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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/29/24	\$							
	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	2024/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable system on the last day of the counting period.	em. he accounting period should su	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	CSC HOLDINGS, LLC			
				0099532024
				009953 2024/1
	1 Court Square, 45th Floor			
	Long Island City, NY 11101			
С	INSTRUCTIONS: In line 1, give any business or trade names used to			
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	Terent from the address giv	en in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	Altice USA, Inc. MAILING ADDRESS OF CABLE SYSTEM:			
	622 TORRINGTON ROAD			
	(Number, street, rural route, apartment, or suite number)			
	LITCHFIELD, CT 06757 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	v only the frst com	nmunity served below and re	elist on page 1b
Area	with all communities.	,,	,	
Served	CITY OR TOWN	STATE		
First	Litchfield	СТ		
Community	Below is a sample for reporting communities if you report multiple ch	lannel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

FORM SA3E. PAGE 1b.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
CSC HOLDINGS, LLC			009953							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave to on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	he column blank. I	f you report any st	ations							
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
Litchfield	СТ	AA		First						
Cornwall	CT	AA		Community						
Goshen	СТ	AA								
Morris	СТ	AA								
Thomaston	СТ	AA								
Torrington	CT	AA								
				See instructions for						
Town of Warren	CT	AA		additional information on alphabetization.						
Watertown	СТ	AA		on alphabetization.						
				Add rows as necessary.						

Name CSC HOLDINGS, LLC SYSTEM: SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	13,625	\$ 50.00	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	483	\$ 46.95	
Converter			
Residential			
Non-residential			
	T	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		Core	\$ 120.00
• Pay cable	1.50/house	Motel, hotel		Value	\$ 125.00
 Pay cable—add'l channel 	4.95-34.95	Commercial		Preferred/Select	\$ 140.00
 Fire protection 		Pay cable		Premier	\$ 165.00
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 		Burglar protection			
 Additional set(s) 	\$ 25.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation		CableCard	\$ 2.50
		 Move to new address 		Converter	10.00/\$11.00

FORM SA3E. PAGE 3. SYSTEM ID# FGAL NAME OF OWNER OF CABLE SYSTEM: Name CSC HOLDINGS, LLC 009953 RIMARY TRANSMITTERS: TELEVISIO In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary ubstitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if 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 ts 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 ducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exlanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the 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 xplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST TYPE . BASIS OF 6. LOCATION OF STATION 1. CALL DISTANT? CHANNEL SIGN CARRIAGE OF (Yes or No) NUMBER STATIO (If Distant) WASA PORT JERVIS, NY 24 ı Yes WCCT 20 No WATERBURY, CT ee instructions for WCCT-2 additional information I-M 20.2 WATERBURY, CT No on alphabetization WCTX 59 ı No NEW HAVEN, CT WCTX-2 NEW HAVEN, CT 59.2 I-M No WEDH 24 Ε No HARTFORD, CT WEDH-2 24.2 E-M No HARTFORD, CT WEDH-3 HARTFORD, CT 24.3 E-M No WFSB Ν No HARTFORD, CT WFSB-2 3.2 I-M No HARTFORD, CT WFSB-3 3.3 I-M HARTFORD, CT No WHPX **NEW LONDON, CT** 26 No WNBC NEW YORK, NY Ν No WNET Ε NEWARK. NJ 13 Yes WRDM 19 ı Nο HARTFORD, CT WTIC 61 No HARTFORD, CT WTIC-2 61.2 I-M No HARTFORD, CT WTNH **NEW HAVEN, CT** N No WTNH-2 I-M **NEW HAVEN, CT** 8.2 No WUVN 18 No HARTFORD, CT WVIT 30 Ν No NEW BRITAIN, CT WVIT-2 30.2 I-M No **NEW BRITAIN, CT** WVIT-3 30.3 I-M No **NEW BRITAIN, CT** SECAUCUS, NJ WWOR-4 9.4 I-M No

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 009953 **CSC HOLDINGS, LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

