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	THIS STATEMENT:							
Accounting Period	2018/2								
B Owner	Instructions: Give the full legal name of the owner of the cab rate title of the subsidiary, not that of the parent corp List any other name or names under which the <i>lf there were different owners during the account a single statement of account and royalty fee payme</i> Check here if this is the system's first filing. If	poration owner conducts the business of the cable syst <i>nting period, only the owner on the last day of i</i>	em the accounting period should	·	062897				
	LEGAL NAME OF OWNER/MAILING ADDRESS	OF CABLE SYSTEM							
	Verizon Pennsylvania LLC								
				06289	720182				
				062897	2018/2				
С	PO Box 152092, MC: HQE03H19 Irving, TX 75015-2092 INSTRUCTIONS: In line 1, give any business of names already appear in space B. In line 2, giv	· · · · · · · · · · · · · · · · · · ·							
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA)	VHO 11							
	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafras Way (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (City, town, state, zip code)								
D	Instructions: For complete space D instruction	ns, see page 1b. Identify only the frst comm	nunity served below and re	elist on page	e 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	ALEPPO TWP	PA							
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alla	MD	A		1				
	Alliance Gering	MD MD	B		2 3				
					<u> </u>				
-	e: Section 111 of title 17 of the United States Code authorizes								
numbers. By provid	cess your statement of account. PII is any personal informati ting 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	and maintain a public record, which includes appearing	g in the Offce's public indexes ar	nd in					

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/25/2019

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.				1		
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
Verizon Pennsylvania LLC			062897			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	ne parks should b	e reported in parer	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. İ levant communit	f you report any sta y with a subscriber	ations group,			
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber gro					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_		
ALEPPO TWP	PA	Α		First		
ASPINWALL BORO	PA	A		Community		
AVALON BORO	PA	A				
BALDWIN BORO	PA	Α				
BALDWIN TWP	PA	Α				
BELL ACRES BORO	PA	Α		See instructions for		
BELLEVUE BORO	PA	Α		additional information		
BEN AVON BORO	PA	Α		on alphabetization.		
BEN AVON HEIGHTS BORO	PA	Α				
BETHEL PARK BORO	PA	A				
BLAWNOX BORO	PA	A				
BOROUGH OF GLEN OSBORNE	PA	Â		Add rows as necessary.		
	PA PA					
BRADDOCK BORO		A				
BRADDOCK HILLS BORO	PA	A				
BRENTWOOD BORO	PA	A				
BRIDGEVILLE BORO	PA	A				
CARNEGIE BORO	PA	A				
CASTLE SHANNON BORO	PA	Α				
CHALFANT BORO	PA	Α				
CHURCHILL BORO	PA	Α				
COLLIER TWP	PA	Α				
CORAOPOLIS BORO	PA	Α				
CRAFTON BORO	PA	Α				
CRESCENT TWP	PA	Α				
DORMONT BORO	PA	A				
EAST MCKEESPORT BORO	PA	Δ				
EAST PITTSBURGH BORO	PA					
	PA PA	A .				
EDGEWOOD BORO EDGEWORTH BORO	PA PA	<u> </u>				
		A				
ELIZABETH TWP	PA	A				
EMSWORTH BORO	PA	A				
ETNA BORO	PA	A				
FINDLAY TWP	PA	A				
FOREST HILLS BORO	PA	A				
FOX CHAPEL BORO	PA	A				
FRANKLIN PARK BORO	PA	A				
GLENFIELD BORO	PA	A				
GREENTREE BORO	PA	Α				
HAMPTON TWP	PA	Α				
HAYSVILLE BORO	PA	Α				
HEIDELBURG BORO	PA	Δ				
HOMESTEAD BORO	PA PA	A				
	I'A			I		

