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					
2/26/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2019/2							
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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Verizon Pennsylvania LLC							
				06271520192				
				062715 2019/2				
	22001 Loudoun County Parkway Ashburn, VA 20147							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em unless these				
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Philadelphia, PA) VHO 8							
	MAILING ADDRESS OF CABLE SYSTEM:  17 East Oregon Ave  (Number, street, rural route, apartment, or suite number)  Philadelphia, PA 19148 (City, town, state, zp 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.							
Served	CITY OR TOWN	STATE						
First	AMBLER BORO	PA						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	Α	1				
-	Alliance	MD	B	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.

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062715 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CH LINE UP SUB GRP# CITY OR TOWN **AMBLER BORO** PA Α **First ABINGTON TWP** PA Α 5 Community 5 PA ALDAN BORO ALLENTOWN BORO MONMOUTH NJ C ALLENTOWN CITY PA Α 3 2 **ALLOWAY TWP SALEM** Α NJ See instructions for 2 DE Α ARDEN additional information on alphabetization. 2 ARDENCROFT DE Α **ARDENTOWN** DE Α 2 PA 2 **ASTON TWP** Α 4 AUDUBON BORO CAMDEN NJ Α Add rows as necessary. **AUDUBON PARK BORO CAMDEN** Α NJ 4 2 AVONDALE BORO PA Α **BARRINGTON BORO CAMDEN** NJ Α 4 **BEDMINSTER TWP** PA Α 5 2 DE BELLEFONTE **BELLMAWR BORO CAMDEN** NJ 4 PA 5 BENSALEM TWP Α **BERLIN BORO CAMDEN** NJ Α 4 **BERLIN TWP CAMDEN** NJ Α 4 2 BETHEL TWP DELAWARE COUNTY PA Α PA **BIRMINGHAM TWP** BORDENTOWN CITY BURLINGTON NJ Α **BORDENTOWN TWP BURLINGTON** NJ 4 Α **BRIDGEPORT BORO** PA Α 5 **BRIDGETON CITY CUMBERLAND** Α NJ 5 PA Α **BRISTOL BORO BRISTOL TWP** PA Α 5 2 **BROOKHAVEN BORO** PA **BROOKLAWN BORO CAMDEN** NJ Α 4 **BRYN ATHYN BORO** PA Α **BUCKINGHAM TWP** PA Α 5 Α **BURLINGTON TWP BURLINGTON** NJ **CALN TWP** PA 3 Α **CAMDEN CITY CAMDEN** NJ Α 4 CHADDS FORD TWP PA Α **CHALFONT BORO** PA A CHARLESTOWN TWP PA A 3 **CHELTENHAM TWP** PA Α 5 **CHERRY HILL TWP CAMDEN** NJ 4

**CHESTER CITY** 

CHESILHURST BORO CAMDEN

Α

Α

4

2

NJ

PA

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

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

			<b>p</b>
MARLBOROUGH TWP	PA	Α	5
MARPLE TWP	PA	Α	5
MCGUIRE AIR FORCE BASE	NJ	Α	4
MEDFORD LAKES BORO BURLINGTON	NJ	Α	4
MEDFORD TWP BURLINGTON	NJ	A	
			4
MEDIA BORO	PA	A	4
MERCHANTVILLE BORO CAMDEN	NJ	A	4
		mmi	
MIDDLE TWP CAPE MAY	NJ	Α	1
MIDDLETOWN	DE	Α	2
MIDDLETOWN TWP BUCKS COUNTY	PA	Α	3
MIDDLETOWN TWP DELAWARE COUNTY	PA	Α	2
MILFORD TWP	PA	Α	5
MILLBOURNE BORO		mmi	
	PA	A	5
MILLSTONE TWP MONMOUTH	NJ	С	6
MODENA BORO	PA	Α	2
		mand	
MONROE TWP GLOUCESTER	NJ	Α	2
MONROE TWP MIDDLESEX	NJ	С	6
MONTGOMERY TWP	PA	A	5
MONTGOMERY TWP SOMERSET	NJ	С	6
MORRISVILLE BORO	PA	Α	5
MORTON BORO	PA	Α	4
MOUNT EPHRAIM BORO CAMDEN	NJ	Α	4
MOUNT HOLLY TWP BURLINGTON	NJ	Α	4
MOUNT LAUREL TWP BURLINGTON	NJ	Α	4
MUNICIPALITY OF NORRISTOWN	PA	Α	5
		contra	
NARBERTH BORO	PA	A	5
NATIONAL PARK BORO GLOUCESTER	NJ	Α	4
NETHER PROVIDENCE TWP	PA	A	4
NEW BRITAIN BORO	PA	Α	5
NEW BRITAIN TWP	PA	Α	5
NEW CASTLE COUNTY	DE	Α	2
NEW GARDEN TWP	PA	A	2
NEW HANOVER TWP	PA	_ A	3
NEW HANOVER TWP BURLINGTON	NJ	Α	4
NEW HOPE BORO	PA		5
		A	J
NEW LONDON TWP	PA	Α	2
NEWARK	DE	Α	2
NEWLIN TWP	PA	Α	2
NEWPORT	DE	Α	2
NEWTOWN BORO			
	PA	A	5
NEWTOWN TWP BUCKS COUNTY	PA	Α	5
NEWTOWN TWP DELWARE COUNTY	PA	Α	5
		mmi	
NORTH HANOVER TWP BURLINGTON	NJ	Α	4
NORTH WALES BORO	PA	Α	5
NORTHAMPTON TWP	PA	A	5
NORWOOD BORO	PA	Α	4
OAKLYN BORO CAMDEN	NJ	Α	1
ODESSA	DE	Α	2
PARKESBURG BORO	PA	Α	2
PARKSIDE BORO	PA	A	2
PEMBERTON TWP BURLINGTON	NJ	Α	4
PENN TWP CHESTER	PA	Α	2
PENNDEL BORO	PA	Α	5
		В	5
	N.I		
PENNINGTON BORO MERCER	NJ		4
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN	NJ	A	4
PENNINGTON BORO MERCER			2
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN PENNSBURY TWP	NJ PA	A A	2 5
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN PENNSBURY TWP PERKASIE BORO	NJ PA PA	A A A	4 2 5
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN PENNSBURY TWP	NJ PA	A A	4 2 5 5
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN PENNSBURY TWP PERKASIE BORO PERKIOMEN TWP	NJ PA PA PA	A A A	5
PENNINGTON BORO MERCER PENNSAUKEN TWP CAMDEN PENNSBURY TWP PERKASIE BORO	NJ PA PA	A A A	

