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				
08/23/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.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	2018/1							
B	List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 0627							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Pennsylvania LLC							
	PO Box 152092, MC: HQE03H19			062715 2018/1				
	Irving, TX 75015-2092							
С	INSTRUCTIONS: In line 1, give any business or trade names used to i							
System	names already appear in space B. In line 2, give the mailing address of the system: 1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Philadelphia, PA) VHO 8	f the system, if diffe	erent from the address give	n in space B.				
	MAILING ADDRESS OF CABLE SYSTEM: 17 East Oregon Ave (Number, street, rural route, apartment, or suite number) Philadelphia, PA 19148 (City, town, state, zip code)							
D Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	only the frst comm	nunity served below and rel	ist on page 1b				
Served	CITY OR TOWN STATE							
First	AMBLER BORO	PA						
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	Α	1				
	Alliance	MD	В	2				
	Gering	MD	В	3				

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062715 Verizon Pennsylvania 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 Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CH LINE UP SUB GRP# CITY OR TOWN **AMBLER BORO** PA Α **First ABINGTON TWP** PA Α 5 Community 5 PA ALDAN BORO ALLENTOWN BORO MONMOUTH NJ C ALLENTOWN CITY PA Α 3 2 **ALLOWAY TWP SALEM** Α NJ See instructions for 2 DE Α ARDEN additional information on alphabetization. 2 ARDENCROFT DE Α **ARDENTOWN** DE Α 2 PA 2 **ASTON TWP** Α 4 AUDUBON BORO CAMDEN NJ Α Add rows as necessary. **AUDUBON PARK BORO CAMDEN** Α NJ 4 2 **AVONDALE BORO** PA Α **BARRINGTON BORO CAMDEN** NJ Α 4 **BEDMINSTER TWP** PA Α 5 2 DE BELLEFONTE **BELLMAWR BORO CAMDEN** NJ 4 PA 5 BENSALEM TWP Α **BERLIN BORO CAMDEN** NJ Α 4 **BERLIN TWP CAMDEN** NJ Α 4 2 BETHEL TWP DELAWARE COUNTY PA Α PA **BIRMINGHAM TWP** BORDENTOWN CITY BURLINGTON NJ Α **BORDENTOWN TWP BURLINGTON** NJ 4 Α **BRIDGEPORT BORO** PA Α 5 **BRIDGETON CITY CUMBERLAND** Α NJ 5 PA Α **BRISTOL BORO BRISTOL TWP** PA Α 5 2 **BROOKHAVEN BORO** PA **BROOKLAWN BORO CAMDEN** NJ Α 4 **BRYN ATHYN BORO** PA Α **BUCKINGHAM TWP** PA Α 5 Α **BURLINGTON TWP BURLINGTON** NJ **CALN TWP** PA 3 Α **CAMDEN CITY CAMDEN** NJ Α 4 CHADDS FORD TWP PA Α **CHALFONT BORO** PA A CHARLESTOWN TWP PA A 3 **CHELTENHAM TWP** PA Α 5 **CHERRY HILL TWP CAMDEN** NJ 4 Α

NJ

PA

CHESTER CITY

CHESILHURST BORO CAMDEN

4

2

Α

CHESTER HEIGHTS BORO	PA	Α	2
CHESTER TWP	PA	Α	2
CHESTERFIELD TWP BURLINGTON	NJ	Α	4
CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	Α	2
CLAYTON BORO GLOUCESTER	NJ	Α	2
CLIFTON HEIGHTS BORO	PA	A	5
COATESVILLE CITY	PA	Α	3
COLLEGEVILLE BORO	PA	Α	5
COLLINGDALE BORO	PA	Α	4
COLLINGSWOOD BORO CAMDEN	NJ	A	4
			4
CONCORD TWP	PA	Α	2
CONSHOHOCKEN BORO	PA	Α	5
CORBIN CITY	NJ	Α	2
		Ĉ	
CRANBURY TWP MIDDLESEX	NJ		6
DARBY BORO	PA	Α	4
DARBY TWP	PA	Α	4
DEERFIELD TWP CUMBERLAND	NJ	A	2
DELAWARE CITY	DE	Α	2
DEPTFORD TWP GLOUCESTER	NJ	Α	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	Ē	1
			1
DOWNINGTOWN BORO	PA	Α	3
DOYLESTOWN BORO	PA	Α	5
DOYLESTOWN TWP	PA	A	5
DUBLIN BORO	PA	Α	5
EAST AMWELL TWP HUNTERDON	NJ	С	6
EAST BRADFORD TWP	PA	Α	3
EAST BRANDYWINE TWP	PA	Α	3
EAST CALN TWP	PA	Α	3
EAST COVENTRY TWP	PA	Α	3
EAST FALLOWFIELD TWP			
	PA	Α	2
EAST GOSHEN TWP	PA	Α	3
EAST LANSDOWNE BORO	PA	Α	5
EAST MARLBOROUGH TWP	PA	Α	2
		_	3
EAST NANTMEAL TWP	PA	Α	3
EAST NORRITON TWP	PA	Α	5
EAST PIKELAND TWP	PA	Α	3
		_	
EAST ROCKHILL TWP	PA	Α	5
EAST VINCENT TWP	PA	Α	3
EAST WHITELAND TWP	PA	Α	3
EAST WINDSOR TWP MERCER	NJ	В	
		_	4
EASTAMPTON TWP BURLINGTON	NJ	Α	4
EASTTOWN TWP	PA	Α	5
EDGMONT TWP	PA	A	3
		_	
EGG HARBOR CITY	NJ	Α	2
ELK TWP GLOUCESTER	NJ	Α	2
ELSINBORO TWP SALEM	NJ	Α	2
	DE	_	
ELSMERE		Α	2
ESTELL MANOR CITY ATLANTIC	NJ	Α	2
EVESHAM TWP BURLINGTON	NJ	Α	4
EWING TWP MERCER	NJ	В	5
FALLS TWP	PA	Α	5
FIELDSBORO BORO BURLINGTON	NJ	Α	4
FOLCROFT BORO	PA	Α	4
FORT DIX BURLINGTON	NJ	Α	4
FRANCONIA TWP	PA	Α	5
FRANKLIN TWP GLOUCESTER	NJ	Α	2
FRANKLIN TWP SOMERSET	NJ	C	6
		_	
GLASSBORO BORO GLOUCESTER	NJ	Α	2

