA **Garden City** NY AA 1 1 AA **Glen Cove** NY NY 1 **Great Neck Estates** AA 1 **Great Neck Plaza** NY AA 1 **Great Neck Town** NY AA **Hempstead Town** NY AA 1 NY 1 **Hempstead Village** AA 1 **Hewlett Bay Park** NY AA **Hewlett Harbor** 1 NY AA **Hewlett Neck Village** NY AA 1 NY AA 1 **Huntington Bay** 1 **Huntington Town** NY AA **Island Park** NY AA 1 1 Islip (Amityville) NY AA Kensington 1 NY AA **Kings Point** NY AA 1

NY

NY

NY

1

1

1

AA

AA

AA

Lawrence	NY	AA	1
Lindenhurst	NY	AA	1
Lloyd Harbor	NY	AA	1
Long Beach	NY	AA	1
Malverne	NY	AA	1

Lynbrook

**Brookhaven** 

Bellport

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007587 **CSC HOLDINGS, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE Manorhaven NY AA 1 **First** NY Massapequa Park AA 1 Community Matinecock NY AA 1 Mill Neck NY AA 1 Mineola NY AA 1 **Munsey Park** 1 NY AA See instructions for Muttontown NY AA 1 additional information on alphabetization. 1 **New Hyde Park** NY AA North Hempstead NY AA 1 NY 1 **North Hills** AA 1 Northport NY AA Add rows as necessary. 1 **Old Brookville** NY AA 1 **Old Westbury** NY AA **Oyster Bay** NY AA 1 **Oyster Bay Cove** NY AA 1 **Plandome Heights** NY AA 1 **Plandome Manor** NY AA 1 **Plandome Village** NY AA 1 **Port Washington** 1 NY AA **Rockville Centre** NY AA 1 1 NY AA Roslyn NY 1 **Roslyn Estates** AA 1 **Roslyn Harbor** NY AA 1 **Russell Gardens** NY AA Saddle Rock NY AA 1 1 **Sands Point** NY AA 1 Sea Cliff NY AA 1 South Floral Park NY AA **Stewart Manor** NY AA 1 **Thomaston** NY AA 1 1 **Upper Brookville** NY AA **Valley Stream** NY AA 1 1 Westbury NY AA 1 **Williston Park** NY AA Woodsburgh NY AA 1

NY

NY

NY

1

2

2

AB

AC

AC

Lake Grove	NY	AC	2
Mastic Beach	NY	AC	2
Patchogue	NY	AC	2
Poquott	NY	AC	2
Dering Harbor	NY	AD	3

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007587 **CSC HOLDINGS, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **East Hampton Town** NY AD 3 **First** NY 3 **East Hampton Village** AD Community NY AD 3 Greenport **North Haven** NY AD 3 Quoque NY **AD** 3 Riverhead 3 NY AD See instructions for 3 Sag Harbor NY AD additional information on alphabetization. 3 Sagaponack NY AD 3 **Shelter Island** NY AD NY 3 **Shinnecock Reservation** AD 3 **Southampton Town** NY AD Add rows as necessary. Southampton Village NY AD 3 3 Southold NY **AD West Hampton Dunes** NY AD 3 Westhampton Beach NY AD 3 **Belle Terre** NY **AE** 4 **Brightwaters** NY ΑE 4 Brookhaven (Hauppauge) NY ΑE 4 Head-of-the-Harbor 4 NY AE Islandia NY AE 4 Islip (Hauppauge) NY ΑE 4 NY 4 Nissequogue AE **Old Field** NY 4 AΕ **Shoreham** 4 NY **AE Smithtown** NY **AE** 4 Village of Port Jefferson NY ΑE 4 Village of The Branch NY ΑE 4

П		
П		
П		
П		
П		
П		
П		
П		
П		
П		
П		
П		
П		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**CSC HOLDINGS, LLC** 

SYSTEM ID# 007587

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1			Π	BLOC	K 2	
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	588,913	\$	24.99				
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	36,786	\$	36.95				
Converter							
Residential							
Non-residential				"			
				1 l···			