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

LIDDED DEEDELE D TWO CUMBED! AND	NI I	^	
UPPER DEERFIELD TWP CUMBERLAND	NJ	A	5
UPPER DUBLIN TWP	PA	A	
UPPER FREDERICK TWP	PA	A	5
UPPER FREEHOLD TWP MONMOUTH	NJ	С	7
UPPER GWYNEDD TWP	PA	Α	5
UPPER MAKEFIELD TWP	PA	Α	5
UPPER MERION TWP	PA	Α	5
UPPER MORELAND TWP	PA	Α	5
UPPER OXFORD TWP	PA	Α	2
UPPER POTTSGROVE TWP	PA	Α	3
UPPER PROVIDENCE TWP DELAWARE	PA	Α	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	Α	5
UPPER SALFORD TWP	PA	Α	5
UPPER SOUTHAMPTON TWP	PA	Α	5
UPPER UWCHLAN TWP	PA	Α	3
UWCHLAN TWP	PA	A	3
VALLEY TWP	PA	A	2
VINELAND CITY CUMBERLAND	NJ	Ā	2
VOORHEES TWP CAMDEN	NJ	Ā	1
			+
WALLACE TWP	PA	A	3
WARMINSTER TWP	PA	A	5
WARRINGTON TWP (BUCKS)	PA	Α	5
WARWICK TWP (BUCKS)	PA	Α	3
WASHINGTON TWP GLOUCESTER	NJ	Α	4
WATERFORD TWP CAMDEN	NJ	Α	4
WEST BRADFORD TWP	PA	Α	3
WEST BRANDYWINE TWP	PA	Α	3
WEST CALN TWP	PA	Α	2
WEST CHESTER BORO	PA	Α	3
WEST CONSHOHOCKEN BORO	PA	Α	5
WEST DEPTFORD TWP GLOUCESTER	NJ	Α	4
WEST GOSHEN TWP	PA	Α	3
WEST GROVE BORO	PA	Α	2
WEST MARLBOROUGH TWP	PA	A	2 2 3
WEST NANTMEAL TWP	PA	A	3
WEST NORRITON TWP	PA	A	5
WEST PIKELAND TWP	PA	A	3
WEST POTTSGROVE TWP	PA	A	3
WEST ROCKHILL TWP	PA	Â	5
WEST VINCENT TWP	PA		3
		A	
WEST WHITELAND TWP	PA	A	3
WEST WINDSOR TWP MERCER	NJ	В	4
WESTAMPTON TWP BURLINGTON	NJ	A	4
WESTTOWN TWP	PA	Α	3
WEYMOUTH TWP ATLANTIC	NJ	Α	2
WHITEMARSH TWP	PA	Α	5
WHITPAIN TWP	PA	Α	5
WILLINGBORO TWP BURLINGTON	NJ	Α	5
WILLISTOWN TWP	PA	Α	3
WINSLOW TWP CAMDEN	NJ	Α	4
WOODBURY CITY GLOUCESTER	NJ	Α	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	Α	4
WOODLAND TWP BURLINGTON	NJ	A	4
WOODLYNNE BORO CAMDEN	NJ	A	4
WOODETRINE BORG CAMPEN WORCESTER TWP	PA	A	5
WRIGHTSTOWN BORO BURLINGTON	NJ	A	4
WRIGHTSTOWN BORD BURLINGTON WRIGHTSTOWN TWP	PA	A	
		E	3
WYOMING VARDLEY BORO	DE		- I
YARDLEY BORO	PA	A	5
YEADON BORO	PA	Α	5

		,	
"			
ľ			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062715

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1				BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RA <sup>-</sup>	ΤE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:						
Service to first set	665,173	\$ 2	25.00			
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	11,624	\$ :	35.00			
Converter						
Residential						
Non-residential						
		1		[*************************************	I	T

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

Category of Service Block 1	Residential Rate	Commercial Rate
Pay Cable	15.00	15.00
Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	89.99
	65.00	34.99
Installation - Additional Set(s) Outlet Relocation	65.00	54.99 69.99
Block 2	65.00	69.99
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
•	64.99	80.00
Custom TV Sports & News Custom TV Action & Entertainment	64.99	80.00
Custom TV Action & Entertainment  Custom TV News & Variety	64.99	
Custom TV News & Variety  Custom TV Lifestyle & Reality	64.99	80.00 80.00
Custom TV Infotainment & Drama	64.99 64.99	80.00
	64.99	
Custom TV Home & Family Fios TV Preferred HD		80.00
Fios TV Extreme HD	74.99	90.00
	79.99 89.99	110.00
Fios TV Ultimate HD		120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	79.99	N/A
Fios TV Mundo	64.99	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
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies

Category of Service	Residential Rate	Commercial Rate
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	11.99
Set-Top Box: 6+ boxes	No charge	11.99
Fios Quantum Gateway Router	12.00	9.99
Fios Home Wireless Router	15.00	N/A
Fios TV Activation Fee	99.99	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	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	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
<b>Existing Outlet Connection Subsequent</b>	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
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	50.00	N/A
Set-Top Box Retrieval Fee	99.00	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	100.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	N/A
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Route	124.00	100.00
Unreturned/Damaged Wireless Router	175.00	N/A
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WDPN** 2 ı No Wilmington **KYW** 3 Ν No **Philadelphia** See instructions for additional information **WACP** No 4 ı **Atlantic City** on alphabetization. WPVI Ν No 6 **Philadelphia WCAU** 10 Ν No **Philadelphia WHYY** 12 Ε Yes 0 Wilmington **WTXF** 29 I No **Philadelphia WUVP** 65 ı No Vineland WFMZ 69 I No Allentown **WPSG** 57 ı No **Philadelphia WPHL** 17 ı No Philadelphia **WPPX** 61 No Wilmington ı **WMCN** 44 ı No **Atlantic City WNJT** 52 Ε Yes 0 Trenton WTVE 25 ı No Reading **WWSI Atlantic City** 62 I No **WPPT** 35 Ε Yes 0 **Philadelphia WLVT** 39 Ε 0 Allentown Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WPVI ABC Live W** 6 N-M No Philadelphia WDPN-simulcast 2 ı No Wilmington See instructions for additional information 26 Ν No **KYW-simulcast** Philadelphia on alphabetization. 4 No **WACP-simulcast** I Atlantic City **WPVI-simulcast** 64 Ν No Philadelphia Ν WCAU-simulcast 67 No Philadelphia Ε WHYY-simulcast 55 Yes Wilmington Ε 42 Philadelphia WTXF-simulcast ı No Vineland **WUVP-simulcast** 65 ı No WFMZ-simulcast 69 ı No Allentown WPSG-simulcast 32 ı No Philadelphia WPHL-simulcast 54 No Philadelphia ı WPPX-simulcast 61 ı No Wilmington WMCN-simulcast 44 ı No Atlantic City Ε WNJT-simulcast 52 Yes Ε **Trenton** WTVE-simulcast 25 I No Reading **WWSI-simulcast** 62 ı No Atlantic City **WLVT-simulcast** 39 Ε Allentown Yes Ε

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WGTW-simulcast 48 No Burlington ı Philadelphia Cozi TV [WCAU] 10 N-M No See instructions for additional information 69 I-M WFMZ Accuweath No Allentown on alphabetization. 17 I-M No WPHL Antenna T Philadelphia **WPVI ABC LAFF** 6 N-M No Philadelphia This TV Network 17 I-M No Philadelphia **WPHL Comet** 17 I-M No Philadelphia 42 WTXF Movies! I-M Yes 0 Philadelphia 2 I-M Wilmington WDPN Heroes & No **WLVT Create** 39 E-M Yes 0 Allentown WHYY Ykids 12 E-M Yes 0 Wilmington WHYY Y2 12 E-M Yes 0 Wilmington **WNJT NHK World** 52 E-M Yes 0 Trenton **WLVT France 24** 39 E-M Yes 0 Allentown **WPPT World** 35 E-M Yes 0 Philadelphia 2 **WDPN Retro Tele** I-M No Wilmington WWSI exitos TV 62 I-M No Atlantic City **KYW StartTV** 26 N-M No **Philadelphia** 

n station (including		SYSTEM ID# 062715	Namo
n station (including			
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nting period, except, 1981, permitting the second of the s	t (1) stations carri he carriage of cer 61(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
be list it in space I (the second of the sec	d both on a substans, see page (v) on program service ver-the-air designate column 1 (list each the television standington, D.C. This ork station, an indefor network multipor "E-M" (for nonceptions located in the distant"), enter "Y tions located in the mplete column 5, independent of the primal cativated channel subject to a royalt etween a cable system of the primal channel on any constructions located list the community with	itute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example ation for broadcasting over-the-air in may be different from the channel acast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form.  es". If not, enter "No". For an exemple stating the basis on which your attering "LAC" if your cable system capacity. The symmetric paper symmetry payment because it is the subject astem or an association representing any transmitter, enter the designation of the paper SA3 form.  The symmetry of the system capacity. The symmetry of the system or an association representing any transmitter, enter the designation in the paper SA3 form.  The system of the system of the system or an association representing any transmitter, enter the designation in the paper SA3 form.  The system of the system of the system or an association representing any transmitter, enter the designation in the paper SA3 form.  The system of the system of the system or an association representing any transmitter, enter the designation is system or an association is licensed by the head of the system or an association is licensed by the head of the system or an association is identified.	
		<u>'</u>	
4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
No		Vineland	
No		Vineland	See instructions for
No		Wilmington	additional information on alphabetization.
No		Wilmington	
No		Philadelphia	
aldiell room the but the series, unlike	authorizations: lo list it in space I (the is. le station was carrier abstitute basis station according to its own according a new station is a network or network), "N-M" acroial educational), of the general instruction accounting period accounting per	authorizations: lo list it in space I (the Special Statem is. le station was carried both on a substitute basis stations, see page (v) of the general instructions located in the general instructions located in the accounting period. Indicate by en because of lack of activated channel to stream that is not subject to a royalt regular by of the general instructions located in the service area, (i.e. "distant"), enter "You must complete column 5, the accounting period. Indicate by en because of lack of activated channel to stream that is not subject to a royalt regular 30, 2009, between a cable sy an association representing the prima control of the general instructions located in the stream that is not subject to a royalt regular 30, 2009, between a cable sy an association representing the prima control of the general instructions located in the stream that is not subject to a royalt regular 30, 2009, between a cable sy an association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instructions located in the community with the stream that is not subject to a royalt regular association representing the prima control of the general instruct	to list it in space I (the Special Statement and Program Log)—if the is.  e station was carried both on a substitute basis and also on some other ibstitute basis stations, see page (v) of the general instructions located not report origination program services such as HBO, ESPN, etc. Identify in according to its over-the-air designation. For example, report multimust be reported in column 1 (list each stream separately; for example as channel 4 in Washington, D.C. This may be different from the channel of the station is a network station, an independent station, or a noncommercial for network), "N-M" (for network multicast), "I" (for independent), "I-M" ercial educational), or "E-M" (for noncommercial educational multicast). The general instructions located in the paper SA3 form. service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exthe general instructions located in the paper SA3 form.  umn 4, you must complete column 5, stating the basis on which your the accounting period. Indicate by entering "LAC" if your cable system because of lack of activated channel capacity. It stream that is not subject to a royalty payment because it is the subject read una 30, 2009, between a cable system or an association representing an association representing the primary transmitter, enter the designation association representing the primary transmitter, enter the designation association representing the primary transmitter, enter the designation as association in the community to which the station is licensed by the community of the general instructions located in the paper SA3 form.  A DISTANT?  (Yes or No)  S BASIS OF CARRIAGE  (If Distant)  No Vineland  No Wilmington  Wilmington