				•
GLENOLDEN BORO		PA	Α	4
GLOUCESTER CITY CAMDEN	•	NJ	A	4
	•		0	
GLOUCESTER TWP CAMDEN		NJ	A	4
GREEN LANE BORO		PA	Α	5
GREENWICH TWP CUMBERLAND		NJ	Α	2
HADDON HEIGHTS BORO CAMDEN			ol .	
	ļ	NJ	Α	4
HADDON TWP CAMDEN		NJ	Α	4
HADDONFIELD BORO CAMDEN		NJ	Α	4
HAINESPORT TWP BURLINGTON		NJ	A	
			d .	4
HAMILTON TWP ATLANTIC		NJ	Α	2
HAMILTON TWP MERCER		NJ	В	5
HARRISON GLOUCESTER		NJ	Α	4
			d .	
HATBORO BORO		PA	A	5
HATFIELD BORO		PA	Α	5
HATFIELD TWP		PA	Α	5
HAVERFORD TWP	•		A	
	ļ	PA	il	5
HAYCOCK TWP		PA	Α	5
HIGHLAND TWP		PA	Α	2
HIGHTSTOWN BORO MERCER		NJ	В	4
HILLSBOROUGH TWP SOMERSET		NJ	С	6
HILLTOWN TWP		PA	Α	5
HOPEWELL BORO MERCER	•	NJ	В	5
HOPEWELL TWP CUMBERLAND		NJ	A	2
HOPEWELL TWP MERCER		NJ	В	5
HORSHAM TWP		PA	Α	5
HULMEVILLE BORO	•	PA	Α	5
IVYLAND BORO		PA	Α	5
JENKINTOWN BORO		PA	Α	5
KENNETT SQUARE BORO	•	PA	A	2
	•		4	
KENNETT TWP	•	PA	Α	2
KENT COUNTY		DE	E	2
LANGHORNE BORO	•	PA	Α	5
			<u> </u>	5
LANGHORNE MANOR BORO		PA	Α	5
LANSDALE BORO		PA	Α	5
LANSDOWNE BORO		PA	Α	5
LAWNSIDE BORO CAMDEN		NJ	·	4
	ļ		Α	
LAWRENCE TWP MERCER		NJ	В	5
LEIPSIC		DE	E	2
LIMERICK TWP	4	PA	Ā	5
	. 			
LITTLE CREEK		DE	E	2
LONDON GROVE TWP		PA	Α	2
LONDONDERRY TWP CHESTER		PA	Α	2
			4	
LOWER ALLOWAYS CREEK TWP SALEM	ļ	NJ	A	2
LOWER CHICHESTER TWP		PA	Α	2
LOWER FREDERICK TWP		PA	Α	5
LOWER GWYNEDD TWP		PA	4	
			Α	5_
LOWER MAKEFIELD TWP		PA	Α	5
LOWER MERION TWP		PA	Α	5
LOWER MORELAND TWP		PA	A	5
	•		•	
LOWER POTTSGROVE TWP		PA	Α	3
LOWER PROVIDENCE TWP		PA	Α	5
LOWER SALFORD TWP	•	PA	Α	5
LOWER SOUTHAMPTON TWP			4	
		PA	Α	5
LUMBERTON TWP BURLINGTON		NJ	Α	4
MALVERN BORO	T	PA	Α	3
MANSFIELD TWP BURLINGTON		NJ	A	1
			_	4
MANTUA TWP GLOUCESTER		NJ	A	4
MAPLE SHADE TWP BURLINGTON		NJ	Α	4
	†	DA	Α	2
MARCUS HOOK BORO		PA		
MARCUS HOOK BORO MARLBOROUGH TWP	•	PA PA	Α	5

MARPLE TWP	PA	Α	5
MCGUIRE AIR FORCE BASE	NJ	Α	4
MEDFORD LAKES BORO BURLINGTON	•		
	NJ	Α	4
MEDFORD TWP BURLINGTON	NJ	Α	4
MEDIA BORO	PA	Α	4
	•		
MERCHANTVILLE BORO CAMDEN	NJ	Α	4
MIDDLE TWP CAPE MAY	NJ	Α	1
MIDDLETOWN	DE	A	2
			2
MIDDLETOWN TWP BUCKS COUNTY	PA	Α	3
MIDDLETOWN TWP DELAWARE COUNTY	PA	Α	2
	•		
MILFORD TWP	PA	Α	5
MILLBOURNE BORO	PA	Α	5
MILLSTONE TWP MONMOUTH	NJ	С	6
	•		
MODENA BORO	PA	Α	2
MONROE TWP GLOUCESTER	NJ	Α	2
	•	C	
MONROE TWP MIDDLESEX	NJ		6
MONTGOMERY TWP	PA	Α	5
MONTGOMERY TWP SOMERSET	NJ	С	6
	•		
MORRISVILLE BORO	PA	Α	5
MORTON BORO	PA	Α	4
	•		
MOUNT EPHRAIM BORO CAMDEN	NJ	Α	4
MOUNT HOLLY TWP BURLINGTON	NJ	Α	4
MOUNT LAUREL TWP BURLINGTON	NJ	Α	4
	•		
MUNICIPALITY OF NORRISTOWN	PA	Α	5
NARBERTH BORO	PA	Α	5
NATIONAL PARK BORO GLOUCESTER	NJ	Α	4
NETHER PROVIDENCE TWP	PA	Α	4
NEW BRITAIN BORO	PA	A	5
	•		
NEW BRITAIN TWP	PA	Α	5
NEW CASTLE COUNTY	DE	Α	2
	•		
NEW GARDEN TWP	PA	Α	2
NEW HANOVER TWP	PA	Α	3
NEW HANOVER TWP BURLINGTON	NJ		
	4	Α	4
NEW HOPE BORO	PA	Α	5
NEW LONDON TWP	PA	Α	2
NEWARK	DE	Α	2
NEWLIN TWP	PA	Α	2
NEWDORT	DE		
NEWPORT	DE	Α	2
NEWTOWN BORO	PA	Α	5
NEWTOWN TWP BUCKS COUNTY	PA	Α	5
	•		
NEWTOWN TWP DELWARE COUNTY	PA	Α	5
NORTH HANOVER TWP BURLINGTON	NJ	Α	4
	4		
NORTH WALES BORO	PA	Α	5
NORTHAMPTON TWP	PA	Α	5
NORWOOD BORO	PA	A	4
	•		
OAKLYN BORO CAMDEN	NJ	Α	4
ODESSA	DE	Α	2
		_	
PARKESBURG BORO	PA	Α	2
PARKSIDE BORO	PA	Α	2
PEMBERTON TWP BURLINGTON	NJ	A	4
PENN TWP CHESTER	PA	Α	2
PENNDEL BORO	PA	Α	5
	•		
PENNINGTON BORO MERCER	NJ	В	5
PENNSAUKEN TWP CAMDEN	NJ	Α	4
PENNSBURY TWP	PA	_	2
	•	A	2
PERKASIE BORO	PA	Α	5
PERKIOMEN TWP	PA	Α	5
	•		
PHILADELPHIA CITY	PA	Α	5
PHOENIXVILLE BORO	PA	Α	5
PINE HILL BORO CAMDEN	NJ	A	4
I HAL THEE DONG CANDEN	IND	A	4