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA <sup>*</sup>	TE
Continuing Services:		Installation: Non-residential		Value	\$	84.99
Pay cable	1.50/house	Motel, hotel		Core	\$	79.99
Pay cable—add'l channel	1.95-34.95	Commercial		Preferred/Select	\$	94.99
Fire protection		• Pay cable		Premier	\$ 1	29.99
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set		Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect		Guide		
		Outlet relocation		CableCard	\$	2.50
		Move to new address		Converter	10.00/\$	11.00

G

Primary

Transmitters:

Television

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CSC HOLDINGS, LLC 007587

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WABC	7	N	No		NEW YORK, NY	
WABC-2	7.2	N-M	No		NEW YORK, NY	
WABC-3	7.3	I-M	No		NEW YORK, NY	
WASA	24	ı	No		PORT JERVIS, NY	
WCBS	2	N	No		NEW YORK, NY	
WCBS-2	2.2	N-M	No		NEW YORK, NY	
WCBS-3	2.3	N-M	No		NEW YORK, NY	
WFUT	68	I	No		NEWARK, NJ	
WFUT-3	68.3	I-M	No		NEWARK, NJ	
WJLP	33	ı	No		MIDDLETOWN, NJ	
WLIW	21	E	No		GARDEN CITY, NY	
WLIW-2	21.2	E-M	No		GARDEN CITY, NY	
WLIW-3	21.3	E-M	No		GARDEN CITY, NY	
WLIW-4	21.4	E-M	No		GARDEN CITY, NY	
WLNY	55	I	No		RIVERHEAD, NY	
WMBC	63	I	No		NEWTON, NJ	
WNBC	4	N	No		NEW YORK, NY	See instructions for additional information of
WNBC-2	4.2	N-M	No		NEW YORK, NY	alphabetization.
WNET	13	Е	No		NEWARK, NJ	
WNET-2	13.2	E-M	No		NEWARK, NJ	
WNJU	47	I	No		LINDEN, NJ	
WNJU-2	47.2	I-M	No		LINDEN, NJ	
WNYE	25	E	No		NEW YORK, NY	
WNYW	5	ı	No		NEW YORK, NY	
WNYW-2	5.2	I-M	No		NEW YORK, NY	
WPIX	11	ı	No		NEW YORK, NY	
WPIX-2	11.2	I-M	No		NEW YORK, NY	
WPIX-3	11.3	I-M	No		NEW YORK, NY	
WPXN	31	ı	No		NEW YORK, NY	
WRNN	48	ı	No		KINGSTON, NY	
WWOR	9	ı	No		SECAUCUS, NJ	
WWOR-2	9.2	I-M	No		SECAUCUS, NJ	
WWOR-3	9.3	I-M	No		SECAUCUS, NJ	
WXTV	41	1	No	I	PATERSON, NJ	

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

Name

Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	ı	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	Е	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	ı	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	Е	No		MONTCLAIR, NJ
WNJU	47	ı	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	ı	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	ı	No		NEW YORK, NY
WRNN	48	ı	No		KINGSTON, NY
WWOR	9	ı	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	1	No	I	PATERSON, NJ

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

Name

Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	ı	No		RIVERHEAD, NY
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	ı	No		PATERSON, NJ

G

Primary Transmitters: Television

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

Name

Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	E	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	ı	No		RIVERHEAD, NY
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	Yes	0	NEWARK, NJ
WNET-2	13.2	E-M	Yes	E	NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WVVH	50	I	No		SOUTHAMPTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	ı	No		PATERSON, NJ

G

Primary Transmitters: Television

U.S. Copyright Office

G

Primary

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CSC HOLDINGS, LLC 007587

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	ı	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	ı	No		MIDDLETOWN, NJ
WLIW	21	Е	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	ı	No		RIVERHEAD, NY
WMBC	63	ı	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	ı	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	ı	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	ı	No		NEW YORK, NY
WRNN	48	ı	No		KINGSTON, NY
WWOR	9	ı	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	1	No		PATERSON, NJ

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007587 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