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANNEL OF		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WDPN	2	I	No		Wilmington		
WCBS	2	N	No		New York		
KYW	3	N	No		Philadelphia		
WNBC	4	N	No		New York		
WNYW	5	I	No		New York		
WPVI	6	N	No		Philadelphia		
WABC	7	N	No		New York		
WWOR	9	I	No		Secaucus		
WCAU	10	N	No		Philadelphia		
WPIX	11	I	No		New York		
WHYY	12	E	No		Wilmington		
WTXF	29	I	No		Philadelphia		
WUVP	65	I	No		Vineland		
WFMZ	69	I	No		Allentown		
WPSG	57	I	No		Philadelphia		
WPHL	17	I	No		Philadelphia		
WPPX	61	I	No		Wilmington		
WMCN	44	I	No		Atlantic City		

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WNJT** 52 Ε No Trenton **WNET** 13 Ε No Newark **WTVE** Reading No 25 ı **WWSI** 62 No ı Atlantic City **WPPT** 35 Ε No **Philadelphia** Ε **WLVT** 39 Yes 0 Allentown **WACP** 4 No Atlantic City ı N-M WPVI ABC Live W 6 No Philadelphia 2 ı Wilmington WDPN-simulcast No WPIX-simulcast 33 ı No **New York** Ν WCBS-simulcast 56 No New York 26 Ν **KYW-simulcast** No Philadelphia WNBC-simulcast 28 Ν No **New York** WNYW-simulcast 44 ı No **New York** Ν

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Philadelphia

**New York** 

Secaucus

Philadelphia

No

No

No

No

WPVI-simulcast

**WABC-simulcast** 

WWOR-simulcast

WCAU-simulcast

64

45

38

67

Ν

ı

Ν

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: · Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHYY-simulcast	55	E	No		Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WNJT-simulcast	52	E	No		Trenton
WTVE-simulcast	25	<u> </u>	No		Reading
WACP-simulcast	4	I	No		Atlantic City
WWSI-simulcast	62	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WPHL Antenna T	17	I-M	No		Philadelphia
WFMZ AccuWeat	69	I-M	No		Allentown
WPVI ABC LAFF	6	N-M	No		Philadelphia
This TV Network	17	I-M	No		Philadelphia

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

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER STATION (If Distant) **WPHL Comet** 17 I-M No Philadelphia WTXF Movies! 42 I-M No **Philadelphia** I-M WDPN Heroes & 2 No Wilmington Yes **WLVT Create** 39 E-M Allentown **WHYY Ykids** 12 No E-M Wilmington WHYY Y2 12 E-M No Wilmington **WNJT NHK World** 52 E-M No Trenton **WLVT France 24** 39 E-M Yes 0 Allentown **WPPT World** 35 E-M No Philadelphia **WDPN Retro Tele** 2 No Wilmington I-M Atlantic City WWSI exitos TV 62 I-M No **WWSI** exitos TV 62 I-M No **Atlantic City** 

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

**Philadelphia** 

Philadelphia

Wilmington

#N/A

Vineland

Vineland

KYW StartTV

**WTXF Buzzr** 

**WPIX This TV** 

WPPX qubo

**WUVP Justice Ne** 

**WUVP Bounce TV** 

26

65

65

42

#N/A

61

N-M

I-M

I-M

I-M

#N/A

I-M

No

No

No

No

No

No

Verizon Pennsylvania LLC  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary	FORM SA3E. PAGE 3.					OVOTEM ID#	
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (f) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q/2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast carried the station.  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on 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 'TV' (for network), 'TV.M' (for network multicast), 'T' (for independent), 'T.M' (for independent multicast). 'For an explanation of local service area, (see page (v) of the general instructions located in the paper SA3 form.  Column 6: If you have enfered 'Ye						SYSTEM ID#	Name
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q)/2) and (4), 76.61(e)(2) and (4), 0 or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute basis stations. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute brasis under specie ff CCr clues, 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 (y) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as vive TrA-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, wRCf is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the distant multicast). For the meaning of these terms, see page (y) of the general instructions located in the paper SA3 form.  Column 6: If you have entered 'Ves' 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 of a part-lime b	Verizon Penns	yivania LLC	;			062/15	
Corried 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  10 not list the station here in space (3—but do list it in space) ((the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1. 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, ESFN, 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: List each station's call sign. Do not reported in column 1 (list each stream separately; for example wWETA-simulcast).  Column 3: Indicate in each case whether the station is a network station, an independent from the channel on which your cable system carried the station. Station is an etwork station, an independent multicast). "E' (for noncommercial educational), or "E-M" (for network), "In the station is of 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 SA	PRIMARY TRANSMITT	ERS: TELEVISION	ON				
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP B  1. CALL 2. B'CAST SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)  WPPX ION Plus 61 I-M No Wilmington	In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Program bas Substitute Program bas Substitute Program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and associated with a second associated with a cash (6.61(e)(2) and (6.61(e)(2)	y television st he accounting n June 24, 194, or 76.63 (rad in the next prespect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis. ace I, if the stateming substitute sign. Do not rad ha station account as treams must ber the FCC has whether the station. Whether the station. Whether the station apage (v) of the the local servage (v) of the es" in column on during the ame basis becat multicast stream or on the fore Jumitter or an account of the control of the station. For the station. For the station.	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph.  If distant stations orizations:  It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was station to 181 tinn was assigned to 181 tinn was	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) of the program service the er-the-air designation of the television statistical of the television	and only on a part-time basis under alin network programs [sections and (2) certain stations carried on a stable system on a substitute program tent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinater stream separately; for example sion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast), ne paper SA3 form.  Sear. If not, enter "No". For an exemple stating the basis on which your terring "LAC" if your cable system capacity.  You payment because it is the subject stem or an association representing the paper SA3 form.  The paper SA3 form.	Primary Transmitters:
1. CALL SIGN CHANNEL NUMBER NUMBER STATION  2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant)  WPPX ION Plus  61  I-M No Wilmington			. ,		•		
SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)  WPPX ION Plus 61 I-M No Wilmington			CHANN	EL LINE-UP	В		
	SIGN	CHANNEL	OF		CARRIAGE		
WNYW Movies! 44 I-M No New York	WPPX ION Plus	61	I-M	No		Wilmington	