DITMAN DODG OF OFFICE			
PITMAN BORO GLOUCESTER	NJ	Α	4
PLAINSBORO TWP MIDDLESEX	NJ	С	6
PLUMSTEAD TWP	PA	Α	5
PLYMOUTH TWP	PA	Α	5
POCOPSON TWP	PA	Α	2
PRINCETON BORO MERCER	NJ	В	5
PRINCETON TWP MERCER	NJ	В	5
QUAKERTOWN BORO	PA	Α	5
QUINTON TWP SALEM	NJ	Α	2
RADNOR TWP	PA	Α	5
RICHLAND TWP	PA	Α	5
RICHLANDTOWN BORO	PA	Α	5
RIDLEY PARK BORO	PA	A	4
RIDLEY TWP	PA	A	4
ROCKLEDGE BORO	PA	A	5
ROCKY HILL BORO SOMERSET	NJ	С	6
ROOSEVELT BORO MONMOUTH	NJ	С	6
ROSE VALLEY BORO	PA	Α	2
ROYERSFORD BORO	PA	Α	3
RUNNEMEDE BORO CAMDEN	NJ	A	4
RUTLEDGE BORO	PA	Â	<u> </u>
SADSBURY TWP	PA PA	Ā	2
			2
SALEM CITY SALEM	NJ	Α	2
SALFORD TWP	PA	Α	5
SCHUYLKILL TWP	PA	Α	5
SCHWENKSVILLE BORO	PA	Α	5
SELLERSVILLE BORO	PA	Α	5
SHAMONG TWP BURLINGTON	NJ	Α	4
SHARON HILL BORO	PA	A	4
SHILOH BORO CUMBERLAND	NJ		2
SHILUH BUKU CUMBEKLAND		A	5
SILVERDALE BORO	PA	Α	
SKIPPACK TWP	PA	Α	5
SOUDERTON BORO	PA	Α	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	С	6
SOUTH COATESVILLE BORO	PA	Α	2
SOUTHAMPTON TWP BURLINGTON	NJ	Α	4
SPRINGFIELD TWP	PA	Α	5
SPRINGFIELD TWP BURLINGTON	NJ	A	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	A	
STOW CREEK TWP CUMBERLAND			5
	NJ	A	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	Α	4
TAVISTOCK BORO CAMDEN	NJ	Α	4
TELFORD BORO BUCKS	PA	Α	5
TELFORD BORO MONTGOMERY	PA	Α	5
THORNBURY TWP CHESTER COUNTY	PA	A	3
THORNBURY TWP DELAWARE COUNTY	PA	A	3
TOWAMENCIN TWP	PA	A	5
TOWNSEND	DE	A	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	В	5
TRAINER BORO	PA	Α	2
TRAPPE BORO	PA	Α	5
TREDYFFRIN TWP	PA	Α	5
TRENTON CITY MERCER	NJ	В	5
TRUMBAUERSVILLE BORO	PA	A	5
TULLYTOWN BORO	PA PA	A	5
			3
UPLAND BORO	PA	A	2
UPPER CHICHESTER TWP	PA	Α	2
UPPER DARBY TWP	PA	Α	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	Α	2

UPPER DUBLIN TWP	PA	Α	5
UPPER FREDERICK TWP	PA	A	5
UPPER FREEHOLD TWP MONMOUTH	NJ	С	7
UPPER GWYNEDD TWP	PA	Α	5
UPPER MAKEFIELD TWP	PA	Α	5
UPPER MERION TWP	PA	Α	5
UPPER MORELAND TWP	PA	Α	5
UPPER OXFORD TWP	PA	Α	2
UPPER POTTSGROVE TWP	PA	A	3
UPPER PROVIDENCE TWP DELAWARE	PA	Α	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	Α	5
UPPER SALFORD TWP	PA	Α	5
UPPER SOUTHAMPTON TWP	PA	Α	5
UPPER UWCHLAN TWP	PA	Α	3
UWCHLAN TWP	PA	Α	3
VALLEY TWP	PA	A	2
VINELAND CITY CUMBERLAND	NJ	Α	2
VOORHEES TWP CAMDEN	NJ	Α	4
WALLACE TWP	PA	A	3
WARMINSTER TWP	PA	Α	5
WARRINGTON TWP (BUCKS)	PA	Α	5
WARWICK TWP (BUCKS)	PA	Α	3
WASHINGTON TWP GLOUCESTER	NJ	Α	4
WATERFORD TWP CAMDEN	NJ	Α	4
WEST BRADFORD TWP	PA	Α	3
WEST BRANDYWINE TWP	PA	A	3
WEST CALN TWP	PA	Α	2
WEST CHESTER BORO	PA	Α	3
WEST CONSHOHOCKEN BORO	PA	Α	5
WEST DEPTFORD TWP GLOUCESTER	NJ	Α	4
WEST GOSHEN TWP	PA	Α	3
WEST GROVE BORO	PA	Α	2
WEST MARLBOROUGH TWP		_	
	PA	Α	2
WEST NANTMEAL TWP	PA	Α	3
WEST NORRITON TWP	PA	Α	5
WEST PIKELAND TWP	PA	A	3
WEST POTTSGROVE TWP	PA	Α	3
WEST ROCKHILL TWP	PA	Α	5
WEST VINCENT TWP	PA	Α	3
			3
WEST WHITELAND TWP	PA	Α	3
WEST WINDSOR TWP MERCER	NJ	В	4
WESTAMPTON TWP BURLINGTON	NJ	Α	4
WESTTOWN TWP	PA		3
		A	
WEYMOUTH TWP ATLANTIC	NJ	Α	2
WHITEMARSH TWP	PA	Α	5
WHITPAIN TWP	PA	A	5
WILLINGBORO TWP BURLINGTON	NJ	Α	5
WILLISTOWN TWP	PA	Α	3
WINSLOW TWP CAMDEN	NJ	Α	4
WOODBURY CITY GLOUCESTER			4
	NJ	Α	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	Α	4
WOODLAND TWP BURLINGTON	NJ	Α	4
WOODLYNNE BORO CAMDEN	NJ	A	4
		_	
WORCESTER TWP	PA	Α	5
WRIGHTSTOWN BORO BURLINGTON	NJ	Α	4
WRIGHTSTOWN TWP	PA	A	5
			3
WYOMING	DE	E	1
YARDLEY BORO	PA	Α	5
YEADON BORO	PA	Α	5
		•	

