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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/28/2019	\$ ALLOCATION NUMBER					
	ALEGOATION NOWIBER					

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	2019/1									
Period										
B Owner	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 perioa  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									
				06271620191						
				062716 2019/1						
				2013/1						
	22001 Loudoun County Parkway									
	Ashburn, VA 20147									
	·									
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	, IDENTIFICATION OF CABLE SYSTEM:	the cyclem, it dim	orone from the address give							
System	Verizon Fios TV (Richmond, VA) VHO 9									
	MAILING ADDRESS OF CABLE SYSTEM:									
	3011 Hungary Spring Rd. 2 (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	with all communities.	,	•	. 0						
Served	CITY OR TOWN	STATE								
First	RICHMOND	VA								
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	A	1						
	Alliance	MD	В	2						
	Gering	MD	В	3						

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

-ORM SA3E. PAGE 1b.				T					
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.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) an (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
RICHMOND	VA	Α		First					
CHESTERFIELD COUNTY	VA	A		Community					
HENRICO COUNTY	VA	A							
POWHATAN COUNTY	VA	A							
1 OWNATAN GOOM I	, va								
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					


## 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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential: • Service to first set	118,233	\$	25.00			
Service to additional set(s)     FM radio (if separate rate)						
Motel, hotel						
Commercial	1,359	\$	35.00			
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	RATE	CATEGORY OF SERVICE	RATE	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		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set	\$ 99.00	<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>	\$ 65.00	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		
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 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
HBO	15.00	15.00
Showtime	15.00	15.00
Starz Ride TV	N/A	15.00
	N/A 15.00	5.00
Starz/Encore Fios Prepaid Service Offering:	15.00	N/A
25 Mbps Internet	60.00	N/A
50 Mbps Internet	60.00	N/A N/A
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 N/A
Custom TV Rius & Fop  Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV Action & Entertainment  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 Hindtalliffer & Drama  Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	54.99 N/A
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
i dy i Ci vicvv	v ar ics	varies

Category of Service	Residential Rate	Commercial Rate
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	12.00	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

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 Richmond No on alphabetization. 35 No Richmond WRLH ı **WWBT** 12 Ν No Richmond **WUPV** 65 ı No **Ashland** No **WZTD** 45 Richmond ı **WCVE** Ε Richmond 23 No Ε **WCVW** 57 No Richmond 25 Ν No Richmond WTVR-simulcast **WRIC-simulcast** 22 Ν No Petersburg **WRLH-simulcast** 26 No Richmond ı **WWBT-simulcast** 54 Ν No Richmond **WUPV-simulcast** 47 I No **Ashland** WZTD-simulcast 45 ı No Richmond 42 Ε **WCVE-simulcast** No Richmond WCVW-simulcast 57 Ε No Richmond WWBT Me TV 12 N-M No Richmond

LEGAL NAME OF OWN	ED OF CARLE S	VOTEM:			SYSTEM ID#	
Verizon Virginia		TSTEINI.			062716	Namo
		ON			002710	
carried by your cable size. CC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas <b>Substitute Basis S</b> casis under specific FC to Do not list the station station was carried to List the station here, at basis. For further in in the paper SA3 for <b>Column 1:</b> List each multicast stream as "WETA-WETA-simulcast). <b>Column 2:</b> Give the tas community of licension which your cable sy <b>Column 3:</b> Indicate educational station, by for independent multice for the meaning of the <b>Column 4:</b> If the stational system carried the distant station for the retransmission of a written agreement the cable system and a sion "E" (exempt). For siexplanation of these this explanation of the explanation of the explanation of these this explanation of these this explanation of the explan	s, identify ever ystem during tons in effect of .61(e)(2) and (is, as explaine tations: With Inc. C rules, regulared here in space only on a substand also in spatformation concern.  In station's call associated with .2". Simulcast echannel numbers and also in spatformation concern.  In station's call associated with .2". Simulcast echannel numbers are carried the in each case we entering the least), "E" (for not see terms, see action is outside the carea, see "Y we distant station on a part-tilition of a distant entered into of a primary transsimulcasts, also in services and in the primary transsimulcasts, also in effect of the carea	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to report origination cording to its over the reported in our cordination is a network that it is network and the reported in	(1) stations carried exertiage of cert 1(e)(2) and (4))]; as carried by your of the Special Statemed both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This park station, an indefor network multiple of "E-M" (for noncotions located in the inner	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Column 6: Give the		ch station. Fo	or U.S. stations,	list the community	ed in the paper SA3 form.  y to which the station is licensed by the	
<b>Column 6:</b> Give the FCC. For Mexican or C	anadian statio	nch station. Fo	or U.S. stations, re the name of the	list the community	y to which the station is licensed by the n which the station is identifed.	
<b>Column 6:</b> Give the FCC. For Mexican or C	anadian statio	ach station. Fo ons, if any, giv nnel line-ups,	or U.S. stations, the the name of the use a separate	list the community ent community with space G for each	y to which the station is licensed by the n which the station is identifed.	
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Column 6: Give the FCC. For Mexican or C Note: If you are utilizing  1. CALL SIGN  WWBT Escape  WRIC GetTV	canadian static g multiple char 2. B'CAST CHANNEL NUMBER 12	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N-M	or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	list the community in the community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond	additional information
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing  1. CALL SIGN  WWBT Escape  WRIC GetTV  WUPV Laff	2. B'CAST CHANNEL NUMBER 12 22	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N-M  N-M	u.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No	list the community in the community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond  Petersburg	
Column 6: Give the FCC. For Mexican or Content of the FCC. For Mexican or Column or Column of the FCC. For Mexican or Column	2. B'CAST CHANNEL NUMBER 12 22 47	ach station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N-M  I-M	or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No	list the community in the community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond  Petersburg  Ashland	additional information
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing.  1. CALL SIGN  WWBT Escape  WRIC GetTV  WUPV Laff  WTVR 6 Xtra  WUPV Bounce TV	2. B'CAST CHANNEL NUMBER 12 22 47 25	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N-M  I-M  N-M	r U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	list the community in the community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond  Petersburg  Ashland  Richmond	additional information
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Column 6: Give the FCC. For Mexican or Color Mexican or Color For For Mexican or Color For For Mexican or Color For For For For For For For For For F	2. B'CAST CHANNEL NUMBER 12 22 47 25 47 27 28 29 29 20 20 20 21 22 22 25 25 27 27 28 28 28	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  N-M  I-M  I-M  I-M  E-M  E-M	r U.S. stations, the the name of the use a separate of the separate of the use a separate of the use of the us	list the community in the community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identified. channel line-up.  6. LOCATION OF STATION  Richmond Petersburg Ashland Richmond Ashland Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond	additional information
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Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN  WWBT Escape WRIC GetTV  WUPV Laff WTVR 6 Xtra  WUPV Bounce TV  WUPV Grit TV  WCVE MHz World  WCVE Create  WRLH CometTV  WRLH Charge TV  WCVE PBS Kids	2. B'CAST CHANNEL NUMBER 12 25 47 25 47 23 23 26 26 28	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N-M I-M I-M I-M E-M I-M I-M E-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	r U.S. stations, the the name of the use a separate to the sep	list the community in a community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond Petersburg Ashland Richmond Ashland Richmond	additional information
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN  WWBT Escape WRIC GetTV  WUPV Laff WTVR 6 Xtra  WUPV Bounce TV  WUPV Grit TV  WCVE MHz World  WCVE Create  WRLH CometTV  WRLH Charge TV  WCVE PBS Kids	2. B'CAST CHANNEL NUMBER 12 25 47 25 47 23 23 26 26 28	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N-M I-M I-M I-M E-M I-M I-M E-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	r U.S. stations, the the name of the use a separate to the sep	list the community in a community with space G for each  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  Richmond Petersburg Ashland Richmond Ashland Richmond	additional information

ACCOUNTING PERIOD: 2019/1 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: 2019/1	
LEGAL NAME OF OWNER OF Verizon Virginia LLC	CABLE SYS1	ГЕМ:					S	YSTEM ID# 062716	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a										
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
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 broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork televion and that your or authorization at use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball".  lo." m. station is lice station is iderorogram. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	during the ramming ons located List specinsed by the httiffied). In numerals List the till 8:30 p.m. our system ter "P" if the	e accoord anough and anough and anough anoug	ounting other static e paper ogram  C or, in the month accurately d be required ed pro	h ,		
S	SUBSTITUT	E PROGRAM	1		EN SUBST			7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIME:	S TO	DELETION		
						-=				
						_				
						_				

ACCOUNTING PERIOD: 2019/1 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
- 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."

		DAT	ΓES	AND HOURS (	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN CARRIAGE OCCURRED			
OALL GIGIT	DATE	FROM	OUR	S TO		O/ LEE GIGIT	DATE	FROM	IOUR	S TO
			_						_	
			_						_	
			_						_	
			_						_	
			-=-							
			-=-						_=_	
			_						_	
	·		_						_	
			_							

LEGA	L NAME OF OWNER OF CABLE SYSTEM:  izon Virginia LLC		SYSTEM ID# 062716	Name					
GRO Inst all a (as page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to e (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 transmissior compute this amoun	n service it, see -,891,502.43	K Gross Receipts					
• Con • Con • If you fee: • If you accompany	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 prompanying this form and attach the schedule to your statement of account.	arts of the DSE Sch	nedule	L Copyright Royalty Fee					
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be low.	entered on line 2 in	block						
Block									
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 colu "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must che	ck						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  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 zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	<u> </u> \$	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	\$	478,370.59	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							

Name	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:	SYSTEM ID#	
Name	Verizon Virginia LLC		062716	
M Channels	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.			
		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 482			
	and nonbroadcast servi	Ces		
N Individual to Be Contacted	rd			
for Further Information	Name Patrick Me	rrick Telephone 703-694-5088		
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)			
	Ashburn, VA 20147			
	(City, town, state, zip)			
	Email pa	trick.merrick@verizon.com Fax (optional)		
	CERTIFICATION (This sta	tement of account must be certifed and signed in accordance with Copyright Office regulations.		
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)			
	, the undersigned, hereby certaly that (offect 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 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)]			
	_			
		/s/ Veronica C. Glennon		
	(e.g	er an electronic signature on the line above using an "/s/" signature to certify this statement.  , /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and prest		
	Typed or printed name: Veronica C. Glennon			
	Title	e: Assistant Secretary, Verizon Virginia LLC  (Title of official position held in corporation or partnership)		
	Dat	e: August 29, 2019	•••••	

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Virginia LLC  SYSTEM ID#  062716	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 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 Mailing Address 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		
Line 2 Multiply line 1 by the interest rate* and enter the sum here			
Line 3 Multiply line 2 by the number of days late and enter the sum here			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)			
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.			
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.			
Owner Address			
First community served Accounting period ID number			

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