TORWI SASE, TAGE 5.						Accoonting	T EMOD. 2020/2	
CSC HOLDINGS, LLC	CABLE SYST	EM:			S	007587	Name	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì				
In General: In space I, ident substitute basis during the acepplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	■ Substitute	
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
broadcast by a distant station?  Yes XNo  Note: If your answer is "Yes," you must complete the program							Program Log	
log in block 2.								
2. LOG OF SUBSTITUTE			As line I les abbassistions		:bl- : <b>f</b>			
In General: List each subst clear. If you need more spa				wnerever pos	ssible, if their meaning is			
			ision program (substitute p	rogram) that	, during the accounting			
period, was broadcast by a						ion		
under certain FCC rules, re SA3 form for futher informa								
titles, for example, "I Love L	ucy" or "NE	BA Basketball:	76ers vs. Bulls."	backotban	. Liet oposino program			
			r "Yes." Otherwise enter "N					
	0		asting the substitute progra ne community to which the		ensed by the ECC or in			
the case of Mexican or Can								
		when your syst	tem carried the substitute <sub>l</sub>	orogram. Use	numerals, with the mon	th		
first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times accurately	1		
to the nearest five minutes.						<b>'</b>		
stated as "6:00-6:30 p.m."	"D" :f 41.	P. A. J						
to delete under FCC rules a			was substituted for progra			l		
gram was substituted for pr								
effect on October 19, 1976.								
				ll whi	EN SUBSTITUTE			
S	UBSTITUT	E PROGRAM	<u> </u>		IAGE OCCURRED	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
					_			
					_			
		<del></del>						
		ļ			<u> </u>			
					_			
		ļ			<u> </u>			
					_			
					_			
					_			
					_			
					_			
					_			
		<del></del>	ļ				i	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

Name	CSC HOLDII	OWNER OF CABLE	SYSTEM:							S	YSTEM ID# 007587
	PART-TIME CARRIAGE LOG										
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
	DATES AND HOURS OF PART-TIME CARRIAGE										
	CALL SIGN	WHEN	CARRIAGE O				CALL SIGN	WHEN	CARRIAGE O		
		DATE	FROM	OUF	RS TO			DATE	FROM	OUR	S TO
				=-						=	
				=-							
				<del></del>						. <del>.</del>	
				=-							
				=-							
										_	
				<u>-</u>							
				=-							
				=-						-=-	
										-=-	
										_	
				<del></del>							
				- <u>-</u> -							
				<u></u> -						-=-	
		t				l		l			

1	AL NAME OF OWNER OF CABLE SYSTEM: C HOLDINGS, LLC	SY	STEM ID# 007587	Name				
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	lary transmission service		<b>K</b> Gross Receipts				
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 115,975, (Amount of gross receipt						
Instru Com Com If you fee the lifty you accompany	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts of parally form and attach the schedule to your statement of account.	s of the DSE Schedule		L Copyright Royalty Fee				
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ek 3 below.							
3 be								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	I be entered on line						
Block 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 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 115,975,	339.70					
	This is your minimum fee.	\$ 1,233,	977.61					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued to the property of the	4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 76,	812.29					
	Line 2. <b>3.75 Fee:</b> 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	\$ 76,	812.29					
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,	\$ 1,233,	977.61					
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	Cable systems submitting additional				
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9			deposits under Section 111(d)(7)				
	(Interest Worksheet)		0.00	should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 1,234,	702.61	form for submitting the				
	EFT Trace # or TRANSACTION ID #			additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab	,						