	PA	Α
NGRAM BORO	PA	A
EFFERSON HILLS BORO	PA	Ā
ENNEDY TWP	PA	A
ILBUCK TWP	PA	A
EET TWP	PA	A
EETSDALE BORO	PA	A
ICCANDLESS TWP	PA PA	
ICKEES ROCKS BORO		<u>A</u>
	PA BA	<u>A</u>
	PA	<u>A</u>
	PA	<u>A</u>
IOON TWP	PA	<u> </u>
IT LEBANON TWP	PA	<u>A</u>
	PA	<u>A</u>
	PA	<u>A</u>
	PA	Α
	PA	Α
	PA	Α
ORTH VERSAILLES TWP	PA	Α
	PA	Α
AKDALE BORO	PA	Α
HARA TWP	PA	Α
HIO TWP	PA	Α
ENN HILLS TWP	PA	Α
ENNSBURY VILLAGE BORO	PA	Α
ETERS TWP	PA	Α
ITCARIN BORO	PA	Α
TTSBURGH CITY	PA	Α
LEASANT HILLS BORO	PA	Α
LUM BORO	PA	A
ANKIN BORO	PA	A
ESERVE TWP	PA	
DBINSON TWP	PA	A A
OSS TWP	PA	Â
DSSLYN FARMS BORO	PA	A
COTT TWP	PA	A A
EWICKLEY BORO	PA PA	A A
EWICKLEY BORD EWICKLEY HEIGHTS BORO		
	PA BA	<u>A</u>
EWICKLEY HILLS BORO	PA	A
HALER TWP HARPSBURG BORO	PA	<u>A</u>
	PA	<u>A</u>
	PA	<u>A</u>
	PA	<u>A</u>
TOWE TWP	PA	Α
WISSVALE BORO	PA	Α
HORNBURG BORO	PA	Α
JRTLE CREEK BORO	PA	Α
PPER ST CLAIR TWP	PA	Α
IALL BORO	PA	Α
EST DEER TWP	PA	Α
EST HOMESTEAD BORO	PA	Α
EST VIEW BORO	PA	Α
HITAKER BORO	PA	Α
HITE OAK BORO	PA	Α
/HITEHALL BORO	PA	A
/ILKINS TWP	PA	A
	PA	A
		~
ILKINSBURG BORO	PA	Α

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								S	
name	Verizon Pennsylvania L	LC									06289
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	pace E should on of television bay cable) in sp (June 30 or D h blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$2 counts allowed in space E, the to their subsc	cover a and ra- ace F, ecember ce E ca service gs in tha indicate h categ 20/mth" for adva e form ribers.	all categories o dio broadcasts not here. All th er 31, as the ca ill for the numb . In general, yc at category (the ed—not the nur jory of service.). Summarize a ance payment. lists the catego Give the numb	of s b e as er ou e r mt Ir an orie	secondar y your sy facts you e may be of subso can com number o ber of set nclude bo y standar es of seco of subso	sistem to sisten no cribers to pute the f persor is receive th the a rd rate v ondary cribers a	subscription subsc	bers. Give those exist ble system er of subsc ganizations rice). of the charg s within a ssion servi for each lis	information ting on the n, broken rribers in s charged ge and the particular rate ce that cable sted category	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	should be cour ble service to a once again und has rate catego iers of services	nted as additior er "Ser ories fo s that in	a subscriber in al sets would b vice to addition r secondary tra clude one or m	n e be nal an: noi	each appl included set(s)." smission re second	licable of t in the service dary tra	count ur that are	. Example ider "Servi different f ons), list th	: a residential ce to the rom those em, together	
	sufficient.										
	BLU	CK 1 NO. OF			_				BLOC	NO. OF	I
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	EGORY	OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:	45		• • • • •							
	 Service to first set Service to additional set(s) 	15	3,563	\$ 25.00	-						
	• FM radio (if separate rate)										
	Motel, hotel	1.050 0 25.00									
	Commercial		1,959	\$ 35.00	-						
	Converter Residential				-						
	Non-residential				•						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are ns: you hished t usually he cabl stem fu je was i	ormation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establ	es co co co co co co co co co co co co co	pect to all pombinatic give rate i s. Rate in es are ch ch of the a d during t	on with a information arged controls applicate the accord	any seco tion con on shou on a vari ole servi ounting	ondary trar cerning (1) Id include able per-p ces listed. period that	nsmission) services both the rogram basis, : were not	
		BLO	CK 1							BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER		-	RA	TE.	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable	\$ 15.00	• Mo	ation: Non-res otel, hotel	Sic	dential			See Tab	Attachment B	
	 Pay cable—add'l channel Fire protection 			mmercial y cable			 				
	•Burglar protection			y cable-add'l cl	ha	nnel	<u> </u>				
	Installation: Residential			e protection							1
	First set	\$ 99.00	• Bu	rglar protection	۱		[_
	Additional set(s)	\$ 65.00		services:							
	• FM radio (if separate rate)			connect			 				
	Converter			connect			\$	65.00			
				ive to new add	re	ss		55.00			
		1			-		.				+

Biock 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 Fios Current TV 40.00 Fios Current TV for Bar/Restaurant 40.00 Custom TV Kids & Pop 64.99 80.00 Custom TV Kids & Pop 64.99 80.00 Custom TV News & Variety 64.99 80.00 Custom TV News & Variety 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainmet & Drama 64.99 80.00 Fios TV Preferred HD 74.99 90.00 Fios TV Extreme FD 79.99 110.00 Fios TV Mundo 49.99 N/A Sports Pass 14.00 15.00 Sports Pass (Bar/Rest.) N/A Va	Category of Service	Residential Rate	Commercial Rate
Installation - First Set 99.00 89.99 Installation - Additional Set(s) 65.00 34.99 Outlet Relocation 65.00 69.99 Block 2 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 Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Home & Family 64.99 80.00 Custom TV Home & Family 64.99 80.00 Fios TV Preferred HD 74.99 90.00 Fios TV Extreme for Bar/Rest. N/A Varies Fios TV Mundo Total 54.99 N/A Fios TV Mundo Total 54.99 N/A Fox Soccer Plus 14.00 15.00 Sports Pass (Bar/Rest.) N/A Varies Sports Pass (Bar/Rest.) N/A Varies Sinou	Block 1 Pay Cable	15.00	15.00
Installation - Additional Set(s) 65.00 34.99 Outlet Relocation 65.00 69.99 Block 2	•		
Outlet Relocation 65.00 69.99 Block 2 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 Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Fios TV Preferred HD 74.99 90.00 Fios TV Extreme HD 79.99 110.00 Fios TV Extreme for Bar/Rest. N/A Varies Fios TV Mundo Total 54.99 N/A Sports Pass 14.00 15.00 Sports Pass (Bar/Rest.) N/A Varies Sports Pass (Bar/Rest.) N/A Varies Sports Pass (Bar/Rest.) N/A Varies Sports Pass (Bar/Rest.) N/A 15.00 HBO 15.00 <td></td> <td></td> <td></td>			
Block 2 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 Action & Entertainment 64.99 80.00 Custom TV Lifestyle & Reality 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Custom TV Infotainment & Drama 64.99 80.00 Fios TV Preferred HD 74.99 90.00 Fios TV Extreme HD 79.99 110.00 Fios TV Extreme for Bar/Rest. N/A Varies Fios TV Mundo Total 54.99 N/A Fox Soccer Plus 14.00 15.00 Sports Pass (Ultimate Customers) N/A Varies Cinemax 15.00 15.00 Epix 15.00 15.00 HBO 15.00 15.00 Showtime 15.00 15.00			
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On Demand SubscriptionsValuesValuesValuesValuesValues			

	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 OWNER OF CABLE SYSTEM:

					OVOTEM ID.	4
		STEM:				Namo
					002031	
carried by your cable s FCC rules and regulatio 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried o • List the station here, a basis. For further int in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the stat planation of local service Column 5: If you ha	Alvania LLC RS: TELEVISIC G , identify every ystem during th ons in effect or .61(e)(2) and (.61(e)(2) and (.61	y television st the accounting of June 24, 19 4), or 76.63 (r d in the next prespect to any titions, or auth G—but do liss titute basis. titute basis. titut	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting period	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; s carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa- column 1 (list eac the television stat ington, D.C. This or k station, an inde for network multio or "E-M" (for nonce ctions located in the distant"), enter "Yt ions located in the mplete column 5, od. Indicate by en	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Namo
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

					SYSTEM ID#	Namo
Verizon Penns	yivania LLC				062897	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC bo not list the statior station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t	system during t ions in effect or 5.61(e)(2) and (sis, as explaine Stations: With 1 CC rules, regula here in space only on a subs and also in spa diformation cond orm. ch station's call associated with A-2". Simulcast e channel numl se. For example ystem carried the in each case to v entering the le cast), "E" (for n ese terms, see ation is outside ice area, see p ave entered "Y he distant statio ion on a part-tii	he accounting In June 24, 194 (4), or 76.63 (n ed in the next prespect to any ations, or auth G—but do lisitiute basis. ace I, if the state erning substitive sign. Do not r h a station acc streams must ber the FCC h e, WRC is Char ne station. whether the state etter "N" (for m- oncommercia page (v) of the es" in column on during the acc me basis beca	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its ov be reported in or has assigned to annel 4 in Wash tation is a network), "N-M" (I educational), c e general instruct 4, you must cor accounting period ause of lack of a eam that is not s	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designa column 1 (list eac the television stat ington, D.C. This or the television stat ington, D.C. This or rE-M" (for nonco- ctions located in t distant"), enter "Ye ions located in t distant"), enter "Ye ions located in t ions located in t subject to a royalty	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
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ACCOUNTING PERI	00. 2020,2							FORM SASE. FAGE 4.
	LEGAL NAME OF (OWNER OF CABL	E SYSTE	М:				SYSTEM ID#
Name	Verizon Pen	nsylvania l	LC					062897
H	all-band basis v Special Instruc	t every radio s vhose signals ctions Concer	tation ca were "ge ming All	rried on a separate and discre nerally receivable" by your ca -Band FM Carriage: Under C	ble system during copyright Office re	g the accountir	ng perioo FM sign	d. Ial is generally
Transmitters: Radio				tem whenever it is received at				
Raulo				ved at the headend, with the s Copyright Office regulations o				
	located in the pa				in this point, see	page (vi) of the	e genera	
				ach station carried.				
				n is AM or FM.				
				al was electronically processe	ed by the cable s	ystem as a se	oarate a	nd discrete
				mark in the "S/D" column.				
				on (the community to which the			cor, in th	ne case of
	Mexican or Can	adian stations	, if any, t	he community with which the	station is identifie	ed).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION
			•			•		•

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	
Verizon Pennsylvania	LLC						062897	Name
SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG					
In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizations. F	or a further	Substitute
1. SPECIAL STATEMEN				general insu		i iii iiie pap		Carriage:
During the accounting per				s, any nonne	twork televisio	n program		Special
broadcast by a distant stat				o, any nonno			XNo	Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	je blank. If your answer is '	Yes," you mu	ust complete th	ne program	1	FIOGRAFILEOG
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call : Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pr	of every no distant stat gulations, o tion. Do no .ucy" or "NE n was broad sign of the s idcast static adian static adian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulatic ogramming	nnetwork televi ion and that yo r authorizations t use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syst e substitute pro- a program carrie listed program ons in effect du	ision program (substitute p ur cable system substituted s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute program the community to which the community with which the stem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for program ring the accounting period	d for the prog eral instructic "basketball". o." n. station is lice station is ider program. Use able system. 5 p.m. to 6:2 mming that y enter the let	ramming of ar ons located in t List specific p nsed by the F(ntified). I unmerals, wit List the times 8:30 p.m. shor our system wa ter "P" if the list	nother stati he paper program CC or, in h the mont accurately uld be as required sted pro	h ,	
effect on October 19, 1976.				WHE	EN SUBSTITU			
S	UBSTITUT	E PROGRAM			IAGE OCCUP		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	IES TO	DELETION	
					_			
					_			
					_			
	+							
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					_			
					_			

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2018/2

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 6.

News	LEGAL NAME OF (OWNER OF CABLE	SYSTEM:						SYSTEM ID
Name	Verizon Pen	nsylvania Ll	LC						06289
J Part Time	 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 								
			DATES	AND HOURS (DF P	PART-TIME CAF	RRIAGE		
	CALL SIGN	WHEN	I CARRIAGE OCCU			CALL SIGN	WHEN	I CARRIAGE O	
		DATE	HOUF FROM	RS TO			DATE	H FROM	OURS TO
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FORM	SA3E. PAGE 7.		
LEGA	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Ver	izon Pennsylvania LLC	062897	Hume
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 sect dentifed in space E) during the accounting period. For a further explanation of how to de (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
 Instru Con Con If you feet If you according to the second seco	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.		
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	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.	ould be entered on line	
	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.	e is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 54,669,639.56	
	Enter the result here.		
	This is your minimum fee.	\$ 581,684.96	
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. X No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	mn 4, you must check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	 0.00	
	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	\$ 581,684.96	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 appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 582,409.96	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 PERIOD:	2018/2
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ACCOUNTING PERI	OD: 2018/2	FORM SA3E. PAGE 8.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Verizon Pennsylvania LLC	062897				
	CHANNELS					
Μ	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	33				
	system carried television broadcast stations	·				
	2. Enter the total number of activated channels					
	on which the cable system carried television broadcast stations					
	and nonbroadcast services	379				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual					
IN	we can contact about this statement of account.)					
Individual to						
Be Contacted						
for Further Information	Name Brad Wright Telephone	e 972-444-5553				
mormation						
	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number)					
	Irving, TX 75015-2092 (City, town, state, zip)					
	(66); (66); (66); (29)					
	Email brad.wright@verizon.com Fax (optional) 877-875	5-8841				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office r	ogulations				
0		eguiations.				
Certifcation	• I the undersigned bareby certify that (Check and but only one of the bayes)					
Certification	• 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 spa	ice B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca	ble 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 dealars under penalty of law that all statements of fact contained herein					
	 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 curs					
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo	tus compatibility settings.				
	Typed or printed name: Veronica C. Glennon					
	Title: Assistant Secretary, Verizon Pennsylvania LLC					
	(Title of official position held in corporation or partnership)					
	Date: March 1, 2019					
	1					
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying inform	nation (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 lav

FORM	SA3F	PAGE9
		IAGES

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897	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 Act by addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secti	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary tran made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 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 further assista 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 Of please list below the owner, address, first community served, accounting period, and ID number as given in t filing.		
Owner Address		
First community served Accounting period ID number		
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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.