•••		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062715

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	731,738	\$ 12.99	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	11,004	\$ 25.00	
Converter			
Residential			
Non-residential			
		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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 15.00	Motel, hotel		See Tab Attachment B	
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$ 99.00	Burglar protection			
 Additional set(s) 	\$ 65.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 65.00		
		Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1	45.00	45.00
Pay Cable	15.00	15.00
Pay Cable - add'l Channel Installation - First Set	00.00	00.00
	99.00	89.99
Installation - Additional Set(s)	65.00	34.99 69.99
Outlet Relocation Block 2	65.00	69.99
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00 40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Rius & Fop Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies

	Residential	Commercial
Category of Service	Rate	Rate
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box	12.00	11.99
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	19.99
HD Digital DVR	N/A	16.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KJWP** 2 ı No Wilmington **KYW** 3 Ν No **Philadelphia** See instructions for additional information **WACP** No 4 ı **Atlantic City** on alphabetization. WPVI Ν No 6 Philadelphia **WCAU** 10 Ν No **Philadelphia WHYY** 12 Ε Yes 0 Wilmington **WTXF** 29 I No Philadelphia **WUVP** 65 ı No Vineland WFMZ 69 I No Allentown **WPSG** 57 ı No **Philadelphia WPHL** 17 No Philadelphia **WPPX** 61 No Wilmington ı **WMCN** 44 ı No **Atlantic City WNJT** 52 Ε Yes 0 Trenton WTVE 25 ı No Reading **WWSI Atlantic City** 62 I No **WPPT** 35 Ε Yes 0 **Philadelphia WLVT** 39 Ε 0 Allentown Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WGTW 48 ı No Burlington **WPVI ABC Live W** 6 N-M No Philadelphia See instructions for Wilmington additional information **KJWP-simulcast** No 2 ı on alphabetization. 26 Ν No **KYW-simulcast** Philadelphia **WACP-simulcast** 4 I No Atlantic City **WPVI-simulcast** 64 Ν No Philadelphia Ν No WCAU-simulcast 67 Philadelphia WHYY-simulcast 55 Ε Yes Ε Wilmington 42 I WTXF-simulcast No Philadelphia **WUVP-simulcast** 65 ı No Vineland WFMZ-simulcast 69 ı No Allentown **WPSG-simulcast** 32 No Philadelphia ı WPHL-simulcast 54 ı No Philadelphia WPPX-simulcast 61 ı No Wilmington WMCN-simulcast 44 ı No **Atlantic City** 43 Ε **WNJT-simulcast** Yes Ε Trenton **WWSI-simulcast** 62 ı No Atlantic City WLVT-simulcast 39 Ε Allentown Yes Ε

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) Cozi TV [WCAU] 10 N-M No Philadelphia WFMZ Accuweath 69 I-M No Allentown See instructions for additional information WPHL Antenna T 17 I-M No Philadelphia on alphabetization. 6 No **WPVI ABC LAFF** N-M Philadelphia This TV Network 17 I-M No Philadelphia **WPHL Comet** 17 I-M No Philadelphia 42 No **WTXF Movies!** I-M Philadelphia **KJWP Heroes & I** 2 I-M No Wilmington **WLVT Create** 39 E-M Yes 0 Allentown WHYY Ykids 12 Yes 0 Wilmington E-M WHYY Y2 12 E-M Yes 0 Wilmington **WNJT NHK World** 43 E-M Yes 0 Trenton **WLVT France 24** 39 E-M Yes 0 Allentown **WPPT World** 35 E-M Yes 0 **Philadelphia KJWP Retro Telev** 2 I-M No Wilmington **WWSI** exitos TV 62 I-M No Atlantic City **KYW Decades** 26 N-M No Philadelphia **WUVP Justice Ne** 65 I-M Vineland No

FORM SA3E. PAGE 3.								
Verizon Pennsy					SYSTEM ID# 062715	Nama		
	•							
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-lime 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 Basis Stations: With respect to any distant stations carried by your cable system 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 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								
Note: If you are utilizing			EL LINE-UP	•	chamer into ap.			
	o DIGAGE				A LOCATION OF STATION			
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			
WUVP Bounce T\	65	I-M	No		Vineland			
WPPX qubo	61	I-M	No		Wilmington	See instructions for		
WPPX Ion Life	61	I-M	No		Wilmington	additional information "on alphabetization.		
WTXF Buzzr	42	I-M	No		Philadelphia			
WUVP getTV 65 I-M No Vineland								

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION

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

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

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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.

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
KJWP	2	I	No		Wilmington
WCBS	2	N	No		New York
KYW	3	N	No		Philadelphia
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WPVI	6	N	No		Philadelphia
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WCAU	10	N	No		Philadelphia
WPIX	11	I	No		New York
WHYY	12	E	No		Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	I	No		Allentown
WPSG	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WNJT** 52 Ε No Trenton **WNET** 13 Ε No Newark **WTVE** Reading No 25 ı **WWSI** 62 No ı Atlantic City **WPPT** 35 Ε No Philadelphia Ε WLVT 39 Yes 0 Allentown **WGTW** 48 ı No Burlington **WACP** 4 ı No Atlantic City **WPVI ABC Live W** 6 N-M No Philadelphia **KJWP-simulcast** 2 ı No Wilmington WPIX-simulcast 33 ı No **New York** WCBS-simulcast 56 Ν No **New York KYW-simulcast** 26 Ν No **Philadelphia** WNBC-simulcast 28 Ν No **New York** WNYW-simulcast 44 ı No **New York**