CSC HOLDINGS, LLC  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.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations  36  N Individual to Be Contacted for Further Information  Name RODNEY HASKINS  Telephone (903) 579-3152  Address 3015 S SE LOOP 323  (Number, street, rural route, spartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	007587								
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.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations  36  N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name RODNEY HASKINS  Telephone (903) 579-3152  Address 3015 S SE LOOP 323  (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)									
to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  663    Notivioual to be contacted for Further Information									
1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  N Individual to Be Contacted for Further Information  Name RODNEY HASKINS  Address 3015 S SE LOOP 323  (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.    N	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.    N	$\neg$								
on which the cable system carried television broadcast stations and nonbroadcast services.    N									
on which the cable system carried television broadcast stations and nonbroadcast services.    N									
N Individual to Be Contacted for Further Information  Name RODNEY HASKINS  Address 3015 S SE LOOP 323  (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
we can contact about this statement of account.)    Name   RODNEY HASKINS   Telephone (903) 579-3152									
we can contact about this statement of account.)    Name   RODNEY HASKINS   Telephone (903) 579-3152									
Individual to Be Contacted for Further Information  Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Be Contacted for Further Information  Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
(Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
(City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
(City, town, state, zip)  Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  O									
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  O									
O									
Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified									
in line 1 of space B and that the owner is not a corporation or partnership; or									
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.									
<ul> <li>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.</li> </ul>									
[18 U.S.C., Section 1001(1986)]									
/s/ Alan Dannenbaum									
Enter an electronic signature on the line above using an "/s/" signature to certify this statement.									
(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
button, then type /s/ and your name. Pressing the 1 button will avoid enabling Excers Lotus compatibility settings.									
Typed or printed name: ALAN DANNENBAUM									
Title: SVP, PROGRAMMING  (Title of official position held in corporation or partnership)									
(This of Strong position and in deportuent of partitioning)									
Date: February 25, 2021									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007587	Name
CSC HOLDINGS, LLC	007567	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuants."	system for the basic m shall not include sub-	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the gener paper SA3 form.		Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	ondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payer For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0 00074	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_	
space L, (page /)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fu contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	rther assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number filing.	., .	
Owner		
Address		
First community served		
Accounting period		
ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/2
DSE SCHEDULE, PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

#### **SCHEDULE**

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

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

### **EXAMPLE:**

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

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

	1 ,	TC Mi
Santa Rosa	Stations A and C 35 mile zone	
	l'、 /	Fir
	`~-/	(Sa
	Fairvale	Gr
Rapid City		DS
		Ва
	Bodega	\$3
<del> </del>	Bay	\$3
/		Ва
Station	ns B. D.	_
an		To
35 mil	e zone	In
` ~		1

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

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

		\$0,304.00				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#								
I	CSC HOLDINGS, LLC					007587			
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	0.50							
	nstructions:  n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5  of space G (page 3).  n the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-								
of DSEs for	mercial educational station, give the DSE as ".25."								
Category "O"		(	CATEGORY "O" STATION	S: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	WLIW	0.250							
	WNET	0.250							
Add rows as		<u> </u>							
necessary.		-							
Remember to copy all		<u> </u>							
formula into new		······							
rows.		<del> </del>				·			
		<mark></mark>				·			
		·				·			
		·							
		<del></del>				. <b>.</b>			
		<mark></mark>				. <b>.</b>			
		<mark></mark>							
		<u>.</u>							
		<u></u>							
		<mark></mark>							
		<mark></mark>							
		<u>.</u>							
		<u> </u>							
		<u> </u>							
		<u> </u>							
		<b> </b>							
		<b> </b>							
		<del> </del>							
		<del> </del>							
		<del> </del>							
		<del></del>							
		<del> </del>							
		<del>. </del>    -		ļ		<b>.</b>			
		<del> </del>    -							
				l					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 007587 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. Computation 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 of DSEs for **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE** VALUE **CARRIED BY** STATION SYSTEM ON AIR = = = = SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 2 of part 5 of this schedule, ...... Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 · Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substituteat your option. This figure should correspond with the information in space I. **Basis Stations** Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS SIGN OF OF DAYS IN YEAR **PROGRAMS PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.50 **Total Number** 1. Number of DSEs from part 2 ● 0.00 of DSEs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.50 TOTAL NUMBER OF DSES