TORWOADE. FACE 5.						ACCOUNTING	T LINIOD. 2024/1
CSC HOLDINGS, LLC	CABLE SYS	TEM:			S	YSTEM ID# 009953	Name
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork televi eriod, under spe	sion program broadcast by a	a distant statio C rules, regu	lations, or authorizations.	For a further	ı
form.					·		Substitute
1. SPECIAL STATEMEN	_						Carriage: Special
During the accounting pe broadcast by a distant sta	ition?	·	•	•	☐Yes	ХNо	Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not distant state gulations, ation. Do not be adcast state andian statinth and day ive "5/7." hes when the Example: ter "R" if the and regulation of gramming acceptance of the and regulating and regulating and regulating and regulating acceptance.	am on a sepan attach additio connetwork tele- ition and that y or authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ions, if any, the y when your sy he substitute pro a program car e listed progrations in effect of	nal pages. vision program (substitute four cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise entercasting the substitute program carried the substitute for carried the substitute or carried by you ried by a system from 6:01 m was substituted for programing the accounting period	program) the ded for the program instructor "basketbal" "No." ram. e station is life station is ide program. U r cable systee: 15 p.m. to 6 ramming thand; enter the	at, during the accounting ogramming of another stions located in the paper lit. List specific program censed by the FCC or, it lentified). It is numerals, with the materials accurately a secure of the secure of t	g tation er n nonth itely	
			_		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
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ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CSC HOLDINGS, LLC** 009953 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** DATE **FROM** TO TO

	L NAME OF OWNER OF CABLE SYSTEM: C HOLDINGS, LLC	SYSTEM ID# 009953	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second entifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 4,504,623.07 (Amount of gross receipts)	
InstruConConIf you feetIf you accommoded	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For any distant television stations, leave block 3 blank. Enter the amount of the lock 1 on line 1 of block 4, and calculate the total royalty fee. For any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.	rts of the DSE Schedule	Copyright Royalty Fee
bloc	k 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e		
3 be			
2 in	block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more		
Block 1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 4,504,623.07	
	This is your minimum fee.	\$ 47,929.19	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion X Yes—Complete the DSE schedule.	n 4, you must check	
Block	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	\$ 55,823.54	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 55,823.54	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 55,823.54	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 56,548.54	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form and the Excel instructions to		

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF C		STEM:					TEM ID# 009953
M					-	carried television broadcast	stations	
Channels	Enter the total number system carried televis						24	
	Enter the total number on which the cable sy- and nonbroadcast ser	/stem ca	arried television bro				621	
N Individual to	INDIVIDUAL TO BE CO				ON IS NEEDED: (Ide	entify an individual		
Be Contacted for Further Information	Name RODNEY	HASI	KINS			Telephone	903) 579-3152	ui
	Address 3027 S SI (Number, street	et, rural ro	ute, apartment, or suit	te number)				п
	(City, town, stat	ite, zip)		@ALTICEUS	SA.COM	Fax (optional)		
						nce with Copyright Office reg		
O Certifcation	• I, the undersigned, here				·			
						as identifed in line 1 of space		
	in line 1 of space	B and th	hat the owner is not	t a corporation o	r partnership; or	the legal entity identifed as ov		
	I have examined the sta are true, complete, and c [18 U.S.C., Section 1001]	correct to		-		t all statements of fact contain are made in good faith.	ed herein	
		Х	/s/ Alan Danne	enbaum				
	(€	e.g., /s/ J	John Smith). Before	e entering the firs	t forward slash of the	ure to certify this statement. /s/ signature, place your cursor void enabling Excel's Lotus con	·	
	Т	Гуреd o	r printed name: 🔏	ALAN DAN	NENBAUM			
	Т	Γitle:	SVP, PROGR		ion or partnership)			u .
	D	Date:	August 29, 2024					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 009953	Name
CSC HOLDINGS, LLC 009953	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	-
Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	<u> </u>
ID number	

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

1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#						
ı	CSC HOLDINGS, LLC					009953						
	SUM OF DSEs OF CATEGOR		NS:									
	 Add the DSEs of each station Enter the sum here and in line 		1.25									
2	Instructions: In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	s identified by t	he letter "O" in column 5							
Computation	of space G (page 3).	'• for each inden	endent station, give the DSI	= as "1 ()"· for a	each network or noncom-							
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"		1										
Stations	CALL SIGN WASA	DSE 4 000	CALL SIGN	DSE	CALL SIGN	DSE						
	WNET	1.000 0.250										
		0.230										
A d d												
Add rows as necessary.												
Remember to copy												
all formula into new												
rows.												
		<u> </u>		L								

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 009953 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS OF DAYS SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 1.25 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 1.25 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/1