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

Philadelphia New York

Secaucus

Ν

Ν

No

No

No

64

45

38

WPVI-simulcast

WABC-simulcast

WWOR-simulcast

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WCAU-simulcast 67 Ν No Philadelphia WHYY-simulcast 55 Ε No Wilmington 42 No Philadelphia WTXF-simulcast ı 65 No **WUVP-simulcast** Vineland WFMZ-simulcast 69 ı No Allentown **WPSG-simulcast** 32 ı No Philadelphia No WPHL-simulcast 54 Philadelphia ı WPPX-simulcast 61 ı No Wilmington 44 **WMCN-simulcast** ı No **Atlantic City WNJT-simulcast** 43 Ε No Trenton Atlantic City **WACP-simulcast** 4 ı No **WWSI-simulcast** 62 No **Atlantic City** ı **WLVT-simulcast** 39 Ε Yes Ε Allentown Cozi TV [WCAU] 10 N-M No **Philadelphia** WPHL Antenna T 17 I-M No Philadelphia

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

Allentown

Philadelphia

Philadelphia

69

6

17

I-M

N-M

I-M

No

No

No

WFMZ AccuWeatl

WPVI ABC LAFF

This TV Network

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER STATION (If Distant) **WPHL Comet** 17 I-M No Philadelphia **WTXF Movies!** 42 I-M No **Philadelphia** I-M **KJWP Heroes & I** 2 No Wilmington Yes **WLVT Create** 39 E-M Allentown **WHYY Ykids** 12 No E-M Wilmington WHYY Y2 12 E-M No Wilmington **WNJT NHK World** 43 E-M No Trenton **WLVT France 24** 39 E-M Yes 0 Allentown **WPPT World** 35 E-M No Philadelphia **KJWP Retro Tele** 2 No Wilmington I-M Atlantic City WWSI exitos TV 62 I-M No **KYW Decades** 26 N-M No Philadelphia **WUVP Justice Ne** 65 I-M No Vineland **WUVP Bounce T** 65 I-M No Vineland **WTXF Buzzr** 42 I-M No Philadelphia

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New York

Wilmington

Wilmington

WPIX This TV

WPPX ION Life

WPPX qubo

33

61

61

I-M

I-M

I-M

No

No

No

Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, Identify every ledvision station (including translator stations and low power television stations) actually received the process of t	FORM SA3E. PAGE 3.					OVOTEM ID#				
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 becidions 75.59(0/2) 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, are 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 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 as swciated with a station according to its over-the-air designation. For example, report multicast stream as with the station according to its over-the-air designation. For example, report multicast stream as with the station 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 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 within your cable system carried the distant multicast. For nexample capacity is considered to the paper SA3 for						SYSTEM ID#	Name			
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(q)/2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, are 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 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 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 elistant multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 on a part-time basis because of lack of activated channel equacition representing the eachle system and a primary transmitter or an association representing the representation of these th	Verizon Penns	ylvania LLC	;			062/15				
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), 76.81(e)(2) and (4), or 76.83 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. 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". Simulicast streams must be reported in column 1 (list each stream separately; for example WETA-simulicast). Column 2: Cilive the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of licenses. For example, WREC 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, or participate basis on which your cable system on a substitute basis as a participate basis because of lack of activated culumn 5, stating the basis on which your cable system carried the distant station on a part-lime basis because of lack of activated culumn 5, stating the basis on which your cable system carried the distant station, and part	PRIMARY TRANSMITT	ERS: TELEVISION	ON							
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) WNYW Movies! 44 I-M No New York	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), 07.76.63 (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 specife 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 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), "" (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									
1. CALL SIGN CHANNEL OF (Yes or No) NUMBER STATION 2. B'CAST CHANNEL OF (Yes or No) STATION NO New York			. ,		•					
SIGN CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) WNYW Movies! 44 I-M No New York			CHANN	EL LINE-UP	В					
	SIGN	CHANNEL	OF		CARRIAGE					
WUVP getTV 65 I-M No Vineland	WNYW Movies!	44	I-M	No		New York				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WCBS** 2 Ν No **New York WJLP** Middletown Twp 33 ı No **WNBC** 4 Ν No **New York WNYW** No 5 ı **New York WRNN** 62 I No Kingston **WABC** 7 Ν No **New York WWOR** No 9 I Secaucus **WLNY** 55 ı No River Head WPIX 11 **New York** I No **WNJU** 47 Ν No Linden WNET 13 Ε No Newark **WFUT** 67 ı No **Smithtown WMBC** 63 ı No Newton **WZME** 43 ı No Bridgeport

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

0

0

Garden City

Montclair

New York

New York

Ε

Ε

Ε

1

Yes

Yes

No

No

21

50

25

31

WLIW

WNJN

WNYE

WPXN

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your 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	С	
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
WXTV	41	I	No		Paterson
WABC ABC Live	45	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WNET-simulcast	13	E	No		Newark
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	62	l	No		Kingston
WJLP-simulcast	33	I	No		Middletown Twp
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	l	No		Secaucus
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	47	N	No		Linden
WFUT-simulcast	67	I	No		Smithtown
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	E	Yes	E	Garden City
WNJN-simulcast	51	E	Yes	E	Montclair
WNYE-simulcast	25	E	No		New York

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WPXN-simulcast** 31 I No **New York** WXTV-simulcast 41 No **Paterson** N-M Cozi TV [WNBC] 4 No **New York WNJU TeleXitos** No 47 N-M Newton Antenna TV [WPI] 33 No I-M Linden **WABC ABC LAFF** 45 N-M No New York **WLIW Create** 21 E-M Yes 0 **Garden City** WNET Thirteen P 13 E-M No Newark 21 **WLIW World** E-M Yes 0 Garden City

WXTV Bounce T\ 41 No Paterson I-M WMBC New Tang 63 I-M No Newton WNJN NHK World 50 E-M Yes Montclair 0 **WCBS Decades** 56 N-M No **New York** WJLP Grit TV 33 I-M No Middletown Twp Middletown Twp WJLP Escape TV 33 I-M No **WWOR Buzzr** 38 I-M No Secaucus **WWOR Heroes &** 38 I-M No Secaucus

No

WPIX This TV

33

I-M

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

New York

FORM SA3E. PAGE 3.	FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name				
Verizon Pennsy	/Ivania LLC				062715	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	ON								
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or i.61(e)(2) and (sis, as explaine	ne accounting n June 24, 19 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television				
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 each multicast stream as sosciated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) are accounted the distant station on a part-time basis because of lack of activated channel capac										
Note: If you are utilizin		•	EL LINE-UP	•						
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					
WPXN qubo	31	I-M	No		New York					
WPXN ION Life	31	I-M	No		New York					
WNYW Movies!	44	I-M	No		New York					
WFUT getTV	67	I-M	No		Smithtown					
WZME CNC World	43	I-M	No		Bridgeport					

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WMDT** 47 I No Salisbury **WBOC FOX** 21 ı No Salisbury **WBOC** 16 Ν No Salisbury **WMDT** 47 No Salisbury ı **WBAL** 11 Ν No **Baltimore** Ε **WDPB** 64 No Seaford WGDV-LD 32 No ı Salisbury **WMPT** 22 Ε No Annapolis 47 I WMDT-simulcast No Salisbury 16 Ν No **WBOC-simulcast** Salisbury Salisbury WBOC FOX-simu 21 ı No

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Salisbury

Baltimore

Salisbury

Baltimore Salisbury

Salisbury

Salisbury

No

No

No

No

No

No

No

WMDT-simulcast

WBAL-simulcast

WGDV-simulcast

WBOC Antenna 1

WGDV Bounce T

WBAL Me TV

WMDT Me TV

47

59

32

11

47

16

32

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N-M

I-M

N-M

I-M

FURINI SAJE. PAGE 3.					OVOTEM ID#				
Verizon Penns					SYSTEM ID# 062715	Name			
PRIMARY TRANSMITT	-								
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during t ions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a substitute program	G Primary Transmitters: Television			
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Note: If you are utilizing	·9 ······		EL LINE-UP						
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				
WGDV Heroes &	l 32	I-M	No		Salisbury				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WMAR** 2 Ν No **Baltimore KYW** 3 Ν No Philadelphia **WBOC** 16 Ν No Salisbury **WBOC FOX** 21 No Salisbury ı **WPVI** 6 Ν No **Philadelphia WMDT** 47 ı No Salisbury **WCAU** 10 Ν No **Philadelphia WBAL** Ν 11 No **Baltimore WHYY** 12 Ε Yes Wilmington **WTXF** 29 ı No Philadelphia **WUVP** 65 No Vineland **WFMZ** 69 I No Allentown **WPSG** 57 ı No Philadelphia **WPHL** 17 ı No **Philadelphia**

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

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Wilmington

Atlantic City

Salisbury

Trenton

WPPX

WMCN

WMDT

WNJT

61

44

47

52

ı

ı

I

Ε

No

No

No

Yes

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WTVE** 25 I No Reading **WWSI** 62 ı No Atlantic City **WPPT** 35 Ε Philadelphia Yes 0 **WLVT** 39 Ε Yes 0 Allentown **WGTW** 48 1 No Burlington **KJWP** 2 ı No Wilmington **WACP** No 4 Atlantic City ı N-M WPVI ABC Live W 6 No Philadelphia 2 I Wilmington **KJWP-simulcast** No 52 Ν No WMAR-simulcast **Baltimore** Ν **KYW-simulcast** 26 No Philadelphia **WBOC-simulcast** 16 Ν No Salisbury Salisbury WBOC FOX-simu 21 ı No WPVI-simulcast 64 Ν No **Philadelphia** WMDT-simulcast 47 ı No Salisbury

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

Ε

Philadelphia

Wilmington

Philadelphia

Ν

Ε

1

No

Yes

No

67

55

42

WCAU-simulcast

WHYY-simulcast

WTXF-simulcast

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	E	
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
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WMDT-simulcast	47	I	No		Salisbury
WNJT-simulcast	43	E	Yes	E	Trenton
WWSI-simulcast	62	I	No		Atlantic City
WACP-simulcast	4	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WMAR Laff	52	N-M	No		Baltimore
WMDT Me TV	47	I-M	No		Salisbury
WPHL Antenna T	17	I-M	No		Philadelphia
WFMZ AccuWeat	69	I-M	No		Allentown
WPVI ABC LAFF	6	N-M	No		Philadelphia
This TV Network	17	I-M	No		Philadelphia

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	E	
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
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
KJWP Heroes & Id	2	I-M	No		Wilmington
WLVT Create	39	E-M	Yes	0	Allentown
WHYY Ykids	12	E-M	Yes	0	Wilmington
WHYY Y2	12	E-M	Yes	0	Wilmington
WNJT NHK World	43	E-M	Yes	О	Trenton
WLVT France 24	39	E-M	Yes	0	Allentown
WPPT World	35	E-M	Yes	О	Philadelphia
WBOC Antenna T	16	N-M	No		Salisbury
KJWP Retro Telev	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW Decades	26	N-M	No		Philadelphia
WUVP Justice Ne	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WPPX qubo	61	I-M	No		Wilmington
WPPX ION Life	61	I-M	No		Wilmington

FORM SA3E. PAGE 3.					OVOTEM ID#				
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Verizon Penns	ylvania LLC				062715				
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
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-lime 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 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-M" (for independent multicast), "F" (for noncommercial educa									
Note: If you are utilizing				•					
		CHANN	EL LINE-UP	E					
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				
WUVP getTV	65	I-M	No		Vineland				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:					S	YSTEM ID# 062715	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	cable	system o	carried on a	ı
substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per	ccounting pening that must CONCER	eriod, under spe st be included in NING SUBST	ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	C rules, regula e general instr	ations, or a ructions loo	uthori ated i	zations. F n the pap	or a further	Substitute Carriage: Special
broadcast by a distant star Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	Yes," you mu	ıst comple		•	⊠No □	Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant state gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static addian static atth and day we "5/7." es when the Example: a er "R" if the and regulation orgramming	am on a separa attach addition nnetwork televion and that your authorization to use general of the addition broadca on's location (the about the addition broadca on's location (the about the about	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". o." m. station is licer station is iden program. Use cable system. 5 p.m. to 6:2 mming that ye enter the let	during the ramming on slocated List special sp	e accoord anough	unting ther static e paper ogram C or, in the mont accurately d be required ed pro	h ,	
S	SUBSTITUT	E PROGRAM	I		EN SUBS			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		TIME:	s TO	DELETION	
	 								
	 								
						_			

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon Pennsylvania LLC
SYSTEM ID#
062715

J

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
- 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 OCCURRED					
0,122 01011	DATE	FROM	OURS TO			0,122 01011	DATE			OURS TO		
			_									
			_						- 1			
			_						_			
			_						_			
			-=-									
			_=						=			
			_									
			_									
			_						_			
			_						_			

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
	rizon Pennsylvania LLC			062715	Name					
Install a all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secured identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondar	y transrute this	nission service	K Gross Receipts					
COPY Instru • Cor • Cor • If you fee • If you	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	e ente	ered on	line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entere	ed on lir	ne 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	e entere	ed on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		.064 pe	rcent 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.		\$	209,027,700.13						
	This is your minimum fee.	\$		2,224,054.73						
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and continuous periods.	mn 4,	you mu	st 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		\$	848,694.36						
	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	\$		848,694.36						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	2,224,054.73	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, ente zero.	r		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		2,224,779.73	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See p	oage (i)	of the						

Name	LEGAL NAME OF OWNER OF CAR		SYSTEM ID#	
	Verizon Pennsylvania	.LC	062715	
. -	CHANNELS			
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations			
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.			
Chamileis	Enter the total number of channels on which the cable		110	
	system carried television	broadcast stations		
	Enter the total number of activated channels on which the cable system carried television broadcast stations			
	and nonbroadcast services			
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual			
	we can contact about this statement of account.)			
Individual to Be Contacted				
for Further	Name Brad Wrig h	t Te	elephone 972-444-5553	
Information				
	Address PO Box 152092, MC: HQE03H19			
	(Number, street, rural route, apartment, or suite number)			
	Irving, TX 75015-2092			
	(City, town, state, zip)			
	Email bra	d.wright@verizon.com Fax (optional) 87	77-875-8841	
	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.) [(Owner other than corporation or partnership) am the owner of the cable system as identified in line 1 of space B; or			
0				
Certifcation				
	_			
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ✓ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 			
	F	/s/ Veronica C. Glennon		
		737 Veronica C. Clennon		
		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.		
	Typed or printed name: Veronica C. Glennon			
		Title: Assistant Secretary, Verizon Pennsylvania LLC		
	Title			
	(Title of official position held in corporation or partnership)			
	Date	· August 20, 2018		
	Date	: August 29, 2018		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC 062715	Namo
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. 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 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
** 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 ID number	

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station 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 accoun (page 3), a distant station is:

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

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

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

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.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, d E e zone

U.S. Copyright Office

	Distant Stations Carried		Identification of	of Subscriber Groups			
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
s	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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00		
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00		

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064

 \$6,384.00

First Subscriber Group (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$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)

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CABLE				S	YSTEM ID#							
	Verizon Pennsylvania L	LC				062715							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station												
	Enter the sum here and in line	l	3.75										
2	Instructions: In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	he letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSE"	_	_	_									
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs												
Category "O"		IS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	WHYY	0.250											
	WHYY Ykids	0.250											
	WHYY Y2	0.250											
	WNJT	0.250											
	WNJT NHK World	0.250											
Add rows as	WPPT	0.250											
necessary.	WPPT World	0.250											
Remember to copy all formula into new	WLVT	0.250											
	WLVT Create	0.250											
rows.	WLVT France 24	0.250											
	WLIW	0.250											
	WLIW Create	0.250											
	WLIW World	0.250											
	WNJN	0.250											
	WNJN NHK World	0.250											
	William World	0.200											
				7									
	0.00.00.00.00.00.00.00.00.00.00.00.00.0												
	I	I		LI	n l	I							

Name		WNER OF CABLE SYSTEM:					s	YSTEM ID# 062715				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	t the call sign of all dista For each station, give to correspond with the infor For each station, give to Divide the figure in colu at least to the third decires For each independents	he number of hours mation given in spa he total number of umn 2 by the figure mal point. This is the station, give the "tylolumn 4 by the figur	s your cable syster ace J. Calculate on hours that the stati in column 3, and g e "basis of carriago pe-value" as "1.0." e in column 5, and	n carried the state ly one DSE for e on broadcast ove live the result in the evalue" for the se For each networ give the result in	tion during the accounting ach station. The reference of the air during the accordecimals in column 4. The tation. The reference of the reference of the air during the accordecimals in column 6. Round to no account of the account	counting period. this figure must a cational station, a less than the					
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R 3. N JRS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		Æ				
			÷ ÷ ÷ ÷			x x x x x	= = = = =					
			÷ ÷ ÷			x x x	= = = = = = = = = = = = = = = = = = = =					
	Add the DSEs of	OF CATEGORY LAC S of each station. on here and in line 2 of p		le,	▶	0.00						
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effer Broadcast or space I). Column 2: Fat your option. Tolumn 3: E	e the call sign of each staby your system in substate on October 19, 1976 (ne or more live, nonnetword each station give the This figure should corresenter the number of days Divide the figure in columinis is the station's DSE	itution for a prograr as shown by the le ork programs during number of live, no spond with the infor is in the calendar ye on 2 by the figure in	n that your system tter "P" in column i that optional carri- nnetwork programs mation in space I. ar: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in subst a leap year. e the result in co	o delete under FCC rule the word "Yes" in column titution for programs that slumn 4. Round to no les	2 of were deleted as than the third	m).				
		SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	TION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		= = = = = = =				= = = = = = = = = = = = = = = = = = = =				
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. on here and in line 3 of p		le,		0.00						
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		es in parts 2, 3, and	4 of this schedule	e and add them to provide	3.75 0.00 0.00					
	TOTAL NUMBER	R OF DSEs						3.75				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 062715	Name		
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.											
• If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS C											
BEOOK A. TELEVISION WANTED											
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7 No—Complete blocks B and C below.											
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es					
Column 1: CALL SIGN	under FCC rules	of distant si and regulati e DSE Sche	tations listed in ons prior to Juredule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r	f this schedul urther explana	e that your syst	ed stations, see tl	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 for E Carried pursu. *F A station pre	results and regued pursuant on as define all education (76. or DSE schedant to individuously carrium of the station of the sta	ulations cited be to the FCC man d in 76.5(kk) (7 al station [76.55 65) (see parag dule). ual waiver of Fi ed on a part-tim vithin grade-B o	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b) e)(1), 76.63(a) e3(a) referrint bstitution of go	n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring 6.61(e)(1 tations in the				
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	e 14 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
WHYY	C	0.25	WPPT Wor	M	0.25	WLIW Wor	M	0.25	-		
WHYY Ykid		0.25	WLVT	C	0.25	WNJN	C	0.25			
WHYY Y2	M	0.25	WLVT Crea	M	0.25	WNJN NH		0.25			
WNJT	C	0.25	WLVT Fran	M	0.25	VVINOIN INIII		0.23			
WNJT NHK	M	0.25	WLIW	C	0.25						
WPPT	C	0.25	WLIW Crea	M	0.25						
	<u></u>		<mark></mark>		•						
								3.75			
		Е	BLOCK C: CO	MPUTATION O	F 3.75 FEE						
Line 1: Enter the											
Line 2: Enter the	line 2 from line 1	. This is the	e total numbei	of DSEs subjec	ot to the 3.75	rate.					
(If zero, le				7 of this schedu	iie)				Do any of the		
3.0	,	,(· ,				x 0.03	375	DSEs represent partially		
Line 5: Multiply li	-						х		permited/ partially nonpermitted carriage?		
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.		
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC 062715								Name		
			BI OCK	A: TELEVIS	SION MARKETS	S (CONTIN	UFD)			
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
										0.707.00
		1		1	l		1		1	