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF C	WNER OF CABLE S	YSTEM:					S	YSTEM ID# 007587	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re	mainder of pa	·	of the DSE schedu	ıle blank and	complete part 8	3, (page 16) of the		6
ii your arrower ii	Tto, complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24,  Yes—Com	1981?	schedule—DC	•	er markets as defin			C rules and regula	tions in	3.75 Fee
		BLOC	CK B: CARE	RIAGE OF PERM	/IITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant stat gulations prior e DSE Schedi	ions listed in process to June 25, 1	part 2, 3, and 4 of th 1981. For further ex e letter M below ref	nis schedule t planation of p	hat your syster ermitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty statio C Noncommerica D Grandfathered instructions for E Carried pursua *F A station previous	les and regulated pursuant to an as defined in all educational station (76.65 r DSE schedu ant to individual viously carried HF station wit	titions cited be the FCC mar in 76.5(kk) (76 station [76.5§ 5) (see paragi le). al waiver of F0 on a part-tim hin grade-B c	e or substitute basis ontour, [76.59(d)(5)	e in effect on 357, 76.59(b), (1), 76.63(a) is (a) referring to stitution of grades s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] andfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations iden	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WLIW	C	0.25 0.25							
WINE I		0.20							
								0.50	
		В	LOCK C: CO	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of [	OSEs from pa	art 5 of this s	chedule					
Line 2: Enter the	sum of permitted	DSEs from	block B abo	ve					
				of DSEs subject to of this schedule)		ate.			
Line 4: Enter gro	ess receipts from	space K (paç	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sum	ı here				X 0.00		partially permited/
. ,	•						х		partially nonpermitted carriage? If yes, see part
Line o: Enter tota	al number of DSE	s nom line 3							9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here a	and on line 2	. block 3. space L	(page 7)			0.00	1

	ED) 1. CALL SIGN	(CONTINU	SION MARKETS	A: TELEVIS	BLOCK		
GN BASIS Comp		3. DSE					
3.7			2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
3.7							
						-	
						-	
						-	
······							
······							

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 007587 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE PERIOD CARRIAGE SIGN DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 007587	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	115,975,339.70	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below	v.	
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
0 "	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 007587							
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\								
		Syndicated Exclusivity Surcharge.  Syndicated Exclusivity Surcharge.	<u>.</u>							
8 Computation of Base Rate Fee	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.  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.  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.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  Section									
	1	Enter the amount of gross receipts from space K (page 7)								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section  3 If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts  (the amount in section 1)								
		B. Enter 0.00701 of gross receipts  (the amount in section 1)								
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	0.00							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

	7,0000,111110	
LEGAL NAME OF OWNER OF CABLE SYSTEM:  CSC HOLDINGS, LLC	SYSTEM ID# 007587	Name
C3C HOLDINGS, LLC		
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4 A. Enter 0.01064 of gross receipts		8
(the amount in section 1) ▶		
B. Enter 0.00701 of gross receipts		Communitation
(the amount in section 1) \$		Computation of
C. Multiply line B by 3.000 and enter here <b>▶</b>		Base Rate Fee
D. Enter 0.00330 of gross receipts  (the amount in section 1)		
E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here   ▶		
F. Multiply line D by line E and enter here <b>\$</b>		
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	
Dase Rate Fee		
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	•	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple ch Space G.	annel line-ups in	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To ta exclusion, you must:	ke advantage of this	of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist.	ant to the same	Base Rate Fee and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		for Partially
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemp also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the		
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 dist	ant Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups.	system's subscriber	
In each section:		
Identify the communities/areas represented by each subscriber group.		
<ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant subscribers in the group.</li> </ul>	to all of the	
• If:		
<ol> <li>your system is located wholly outside all major and smaller television markets, give each station's DSE as you gav</li> <li>of this schedule; or,</li> </ol>	e it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i part 6 of this schedule.	t in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene in the paper SA3 form.	eral instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do no</li> </ul>	p (that is, the total	
actual calculations on the form.	sa to show your	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007587 **CSC HOLDINGS, LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE		SYSTEM:				SY	STEM ID# 007587	Name
		COMPUTATION OF SUBSCRIBER GROUI		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA	Amityvi			COMMUNITY/ AREA				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>				<u>.</u>			and Syndicated
	···				<u>.</u>		-	Exclusivity
								Surcharge
								for
								Partially
					<u>.</u>		<u>-</u>	Distant Stations
	···				<u>.</u>		-	Stations
							<b> </b>	
					ļ		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 62,205	,276.58	Gross Receipts Secon	d Group	\$ 13,25	0,481.14	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	>		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA Riverhead				COMMUNITY/ AREA Islip (Hauppauge)				
CALL SIGN WLIW	0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNET	0.25				<u> </u>			
						_		
	·				<u>-</u>		·	
					<mark>.</mark>			
	<u></u>				<del> </del>			
	-				<del> </del>			
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 14,438	,399.89	Gross Receipts Fourth	Group	\$ 26,08	1,182.09	
Base Rate Fee Third Group \$ 76,812.29			Base Rate Fee Fourth Group \$ 0.00			0.00		
			per group a	s shown in the boxes abo	ove.			
Enter here and in block						\$ 7	6,812.29	

