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	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi 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.  062716									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Verizon Virginia LLC									
	V 3.1.2011 V 11 g 11 11 12 12 12 12 12 12 12 12 12 12 12			062716 2018/1						
	PO Bos 152092, MC: HQE03H19 Irving, TX 75015-2092									
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Richmond, VA) VHO 9									
	MAILING ADDRESS OF CABLE SYSTEM: 3011 Hungary Spring Rd. (Number, street, rural route, apartment, or suite number) Richmond, VA 23228 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b						
Area Served	with all communities.	07475								
First	CITY OR TOWN RICHMOND	STATE VA								
Community	Below is a sample for reporting communities if you report multiple cha		nace G							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	Α	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 SASE, PAGE ID.			OVOTEN ID#							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Verizon Virginia LLC			062716							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.										
<b>Note:</b> 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.										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
RICHMOND	VA	Α		First						
CHESTERFIELD COUNTY	VA	Α		Community						
HENRICO COUNTY	VA	Α								
POWHATAN COUNTY	VA	A								
I CHIATAR COURT										
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						

	•

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Verizon Virginia LLC
062716

## 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			
CATECORY OF SERVICE	NO. OF		DATE	NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:						
<ul> <li>Service to first set</li> </ul>	125,008	\$	12.99			
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1,331	\$	25.00			
Converter						
Residential						
Non-residential						
		· ·····				

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

Category of Service	Residential Rate	Commercial Rate
Block 1	15.00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2	00.00	00.00
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
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 Lifestyle & Regity	50.00	N/A N/A
Custom TV Lifestyle & Reality Custom TV Infotainment & Drama	40.00	N/A N/A
	40.00	N/A N/A
Custom TV Home & Family	50.00 16.00	Varies
Spanish Language Package  Music Choice Package	N/A	34.99
Playboy	16.99	34.99 N/A
International Premium On Demand	Varies	Varies
	v a1165	v ancs

Category of Service	Residential Rate	Commercial 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 SD DVB	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 Virginia LLC 062716 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) **WTVR** 6 Ν No Richmond **WRIC** 8 Ν No Petersburg See instructions for additional information WRLH-DT2 26 I-M No Richmond on alphabetization. WRLH-DT2 26 I-M No Richmond **WWBT** 12 Ν No Richmond **WUPV** 65 I No **Ashland WZTD** No 45 Richmond ı **WCVE** Ε 23 No Richmond **WCVW** Ε 57 No Richmond 25 Ν No WTVR-simulcast Richmond Ν **WRIC-simulcast** 22 No Petersburg **WRLH-simulcast** 26 No ı Richmond **WWBT-simulcast** 54 Ν No Richmond **WUPV-simulcast** 47 I No **Ashland** WZTD-simulcast 45 ı No Richmond **WCVE-simulcast** 42 Ε No Richmond Richmond WCVW-simulcast 57 Ε No WWBT Me TV 12 N-M Richmond No

FURM SA3E. PAGE 3.					OVOTEM ID	, [					
Verizon Virginia		YSTEM:			SYSTEM ID# 062716	Namo					
PRIMARY TRANSMITTE		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-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 specify FCC rules regulations or authorizations:											
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 swETA-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).  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 for a distant multicast stream that is not subject to a royalty pa											
Note: If you are utilizin	g multiple cha	•	•	•	channel line-up.	_					
		CHANN	EL LINE-UP	A		_					
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						
WWBT Escape	12	N-M	No		Richmond						
WRIC GetTV	22	N-M	No		Petersburg	See instructions for					
WTVR 6 Xtra	25	N-M	No		Richmond	additional information on alphabetization.					
WUPV Bounce TV	47	I-M	No		Ashland	on alphabetization.					
WUPV Grit TV	47	I-M	No		Ashland						
WCVE MHz World	23	E-M	No		Richmond						
WCVE Create	23	E-M	No		Richmond						
WRLH CometTV	26	I -M	No		Richmond						
WRLH Charge TV 26 I-M No Richmond											
WTVR Antenna T	25	N-M	No		Richmond						

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062716 Verizon Virginia 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	CABLE SYST	TEM:					SYSTEM ID#	Name
Verizon Virginia LLC							062716	Itumo
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG					
	.,							
In General: In space I, ident substitute basis during the ac								
explanation of the programm	• .	•	•	-				Substitute
1. SPECIAL STATEMENT								Carriage: Special
<ul> <li>During the accounting per broadcast by a distant state</li> </ul>		r cable system	ı carry, on a substitute basi	s, any nonne	twork telev	ision progra <b>Yes</b>		Statement and
Note: If your answer is "No		rest of this pag	ne blank. If your answer is '	'Yes." vou mι	ust comple			Program Log
log in block 2.	,		ye ziainii ii year anenei ie	, ,		п. р. од.		
2. LOG OF SUBSTITUTE			to line. I lee alabaayietiamay		_:   if t  _		:_	
In General: List each substiclear. If you need more spa				wnerever pos	isible, il the	eir meaning	IS	
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p					
period, was broadcast by a under certain FCC rules, re	aistant stat aulations. o	ion and that yo r authorization	our cable system substituted s. See page (vi) of the gen	a for tne prog eral instructio	ramming c ons located	of another so in the pape	ation er	
SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or	"basketball".	List speci	fic program		
titles, for example, "I Love L			ୀତିମ୍ୟ vs. Bulls." r "Yes." Otherwise enter "N	lo."				
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.				
the case of Mexican or Can			ne community to which the			e FCC or, ii	1	
Column 5: Give the mor	nth and day		tem carried the substitute			with the m	onth	
first. Example: for May 7 giv		s cubetitute nro	gram was carried by your o	cable evetem	l ict the tir	mee accura	telv.	
to the nearest five minutes.							lely	
stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our ovetem	woo rogui	rod	
to delete under FCC rules a			was substituted for progra iring the accounting period					
gram was substituted for pr	ogramming							
effect on October 19, 1976.	•							
					EN SUBST		7. REASON	
S		E PROGRAM			IAGE OC	TIMES	FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM		DELETION )	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon Virginia LLC
SYSTEM ID#
062716

# 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 "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

Т		DAT	ΓES A	AND HOURS (	OF PA	ART-TIME CAR	RIAGE		
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN	CARRIAGE OC	
	DATE	HOURS FROM TO		S TO			DATE	FROM	URS TO
			_						_
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
Ver	izon Virginia LLC		062716						
Inst all a (as pag	POSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secundaritied 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.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmiss compute this am	sion service	<b>K</b> Gross Receipts					
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.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line	e 1 of						
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2	2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered o	on line						
	<b>MINIMUM FEE:</b> 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.  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.		00,000,002.04						
	This is your minimum fee.	\$	379,408.49						
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 of Yes—Complete the DSE schedule.	mn 4, you must o	check						
Block	Line 1. <b>BASE RATE FEE</b> : 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	\$	-						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$	379,408.49	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <b>FILING FEE</b>								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	380,133.49	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 page (i) of t	he	additional 1665.					

Name	· · · · · · · · · · · · · · · · · · ·	3X3E. FAGE 8. 3YSTEM ID# 062716	
	CHANNELS	002710	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations		
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations  412	$\neg$	
	and nonbroadcast services		
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Be Contacted for Further Information	Name Brad Wright Telephone 972-444-5553		
	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number)		
	Irving, TX 75015-2092 (City, town, state, zip)		
	Email brad.wright@verizon.com Fax (optional) 877-875-8841		
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.			
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.		
	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)]		
	X /s/ Veronica C. Glennon		
	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 statement of the /s/ signature.		
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  Typed or printed name: <b>Veronica C. Glennon</b>		
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)		
	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 Virginia LLC  062716		
Verizon Virginia EEG COZ7 10		
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		
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.		
Line 1 Enter the amount of late payment or underpayment	Interest Assessment	
X		
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
xdays		
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		
(interest charge)		
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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