Name	Verizon Penns									062715				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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 entere in block B, column 3 of part 6 for this station.													
	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		DSE		DSE				
		•												
		•												
Computation	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No." leave blocks B and C block and complete part 8 of the DSE capability.													
of the Syndicated	If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.													
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET													
Surcharge	• Is 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	IC.			No—Proceed	d to part 8							
	BLOCK B: C	arriage of VHF	-/Grade B Conto	ur Stations		BLC	OCK C: Comp	utation of Exen	npt DSE	3				
	BLOCK B: Carriage of VHF/Grade B Contour Stations 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 or in part, over the cable system? Was any station listed in block B of part 7 carried in nity served by the cable system prior to March 31, to former FCC rule 76.159)													
	Yes—List each s X No—Enter zero a		th its appropriate p part 8.	ermitted DSE		<u> </u>	h station below o and proceed	with its appropri to part 8.	ate permi	tted DSE				
	CALL SIGN	DSE	CALL SIGN	DSE	1	CALL SIGN	DSE	CALL SIG	3N	DSE				
		-	-											
		-												
		ļ												
								-						
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	062715	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,027,700.13	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? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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		
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b			
	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		
	CECTION 4: CECOND 50 TELEVICION MARKET		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 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			STEM ID#
Haino	<u>'</u>	Verizon Pennsylvania LLC	062715
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	_
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	-
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u>.</u> .
8	You mi 6 was o	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 part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	_	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 below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
	Didy	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
		our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	O : -tion	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"	
	-	use the total number of DSEs from part 5.).	_
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	-
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u></u> l.

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Veriz	on Pennsylvania LLC	062715	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		0
·	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here >		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) * **Tender 1.00330 of gross receipts** * **Tender 1.00330 of gr		
	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	
		0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.)		
Step 3 subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp igroups	ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
subscr	bers in the group.		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
• Comp page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the land making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group)'s complement of stations and total gross receipts from the subscribers in that group). You do not pee	at is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 OWNER Verizon Pennsylva		E SYSTEM:				S	YSTEM ID# 062715	Nan	
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP			
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	9 Computati	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
WHYY	0.25			WNJT	0.25			Base Rat	
WHYY Ykids	0.25			WNJT NHK World	0.25			and	
WHYY Y2	0.25			WLVT	0.25	-		Syndica	
WNJT	0.25			WLVT Create	0.25	-		Exclusi	
WNJT NHK World	0.25			WLVT France 24	0.25		·····	Surcha	
				WVLVI I I alice 24	0.23				
WPPT	0.25							for	
WPPT World	0.25							Partial	
WLVT	0.25					-		Distar	
WLVT Create	0.25							Station	
NLVT France 24	0.25								
						-			
Total DSEs			2.50	Total DSEs	•	-	1.25		
Gross Receipts First Gr	oup	\$ 682	,283.25	Gross Receipts Second	d Group	\$ 37,0	09,755.68		
COMMUNITY/ AREA	### ### ### ### ######################			FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA \$ 458,643.40					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN WLVT	DSE	CALL SIGN	DSE		
WNJT	0.25				0.25	-			
WNJT NHK World	0.25			WLVT Create	0.25				
				WLVT France 24	0.25				
			<u></u>			-			
						-	·····		
otal DSEs			0.50	Total DSEs			0.75		
UIAI DOES				I I Ulai DOES			3		
Gross Receipts Third G	roup	\$ 19,845	,497.72	Gross Receipts Fourth	Group	\$ 29,1	81,855.78		
3ase Rate Fee Third Gi	roup	\$ 105	,578.05	Base Rate Fee Fourth	Group	\$ 2	32,871.21		
Base Rate Fee: Add the inter here and in block			riber group	as shown in the boxes al	oove.	s 8	48,694.36		

		SY					R OF CABL nia LLC	Verizon Pennsylva
		BER GROUP	SUBSCRIE	ATE FEES FOR EACH S	F BASE RA	OMPUTATION OF	OCK A: C	BL
1 0	Р	SUBSCRIBER GROU	SIXTH S	<u> </u>	UP	SUBSCRIBER GRO	FIFTH	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F			0.25	WLIW		-		
and			0.25	WLIW Create				
Syndicate			0.25	WLIW World		-		
Exclusivit						-		
Surcharg for								
Partially			H			-		
Distant			H					
Stations								
						-		
,						-		
1	0.75			Total DSEs	0.00	+	· · · · · · · · · · · · · · · · · · ·	Total DSEs
	19,917.72	\$ 1,64	Group	Gross Receipts Second),448.44	s 119,120	ดเมต	Gross Receipts First Gr
	13,317.72	1,04	Стопр _	Gross Receipts occord	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110,120	oup	orosa receipta i irat div
	3,166.34	\$ 1	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	EIGHTH S	<u> </u>	UP	SUBSCRIBER GRO	EVENTH	S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			0.25	WNJT			0.25	WLIW
			0.25	WNJT NHK World		-	0.25	WLIW Create
				WPPT			0.25	WLIW World
<u> </u>			0.25				0.25	
			0.25	WPPT World			0.25 0.25	WNJN
			0.25 0.25	WPPT World WLVT			0.25 0.25	WNJN WNJN NHK World
			0.25 0.25 0.25	WPPT World		-		WNJN
			0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
			0.25 0.25 0.25	WPPT World WLVT WLVT Create				WNJN
	1.75		0.25 0.25 0.25	WPPT World WLVT WLVT Create	1.25			WNJN WNJN NHK World
	1.75	\$ 1,41	0.25 0.25 0.25 0.25	WPPT World WLVT WLVT Create WLVT France 24	1.25	s 127	0.25	WNJN