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

,	3 1	' '	'	•	'
		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	62	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	l	No		Secaucus
WLNY	55	l	No		River Head
WPIX	11	l	No		New York
WNJU	47	N	No		Linden
WNET	13	E	No		Newark
WFUT	67	I	No		Smithtown
WMBC	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	E	Yes	0	Garden City
WNJN	50	E	Yes	0	Montclair
WNYE	25	E	No		New York
WPXN	31	ı	No		New York

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in

**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXTV	41	I	No		Paterson
WABC ABC Live	45	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WNET-simulcast	13	E	No		Newark
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	62	I	No		Kingston
WJLP-simulcast	33	I	No		Middletown Twp
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	55	I	No		River Head
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	47	N	No		Linden
WFUT-simulcast	67	I	No		Smithtown
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	Е	Yes	E	Garden City
WNJN-simulcast	51	E	Yes	E	Montclair

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WNYE-simulcast** 25 Ε No **New York** WPXN-simulcast 31 ı No **New York** 41 **WXTV-simulcast** I No Paterson 4 No Cozi TV [WNBC] N-M **New York WNJU TeleXitos** N-M 47 No Newton Antenna TV [WPI] 33 I-M No Linden **WABC ABC LAFF** 45 N-M No **New York Garden City WLIW Create** 21 E-M Yes 0 **WNET Thirteen P** 13 E-M No Newark **WLIW World** 21 Yes 0 **Garden City** E-M **WXTV Bounce T\** 41 I-M No **Paterson** WMBC New Tang 63 I-M No Newton WPIX TBD TV 11 I-M No **New York** WNJN NHK World 50 E-M Yes Montclair WCBS StartTV 56 N-M No **New York** Middletown Twp **WJLP Grit TV** 33 I-M No

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

WJLP Escape TV

**WWOR Buzzr** 

33

38

I-M

I-M

No

No

Middletown Twp

Secaucus

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN	ER OF CARLES	YSTEM <sup>.</sup>			SYSTEM ID#	
Verizon Pennsy					062715	Name
PRIMARY TRANSMITTE						
In General: In space Coarried by your cable in FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis in Sbasis under specific FC Do not list the station station was carried to List the station here, in the paper SA3 for Column 1: List eac 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 5: If you had cable system carried the distant stating For the retransmiss of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the	G, identify ever yystem during tons in effect on 61(e)(2) and (sis, as explaine stations: With CC rules, regulare here in space only on a subsand also in spaformation concern. h station's call associated with example associated with in each case of entering the least), "E" (for noise terms, see ation is outside ce area, see pave entered "Y ne distant station on a part-tipion of a distant entered into of a primary transsimulcasts, als aree categories	y television st he accounting in June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substir sign. Do not a ha station ac streams must beer the FCC has exerted by the station. Whether the sign etter "N" (for noncommercial page (v) of the the local senage (v) of the ess" in column on during the me basis becan multicast strand nor before Jumitter or an a onenter "E". If , see page (v)	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to rizations: at it in space I (the station was carried tute basis station report origination coording to its own be reported in the report of its own as assigned to report of its own as	(1) stations carried ecarriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statem of 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 ork station, an indefor network multion "E-M" (for noncetions located in the interest of the television statington, per "Ye in the television statington, of the television statington, of the television statington, an indefor network multion "E-M" (for noncetions located in the interest of the televisions located in the interest of the televisions located in the interest of the televisions located in the interest of the interest	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
FCC. For Mexican or C <b>Note:</b> If you are utilizin				•	n which the station is identifed.	
Note. II you are utilizin	g multiple cha	•	EL LINE-UP		channel inte-up.	
4 CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
WWOR Heroes &	38	I-M	No		Secaucus	
WPIX Court TV	33	I-M	No		New York	
WPXN qubo	31	I-M	No		New York	
WPXN ION Plus	31	I-M	No		New York	
WNYW Movies!	44	I-M	No		New York	
WFUT getTV	67	I-M	No		Smithtown	
WZME CNC World		I-M	No		Bridgeport	
WLIW All Arts	21	E-M	Yes	0	Garden City	
WLIW All Arts-sin	21	E-M	Yes	0	Garden City	

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WMDT** 47 I No Salisbury **WBOC FOX** 21 ı No Salisbury **WBOC** 16 Ν No Salisbury **WMDT** 47 No Salisbury ı **WBAL** 11 Ν No **Baltimore** Ε **WDPB** 64 No Seaford **WBOC-LD Telemi** No 42 ı Georgetown WGDV-LD 32 ı No Salisbury 22 Ε **WMPT** No Annapolis 47 ı No WMDT-simulcast Salisbury

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

WBOC-simulcast

WBOC FOX-simu

WMDT-simulcast

WBAL-simulcast

WBOC-LD Telemi

WGDV-simulcast

WBAL Me TV

WMDT Me TV

16

21

47

59

42

32

11

47

Ν

ı

ı

Ν

ı

ı

N-M

I-M

No

No

No

No

No

No

No

No

Salisbury

Salisbury

Salisbury

**Baltimore** 

**Baltimore** 

Salisbury

Georgetown Salisbury

FORM SA3E. PAGE 3.					CVCTEM ID#	
Verizon Pennsy					SYSTEM ID# 062715	Name
	·				002710	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, s basis. For further in in the paper SA3 for Column 1: List eac 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 sta planation of local servin cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	G, identify every ystem during toons in effect on .61(e)(2) and (.61(e)(2) and (.	y television st he accounting in June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta- terning substiff sign. Do not re- he a station ac- streams must over the FCC In- te, WRC is Cha- ne station. Whether the sta- ter "N" (for noncommercial page (v) of the the local servage (v) of the ese" in column on during the me basis becan multicast stream or before Ju- mitter or an approach of the control of the control of the control of the me basis becan multicast stream or before Ju- mitter or an approach of the control of the properties of the control of the multicast stream or before Ju- mitter or an approach of the control of the properties of the control of the control of the multicast stream or before Ju- mitter or an approach of the control of the control of the properties of the control of the control of the control of the multicast stream or	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to rications: at it in space I (the ation was carried tute basis station report origination coording to its own be reported in the ation is a network of the ation in the ation is a network of the ation in the ation is a network of the ation in the ation is a network of the ation in the ation in the ation is a network of the ation in t	(1) stations carried exertiage of cert 1(e)(2) and (4))]; as carried by your of the Special Statem of 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 book station, an indefer network multiple of "E-M" (for noncottions located in the insplete column 5, and Indicate by enactivated channel subject to a royalty stemple of the primal channel on any of instructions located in the insplete column 5, and Indicate by enactivated channel subject to a royalty stemple of the primal channel on any of instructions located in any of instruct	es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	Primary Transmitters: Television
	Canadian statio	ns, if any, giv nnel line-ups,	e the name of thuse a separate	ne community with space G for each	y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	D		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBOC Antenna T	16	N-M	No		Salisbury	
WGDV Bounce T\	32	I-M	No		Salisbury	
WGDV Heroes & I	32	I-M	No		Salisbury	
WRDE-LD	4	N	No		Salisbury	
WRDE-Cozi	4	N-M	No		Salisbury	
WRDE-LD-simulc	4	N-M			Salisbury	
				•		

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Transmitters:

Television

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		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAR	2	N	No		Baltimore
KYW	3	N	No		Philadelphia
WBOC	16	N	No		Salisbury
WBOC FOX	21	I	No		Salisbury
WPVI	6	N	No		Philadelphia
WMDT	47	I	No		Salisbury
WCAU	10	N	No		Philadelphia
WBAL	11	N	No		Baltimore
WHYY	12	E	Yes	0	Wilmington
WTXF	29	l	No		Philadelphia
WUVP	65	l	No		Vineland
WFMZ	69	l	No		Allentown
WPSG	57	l	No		Philadelphia
WPHL	17	l	No		Philadelphia
WPPX	61	l	No		Wilmington
WMCN	44	l	No		Atlantic City
WMDT	47	l	No		Salisbury
WNJT	52	E	Yes	О	Trenton

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WTVE** 25 I No Reading **WWSI** 62 ı No Atlantic City **WPPT** 35 Ε Philadelphia Yes 0 **WLVT** 39 Ε Yes 0 Allentown **WDPN** 2 1 No Wilmington **Atlantic City WACP** 4 ı No WPVI ABC Live W N-M No 6 Philadelphia WDPN-simulcast 2 ı No Wilmington 52 Ν WMAR-simulcast No **Baltimore KYW-simulcast** 26 Ν No Philadelphia Ν Salisbury WBOC-simulcast 16 No WBOC FOX-simu 21 No ı Salisbury WPVI-simulcast 64 Ν No **Philadelphia** WMDT-simulcast 47 ı No Salisbury

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

Ε

Philadelphia

Wilmington

Philadelphia

Vineland

Ν

Ε

I

No

Yes

No

No

67

55

42

65

WCAU-simulcast

WHYY-simulcast

WTXF-simulcast

**WUVP-simulcast** 

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WFMZ-simulcast 69 ı No Allentown WPSG-simulcast 32 ı No Philadelphia 54 No Philadelphia WPHL-simulcast ı 61 No Wilmington WPPX-simulcast 44 1 No WMCN-simulcast Atlantic City Salisbury WMDT-simulcast 47 ı No Ε **WNJT-simulcast** 52 Yes Trenton Ε WTVE-simulcast 25 ı No Reading **WWSI-simulcast** 62 I No **Atlantic City WACP-simulcast** 4 ı No **Atlantic City** WLVT-simulcast 39 Ε Yes Allentown Cozi TV [WCAU] 10 N-M No Philadelphia WMAR Laff 52 N-M No **Baltimore** WMDT Me TV 47 I-M No Salisbury WPHL Antenna T 17 I-M No Philadelphia

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

Allentown

Philadelphia

Philadelphia

69

6

17

I-M

N-M

I-M

No

No

No

WFMZ AccuWeatl

**WPVI ABC LAFF** 

This TV Network

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) **WPHL Comet** 17 I-M No Philadelphia WTXF Movies! 42 I-M No **Philadelphia** I-M Wilmington WDPN Heroes & 2 No No **WLVT Create** 39 E-M Allentown **WHYY Ykids** 12 No E-M Wilmington WHYY Y2 12 E-M Yes 0 Wilmington **WNJT NHK World** 52 E-M Yes 0 Trenton 39 0 **WLVT France 24** E-M Yes Allentown **WPPT World** 0 35 E-M Yes Philadelphia **WBOC Antenna 1** 16 N-M Yes 0 Salisbury 2 **WDPN Retro Tele** I-M Yes 0 Wilmington **WWSI** exitos TV 62 I-M No **Atlantic City** KYW StartTV 26 N-M No **Philadelphia WUVP Justice Ne** 65 I-M No Vineland

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

Vineland

Philadelphia

Wilmington

Wilmington

**WUVP Bounce TV** 

**WTXF Buzzr** 

WPPX qubo

**WPPX ION Plus** 

65

42

61

61

I-M

I-M

I-M

I-M

No

No

No

No

LEGAL NAME OF CIVIN	IED OF CARLE O	/OTEM:			SYSTEM ID#	
Verizon Penns					062715	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space ( carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac 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 st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se	G, identify even- system during ti- sons in effect or 6.61(e)(2) and ( 6.6	y television standard programmer and the station and s	g period, except 81, permitting the referring to 76.6 paragraph. It is a solution was carried that the referring to 76.6 paragraph. It is in space I (the referring to report origination cording to its own be reported in comparation in a network attention is a network etwork), "N-M" (if I educational), of the reported in the reported in standard in the referring eneral instruction of the reported in the reported	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the carried by	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, le the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	Е		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

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

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2019/2
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:					S	YSTEM ID# 062715	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	cable	e system c	arried on a	ı
substitute basis during the avexplanation of the programm  1. SPECIAL STATEMENT  • During the accounting per	ing that mus	st be included in	n this log, see page (v) of the	e general instr	uctions loc	ated i	in the pap		Substitute Carriage: Special
broadcast by a distant state  Note: If your answer is "No	tion?			-			Yes	⊠No	Statement and Program Log
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 prograr 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."	ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static atth and day /e "5/7." es when the Example: a er "R" if the and regulatio ogramming	m on a separa attach addition nnetwork televion and that your authorization to use general of the station broadca on's location (the station broadca on's location (the symmetry) as substitute program carrillisted program carrillisted program on sin effect du	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral 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 htiffied). numerals List the till 8:30 p.m. our system ter "P" if the	e acco of ano d in the ific pro ne FCo , with mes a shoul n was ne liste	counting other static e paper ogram  C or, in the month accurately ld be required ed pro	h ,	
S	UBSTITUT	E PROGRAM	1		EN SUBS			7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIME —		FOR DELETION	

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

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

# J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

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

		DAT	ΓES	AND HOURS (	OF F	PART-TIME CAF	RRIAGE				
CALL SIGN	WHEN CARRIAGE OCCURRED HOURS					CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED HOURS			
	DATE	FROM	JUR	TO			DATE	FROM	IOUR	TO	
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			-=-								
			-=-						=-		
			-=-								
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	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama	
Ver	izon Pennsylvania LLC		062715	Name	
all a (as i	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secundentifed in space E) during the accounting period. For a further explanation of how to complete (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 transrompute this a	nission service	<b>K</b> Gross Receipts	
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee	
	If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.				
	If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.				
	▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.				
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at				
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.	Ψ	247,000,040.00		
	This is your minimum fee.	\$	2,637,297.90		
	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and complete line 1, block 4.				
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	1,036,417.19		
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00		
	Line 3. Add lines 1 and 2 and enter here	\$	1,036,417.19		
Block 4	<ul> <li>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</li> <li>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</li> </ul>	\$	2,637,297.90	Cable systems submitting additional	
	zero.  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	
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the	
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	2,638,022.90	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		

	LEGAL MANE OF CHAPTER OF CARLE OVOTEN		SYSTEM ID#			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC		062715			
	-		1320			
	CHANNELS					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations					
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
	Enter the total number of channels on which the cable	150	,			
	system carried television broadcast stations		,			
	Enter the total number of activated channels     on which the cable system carried television broadcast station	s				
	and nonbroadcast services	461				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)					
Individual to Be Contacted						
for Further	Name Patrick Merrick	Telephone <b>703-694-50</b>	88			
Information		Totepholic 700-00-700				
	Address 22001 Loudoun County Parkway					
	(Number, street, rural route, apartment, or suite number)					
	Ashburn, VA					
	(City, town, state, zip)					
	Email patrick.merrick@verizon.com	Fax (optional)				
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 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					
	X					
		Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the				
		essing the "F" button will avoid enabling Excel's Lotus compatibility se				
	Typed or printed name: Veropice C	Typed or printed name: Veronica C. Glennon				
	Typed or printed name: <b>Veronica C. Glennon</b>					
		inan Barranda ania 110				
	Title: Assistant Secretary, Verizon Pennsylvania LLC  (Title of official position held in corporation or partnership)					
	(Title of Official position from its corporati	···				
	Date: February 28, 2020					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC  062715	Namo
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest - Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address  First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2019/2

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

## BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

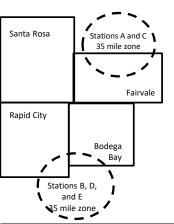
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE**:

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification	Identification of Subscriber Groups					
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
;	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00				
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00				
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00				
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00				
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00				

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

		φο,οο 1.οο			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay) (Fairvale)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CABLE				S'	YSTEM ID#					
•	Verizon Pennsylvania L	LC				062715					
	SUM OF DSEs OF CATEGOR		NS:								
	Add the DSEs of each station				4.00						
	Enter the sum here and in line 1 of part 5 of this schedule.										
2	Instructions:	N		: 1 PE 11 U							
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-						
of DSEs for	mercial educational station, giv	e the DSE as "									
Category "O"	CALL SIGN DSE TO CALL SIGN DSE TO CALL SIGN DSE										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WHYY	0.250									
	WHYY Ykids	0.250									
	WHYY Y2	0.250									
	WNJT	0.250									
Add rows as	WNJT NHK World	0.250									
necessary.	WPPT World	0.250									
Remember to copy	WPPT World	0.250									
all formula into new	WLVT Create	0.250									
rows.		0.250									
	WLVT France 24	0.250									
	WLIW	0.250									
	WLIW Create	0.250									
	WLIW World	0.250									
	WNJN	0.250									
	WNJN NHK World	0.250									
	WLIW All Arts	0.250									
				L		<u> </u>					