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 009953	Name
Instructions: Blo	ck A must be com	pleted.							
n block A: If your answer if	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. If your answer if	"No," complete blo	ocks B and C	below.						
			BLOCK A: 1	ELEVISION M.	ARKETS				Computation of 3.75 Fee
s the cable syster effect on June 24,	•	utside of all r	major and sma	iller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	0.70100
Yes—Com	plete part 8 of the	schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursus *F A station pre	ules and regued pursuant for as defined all educations distation (76.) or DSE sched ant to individually carries JHF station will be station wi	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see paragulule). ual waiver of F ad on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), ı) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	2, you must	complete the v	. · ·	Г	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WASA	A	1.00							
WNET	С	0.25							
								1.25	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-	1.25	
ine 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove			D.	1.25	
				r of DSEs subject 7 of this schedu		rate.	11-	0.00	
ine 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represed partially
ine 5: Multiply I	ine 4 by 0.0375	and enter su	ım here			***************************************	,		permited/ partially
ine 6: Enter tota	al number of DS	Es from line	3				Х	-	nonpermitted carriage? If yes, see par
							11-		9 instructions

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 009953									
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	UED) 1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
3.3.1	27.10.10			2,10.0		0.0.1	57.10.10		Computation of 3.75 Fee
									3.75 Fee

***************************************								***************************************	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CSC HOLDINGS, LLC** 009953 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC SYS	O09953	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,623.07	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	•	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 009953
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pechecked "Yes," use the total number of DSEs from part 5. usk A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belows a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are page (v) of the general instructions.	art
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
	Section 1 Section 2 Section 3	Enter the amount of gross receipts from space K (page 7)	.19

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:	OVOTEM IS "			
	SYSTEM ID# 009953	Name		
CSC HOLDINGS, LLC	009955			
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.				
A. Enter 0.01064 of gross receipts (the amount in section 1)		8		
B. Enter 0.00701 of gross receipts (the amount in section 1) **State		Computation of		
		Base Rate Fee		
C. Multiply line B by 3.000 and enter here \$				
D. Enter 0.00330 of gross receipts (the amount in section 1) * \$				
(tile amount in section 1)				
E. Subtract 4.000 from total DSEs				
(the figure in section 2) and enter here				
F. Multiply line D by line E and enter here >				
G. Add lines A, C, and F. This is your base rate fee				
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00			
Base Rate Fee	0.00			
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of tele	evision broadcast signals			
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system repoups in Space G.		9		
In General: If any of the stations you carried were partially distant, the statute allows you, in computing you	ur base rate fee, to exclude	Computation		
receipts from subscribers located within the station's local service area, from your system's total gross receipts area, from your system's total gross area, from	eipts. To take advantage of	of		
this exclusion, you must:		Base Rate Fee		
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers the		and Syndicated		
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.				
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for year		Surcharge for		
NOTE: If any portion of your cable system is located within the top 100 television market and the station is		Partially		
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete be However, if your cable system is wholly located outside all major television markets, complete block A only		Distant Stations, and		
	,-	for Partially		
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each part	tially distant station you	Permitted		
carried to that community.	daily distant station you	Stations		
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subsoutside the station's local service area. A subscriber located outside the local service area of a station is distant to the subscriber.)				
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which the subscriber group must consist entirely of subscribers who are distant to exactly the same complement of subscriber group when the distant stations it carried have local service areas the	tations. Note that a cable			
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.	ach of your system's			
In each section:				
Identify the communities/areas represented by each subscriber group.				
 Give the call sign for each of the stations in the subscriber group's complement—that is, each station tha subscribers in the group. 	t is distant to all of the			
• If:				
1) your system is located wholly outside all major and smaller television markets, give each station's DSE and 4 of this schedule; or,	as you gave it in parts 2, 3,			
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as part 6 of this schedule.	you gave it 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) in the paper SA3 form.	of the general instructions			
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this so page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribers for that group's complement of stations and total gross receipts from the subscribers in that group). your actual calculations on the form. 	criber group (that is, the total			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 009953 **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.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CAL	O Co	9
COMMUNITY/ AREA O COMMUNITY/ AREA	O Co	9
	DSE Bas	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	Bas	Computation
		of se Rate
	_	and
		Syndicat
		Exclusiv Surchar
		for
		Partiall
		Distant Station
	2.22	
Total DSEs Total DSEs	0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GR	ROUP	
COMMUNITY/ AREA COMMUNITY/ AREA	0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
Total DSEs 0.00 Total DSEs	0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWN CSC HOLDINGS,		LE SYSTEM:				S	YSTEM ID# 009953	Name
E		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						
		_						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Proup	•	0.00	Gross Receipts Seco	and Group	\$	0.00	
Orosa Neceipia i iisi (лоир	<u>Ψ</u>	0.00	Gross Receipts Geo.	ond Group	Ψ	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
OOMAN INITY/ A DE A	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00		
				11				
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 009953				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	☐ First 50 major television market ☐ Second 50 major television market					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page					