and Syndica Exclusion	LEGAL NAME OF OWNE		E SYSTEM:				\$	007587	Name
COMMUNITY/ AREA Amityville  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SEARCH STORY  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SEARCH STORY  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SEARCH SEARCH STORY  Total DSEs 0.00  Gross Receipts First Group 5 62,205,276.55  Base Rate Fee First Group 5 62,205,276.55  COMMUNITY/ AREA Riverhead  CALL SIGN DSE CALL		BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   GALL SIGN   DSE   Gas Rate Fee First Group   \$ 62,205,276.58    Base Rate Fee First Group   \$ 62,205,276.58    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    COMMUNITY/ AREA   Riverhead   COMMUNITY/ AREA   Islip (Hauppauge)    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE    CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL S		FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	•
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE	COMMUNITY/ AREA	Amityv	ille	e		Brookh	Brookhaven		
and Syndical Exclusion  Total DSEs  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndice Exclusion Survey Survey Survey Station									Base Rate Fo
Exclusion									and
Surcha for Partial Distar Station  Total DSEs  Gross Receipts First Group \$ 0.00  Third Subscriber Group \$ 13,250,481.14  Base Rate Fee First Group \$ 0.00  Third Subscriber Group \$ 0.00  Third Subscriber Group \$ 0.00  CALL SIGN DSE CALL SIG									Syndicated
THIRD SUBSCRIBER GROUP   FOURTH SUBSCRIBER GROUP   SUBSCRIBER GROUP   COMMUNITY/ AREA   SIII (Hauppauge)   CALL SIGN   DSE   CALL SIGN									Exclusivity
Partial Distants Station  Partial Distants S				<u></u>					Surcharge
Total DSEs  O.00  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE									
Station  Sta				<u></u>					_
Total DSEs  Gross Receipts First Group  Solution Subscriber Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CAL				<u></u>					
Gross Receipts First Group  \$ 62,205,276.58  Gross Receipts Second Group  \$ 13,250,481.14  Base Rate Fee First Group  \$ 0.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE		···		<del></del>		····			Stations
Gross Receipts First Group  \$ 62,205,276.58  Gross Receipts Second Group  \$ 13,250,481.14  Base Rate Fee First Group  \$ 0.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE		···		<del></del>		···		······	
Gross Receipts First Group  \$ 62,205,276.58  Gross Receipts Second Group  \$ 13,250,481.14  Base Rate Fee First Group  \$ 0.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE				<u></u>					
Gross Receipts First Group  \$ 62,205,276.58  Gross Receipts Second Group  \$ 13,250,481.14  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIG						<u></u>			
Gross Receipts First Group  \$ 62,205,276.58  Base Rate Fee First Group  \$ 0.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIGN						<u></u>			
Gross Receipts First Group  \$ 62,205,276.58  Gross Receipts Second Group  \$ 13,250,481.14  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIG		···		<del>"</del>		···			
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE	Total DSEs			0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIGN					Gross Receipts Secon	Gross Receipts Second Group \$ 13,250,481.14			
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Riverhead  CALL SIGN  DSE  CALL SIGN									
COMMUNITY/ AREA Riverhead COMMUNITY/ AREA Islip (Hauppauge)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
Total DSEs Total DSEs 0.00	COMMUNITY/ AREA	Riverhe	ead		COMMUNITY/ AREA	Islip (Ha	auppauge)		
Total DSEs Total DSEs 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<u></u>					
				<u></u>					
						<u></u>			
						<del></del>			
	,					<mark></mark>			
Gross Receipts Third Group \$ 14,438,399.89 Gross Receipts Fourth Group \$ 26,081,182.09	Total DSEs		_	0.00	Total DSEs			0.00	
	Gross Receipts Third C	Group	\$ 14,438	3,399.89	Gross Receipts Fourth	Group	\$ 26,0	081,182.09	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı 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)  \$ 0.00				riber group a	as shown in the boxes ab	oove.	¢	0.00	

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 007587 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: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown