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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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 T	HIS STATEMENT:			
Accounting Period	2018/2				
B Owner	rate title of the subsidiary, not that of the parent corp List any other name or names under which the If there were different owners during the account a single statement of account and royalty fee payme	owner conducts the business of the cable syste nting period, only the owner on the last day of the	m e accounting period should		062717
	LEGAL NAME OF OWNER/MAILING ADDRESS	OF CABLE SYSTEM			
	Verizon Virginia LLC				
				06271	720182
				062717	2018/2
	PO Box 152092, MC: HQE03H19 Irving, TX 75015-2092		and anotation of the au		th a a a
С	INSTRUCTIONS: In line 1, give any business of names already appear in space B. In line 2, give				
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Norfolk, VA) VH	IO 9a			
	AAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number) Norfolk, VA 23513 (City, town, state, zip code)				
D	Instructions: For complete space D instruction	ns, see page 1b. Identify only the frst comm	unity served below and re	elist on page	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	VIRGINIA BEACH	VA			
Community	Below is a sample for reporting communities			1	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda Alliance	MD MD	A B		2
	Gering	MD	B		3
Privacy Act Notic	e: Section 111 of title 17 of the United States Code authorizes	s the Copyright Offce to collect the personally identifyin	g information (PII) requested or	n th	
	ocess your statement of account. PII is any personal information	-			
	ding PII, you are agreeing to the routine use of it to establish a pared for the public. The effect of not providing the PII reques				

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.

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/25/2019

E

			OVOTEM ID#	T
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Virginia LLC			062717	
. . . .				
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitient to community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. If	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
VIRGINIA BEACH	VA	Α		First
CHESAPEAKE	VA	Α		Community
НАМРТОМ				Community
	VA	A		
NEWPORT NEWS	VA	A		
POQUOSON	VA	Α		
PORTSMOUTH	VA	Α		See instructions for
YORK COUNTY	VA			additional information
	VA	A		on alphabetization.
				Add rows as necessary.
				1

									SA3E. PAG		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	Verizon Virginia LLC								0627 [°]		
					ATEO						
E	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										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission	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										
Service: Sub-											
scribers and Rates	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										
Nutob	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 of	charged for eac	h categ	ory of service.	Include be	oth the amount c	of the charg				
	unit in which it is generally billed				iny standa	rd rate variation	s within a p	particular rate			
	category, but do not include disc				vian of one						
	Block 1: In the left-hand block systems most commonly provide										
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca	able service to a	additior	al sets would b	e include						
	first set" and would be counted of										
	Block 2: If your cable system										
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.		2 light-i								
	BLC	OCK 1					BLOC	K 2			
		NO. OF		DATE	0.47			NO. OF	DATE		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:	10									
	Service to first set	12	0,426	\$ 25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		070								
	Commercial		870	\$ 35.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	te (not subscrib	per) info	ormation with re	spect to a	Ill your cable sys	stem's serv	rices that were			
Г	not covered in space E, that is, t										
Comilana	service for a single fee. There and	•			0		• • • •				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		uouuny	billed. If diry it		larged on a van		ogram babio,			
ransmissions:	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										
Rates		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									
Rates	listed in block 1 and for which a					these other service					
Rates		ption and includ	le the r			these other ser					
Rates	listed in block 1 and for which a brief (two- or three-word) descrip	ption and includ	le the ra	ate for each.	shed. List			BLOCK 2	PATE		
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and includ	le the ra CK 1 CATE	ate for each. GORY OF SER	shed. List	these other service of the service o		BLOCK 2 DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLO RATE	le the ra CK 1 CATE Install	ate for each. GORY OF SER ation: Non-res	shed. List		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ	le the ra CK 1 CATEC Install • Mc	ate for each. GORY OF SER ation: Non-res	shed. List		CATEGO		RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLO RATE	le the ra CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial	shed. List		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and includ BLO RATE	le the ra CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	VICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	ption and includ BLO RATE	le the r CK 1 CATEC Install • Mc • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	VICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	ption and includ BLOO RATE \$ 15.00	le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	NICE NICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	\$ 99.00	le the ra CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu	ate for each. GORY OF SER ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	NICE NICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ BLOO RATE \$ 15.00	le the r CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other	ate for each. <u>GORY OF SER</u> ation: Non-reso otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	NICE NICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 99.00	le the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re	ate for each. GORY OF SER ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	NICE NICE		CATEGO	DRY OF SERVICE	RATE		
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$ 99.00	le the r CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re • Dis	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect sconnect	NICE NICE	RATE	CATEGO	DRY OF SERVICE	RATE		
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 99.00	le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re • Dis • Ou	ate for each. GORY OF SER ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	shed. List		CATEGO	DRY OF SERVICE	RATE		

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		10.00
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant	04.00	40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99 64.99	80.00 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
HBO	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:	<u> </u>	N1/A
25 Mbps Internet	60.00	N/A
50 Mbps Internet TV Mundo	65.00 40.00	N/A 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
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies

	Residential	Commercial
Category of Service	Rate	Rate
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 First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	
Set-Top Box: 6+ boxes	No charge	
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	26.99
HD Digital DVR	N/A	23.99
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
Agent Assistance Fee	7.00	
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

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Verizon Virginia LLC 062717						
PRIMARY TRANSMITTE		ON				
n General: In space G carried by your cable s FCC rules and regulati (6.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried List the station here, i basis. For further in in the paper SA3 for Column 1: List eac each multicast stream	G, identify even system during t ions in effect or a.61(e)(2) and (isis, as explaine stations: With 1 CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substit sign. Do not r h a station acc	g period, except 81, permitting th referring to 76.6 paragraph. distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its over	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of the Special Statement d both on a substitu- ns, see page (v) of the program service er-the-air designa	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi-	G Primary Transmitters: Television
cast stream as "WETA VETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list eacl	n stream separately; for example	
Column 2: Give the			-		on for broadcasting over-the-air in	
on which your cable sy	stem carried th	ne station.		•	may be different from the channel	
cable system carried th carried the distant stati For the retransmiss	ave entered "Ye ne distant statio ion on a part-tii ion of a distant	es" in column on during the a me basis beca a multicast stre	4, you must cor accounting perio ause of lack of a eam that is not s	mplete column 5, s od. Indicate by en activated channel o subject to a royalty	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea	mitter or an a o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the) of the general i or U.S. stations,	senting the prima channel on any of instructions locate list the community	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate	senting the prima channel on any of instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, also tree categories e location of ea Canadian statio g multiple char	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP	senting the prima channel on any of instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. It to which the station is licensed by the in which the station is identifed. channel line-up.	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, also tree categories e location of ea Canadian statio g multiple char 2. B'CAST	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT?	senting the prima channel on any of instructions locate list the community ne community with space G for each A 5. BASIS OF	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, also tree categories e location of ea Canadian statio g multiple char	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any of instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. It to which the station is licensed by the in which the station is identifed. channel line-up.	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any of instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. It to which the station is licensed by the in which the station is identifed. channel line-up.	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the ECC. For Mexican or C Note: If you are utilizin 1. CALL SIGN	a primary trans simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any of instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION	See instructions for
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WTKR	a primary trans simulcasts, also tree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 3	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any of instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION	additional information
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN NTKR NSKY NVBT	a primary trans simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 3 4	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	senting the prima channel on any of instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Norfolk Manteo	
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LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name		
Verizon Virginia LLC 06271								
RIMARY TRANSMITTE	ERS: TELEVISIO	ON						
					and low power television stations) of only on a part-time basis under	G		
	, ,			. ,	ain network programs [sections			
				1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary		
ubstitute program bas Substitute Basis S				s carried by your o	able system on a substitute program	Transmitters: Television		
asis under specifc FC	C rules, regula	ations, or auth	orizations:					
station was carried	only on a subs	titute basis.			ent and Program Log)—if the			
	•				tute basis and also on some other for the general instructions located			
in the paper SA3 fo	rm.	•			-			
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-			
					h stream separately; for example			
VETA-simulcast).				· · · · · · · · · ·				
			•		ion for broadcasting over-the-air in may be different from the channel			
on which your cable sy	•		unioi - in wasi					
					ependent station, or a noncommercial			
	•				ast), "l" (for independent), "I-M" ommercial educational multicast).			
or the meaning of the	se terms, see	page (v) of th	e general instru	ctions located in tl	ne paper SA3 form.			
					es". If not, enter "No". For an ex-			
lanation of local servi Column 5: If you ha					e paper SA3 form. stating the basis on which your			
•			•	•	tering "LAC" if your cable system			
للسلام المسملحات واللله ملاحل								
	•			ctivated channel	capacity.			
For the retransmiss	ion of a distant	t multicast stre	eam that is not s	subject to a royalty	capacity. / payment because it is the subject			
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								FURIN SASE. PAGE 4.
Name	LEGAL NAME OF (OWNER OF CABL	E SYSTE	M:				SYSTEM ID#
Name	Verizon Virg	ginia LLC						062717
н		t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca				
Primary	Special Instruc	ctions Concer	nina All	-Band FM Carriage: Under C	opvright Office re	equiations, an	FM sian	al is generally
Transmitters:				tem whenever it is received at				
Radio				ved at the headend, with the s				
	For detailed info	ormation about	t the the	Copyright Office regulations of	n this point, see	page (vi) of the	e genera	al instructions
	located in the p	aper SA3 form	1.					
	Column 1: lo	dentify the call	sign of e	each station carried.				
				n is AM or FM.				
				nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete
				mark in the "S/D" column.				
				on (the community to which the			or, in tr	he case of
	Mexican of Car	Idulari Stations	, ii ariy,	the community with which the	station is identifie	eu).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	UALL OIGH		0/0	ECCATION OF STATION	UALL OIGH	AWOITW	0,0	LOCATION OF STATION

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	Now -
Verizon Virginia LLC						062717	Name
SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG				
							1
In General: In space I, ident substitute basis during the a							•
			this log, see page (v) of the				Substitute
1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				Carriage: Special
 During the accounting per broadcast by a distant state 		r cable system	carry, on a substitute basis	s, any nonne			Statement and
Note: If your answer is "No		rest of this nac	e blank. If your answer is "	Ves " vou mi		Yes XNo	Program Log
log in block 2.	, leave the	rest of this pay	je blatik. Il your answer is	res, you me		program	
2. LOG OF SUBSTITUTE							
In General: List each subsi clear. If you need more spa				vherever pos	sible, if their mea	aning is	
Column 1: Give the title	of every no	nnetwork televi	ision program (substitute p				
period, was broadcast by a under certain FCC rules, re							
SA3 form for futher informa	tion. Do no	t use general c	ategories like "movies", or				
titles, for example, "I Love L Column 2: If the program			76ers vs. Bulls." r "Yes." Otherwise enter "N	0."			
Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
Column 4: Give the broa the case of Mexican or Car			e community to which the community with which the s			or, in	
Column 5: Give the mor	nth and day		tem carried the substitute p			he month	
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able svstem.	List the times ac	curately	
to the nearest five minutes.							
stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for program	mming that v	our system was r	required	
to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period;	enter the let	ter "P" if the listed	d pro	
gram was substituted for pr effect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	ules and regulation	ons in	
,				10/11		_	
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	FD 7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					_		
					_		
					_		
					_		
					_		
					_		

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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 6.

	LEGAL NAME OF (OWNER OF CABLE	SYSTEM:						SYS	TEM ID#	
Name	Verizon Virg	inia LLC								062717	
	PART-TIME CA	ARRIAGE LOG									
J Part-Time Carriage Log	n General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- ime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and nours 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 oc- curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "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 elevision 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."										
			DA	TES AND HOURS (DF F	ART-TIME CAF	RRIAGE				
		WHEN	CARRIAGE O	CCURRED			WHEN	I CARRIAGE O	CCURR	ED	
	CALL SIGN		Н	OURS		CALL SIGN		Н	OURS		
		DATE	FROM	TO			DATE	FROM		то	
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FORM	SA3E. PAGE 7.				
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name		
Ver	izon Virginia LLC	062717	name		
Inst all a (as page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's seed dentifed 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 transmission service	K 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. 					
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.				
	In t 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entered on line 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 on line			
Block 1	Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$43,457,667.92				
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.				
	This is your minimum fee.	\$ 462,389.59			
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	<u> </u>			
	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	\$-			
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 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 	\$ 462,389.59 r 0.00	Cable systems submitting additional		
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact 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	\$ 463,114.59	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 the			

ACCOUNTING PERI	1	FORM SA3E. PAGE 8.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717					
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	35					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to							
Be Contacted for Further Information	Name Brad Wright Telephone 9	72-444-5553					
	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) 877-875-8	841					
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.						
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity 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)] 						
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus of						
	Typed or printed name: Veronica C. Glennon						
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)						
	Date: March 1, 2019						
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information	on (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 Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

FORM	SA3E	PAGE9.
	SAJL.	FAGLS.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursua	stem for the basic shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late paym For an explanation of interest assessment, see page (viii) of the general instructions in the paper S		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	 xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furt contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) her assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Co please list below the owner, address, first community served, accounting period, and ID number as filing.		
OwnerAddress		
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 ide	entifying information (PII) requested or	n 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.