Name	Verizon Pennsy	/Ivania LLC					S	062715	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		6. DS	Ε	
			÷			x x	=		
			÷			x	=		
			÷ ÷			x x			
			÷			x x	<u>=</u>		
			÷			x			
	Add the DSEs of e			nedule,	⊁	0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one space I).     Column 2: For at your option. This Column 3: Ente Column 4: Divi	your system in subst on October 19, 1976 ( or more live, nonnetwood each station give the stigure should correster the number of days de the figure in colum	itution for a pro as shown by th ork programs do number of live spond with the s in the calenda on 2 by the figu	gram that your system he letter "P" in column furing that optional carri h, nonnetwork program finformation in space I. har year: 365, except in he in column 3, and give	was permitted 7 of space I); an age (as shown by s carried in substance) a leap year.	rograms) if that station: to delete under FCC rules d r the word "Yes" in column is stitution for programs that olumn 4. Round to no less the general instructions in	2 of were deleted s than the third	m).	
	1			BASIS STATION		ATION OF DSEs	I		
	SIGN	NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
				= =		÷		=	
				=				=	
		÷		=		÷		=	
		÷		=		÷		=	
	Add the DSEs of e			nedule,		0.00			
5		OF DSEs: Give the am plicable to your systen		boxes in parts 2, 3, and	4 of this schedul	e and add them to provide	the tota		
Total Number	1. Number of DS	•				<b>-</b>	4.00		
of DSEs	Number of DS     Number of DS	·				<u></u>	0.00		
	J. Nulliper of De	,⊑3 IIOIII pail 4♥					<u> </u>		
	TOTAL NUMBER C	DF DSEs						4.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF O		SYSTEM:					SY	STEM ID# 062715	Name
Instructions: Bloc	k A must be com	pleted.							
In block A: • If your answer if 'schedule.	'Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank a	nd complete par	t 8, (page 16) of	the	6
• If your answer if '	'No," complete blo			EL EVICIONI M	ADVETS				Computation of
Is the cable systen	n located wholly o			ELEVISION M. Iler markets as de		ection 76.5 of F	CC rules and rec	ulations in	3.75 Fee
effect on June 24,	1981?							,	
	•		DO NOT COMF	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	AGE OF PERI	MITTED DS	SEs			
	under FCC rules	and regulati ne DSE Sche	ons prior to Jur edule. (Note: Th	part 2, 3, and 4 of le 25, 1981. For fu le letter M below r Act of 2010.)	urther explana	ation of permitte	d stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ıles and regu	ılations cited be	sis on which you o elow pertain to tho ket quota rules [7	se in effect o	n June 24, 1981		tc	
	B Specialty stati C Noncommeric	al education d station (76.	al station [76.59 65) (see parag	6.59(d)(1), 76.61( 9(c), 76.61(d), 76. raph regarding su	63(a) referrin	g to 76.61(d)	. , ,		
	E Carried pursua *F A station pre G Commercial U	ant to individ viously carri JHF station v	ual waiver of Fored on a part-time within grade-B contains	e or substitute ba ontour, [76.59(d)(			rring to 76.61(e)(	(5)	
	M Retransmission	on of a distar	nt multicast stre	am.					
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHYY	С	0.25	WPPT Wor	M	0.25	WLIW Wor	M	0.25	
WHYY Ykid		0.25	WLVT	C	0.25	WNJN	<u>C</u>	0.25	
WHYY Y2	M	0.25	WLVT Crea	M	0.25	WNJN NH	M	0.25	
WNJT	<u></u>	0.25	WLVT Fran	M	0.25	WLIW All A	M	0.25	
WNJT NHK WPPT	M C	0.25 0.25	WLIW Crea	C M	0.25 0.25				
					00				
								4.00	
		Е	SLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove					
Line 3: Subtract I (If zero, le				of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	75	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here						permited/ pertially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				Х		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)	)		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC  062715						Name				
BLOCK A: TELEVISION MARKETS (CONTINUED)										
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
		•								
			•							

Name	Verizon Pennsylvania LLC  Verizon Pennsylvania LLC  062715									
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									981 se entered
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC	OR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE	[	DSE		DSE
								************		
<b>7</b> Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOC	CA: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity									0.4	10010
Surcharge		•		or television mari	ket	as defned by section 7		rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	<u> </u>
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa	art 6 the primary str	eam of a		Was any station listed nity served by the cab to former FCC rule 76	in block B le system p	of part 7 carrie	d in any	commu-
	Yes—List each s  X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each st  X No—Enter zero a			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	<sub>N</sub> I	DSE
	JALL GIGIN	DOL	OALL OIGH	DOL		JALL GIGIN	JOL	OALL GIG	•	202
			TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00
				3.00	П					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC  06	M ID# 2715	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	43.56	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Veriz	on Pennsylvania LLC	062715	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts  (the amount in section 1)		•
		_	
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  S	0.00	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca: be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe	•	
Space		i iiiie-ups iii	9
	<b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac		Computation
	on, you must:	Ivaniage of this	of Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Syndicated Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p		Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel cable system is wholly located outside all major television markets, complete block A only.	ow. However,	Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
-	For each community served, determine the local service area of each wholly distant and each partially distant state	on you	Permitted Stations
	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo	cated	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that sta		
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I	Fach	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that		
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups	<b>uting the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your syst	em's subscriber	
In each	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
	bers in the group.	or the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b	lock B,	
	6 of this schedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in	nstructions	
in the	paper SA3 form.		
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha		
DSEs f	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.		

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

O COMMUNITY/ AREA O  GN DSE CALL SIGN DSE CALL SIGN DSE	SUBSCRIR			COMPUTATION OF		-
O COMMUNITY/ AREA O  GN DSE CALL SIGN DSE CALL SIGN DSE		TE FEES FOR EACH S	BASE RA	201111 O 17 (11 O 1 C O 1	OCK A: 0	BL
GN DSE CALL SIGN DSE CALL SIGN DSE	SECOND S		IP	SUBSCRIBER GROU	FIRST	
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
NAME IT 0.05	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.25	WNJT			0.25	WHYY
WNJT NHK World 0.25	0.25	WNJT NHK World			0.25	WHYY Ykids
WLVT   0.25	0.25	WLVT			0.25	WHYY Y2
WLVT Create 0.25					0.25	WNJT
WLVT France 24 0.25	· · · · · · · · · · · · · · · · · · ·				0.25	WNJT NHK World
	0.20				0.25	WPPT
					0.25	WPPT World
	H				0.25	WLVT
					0.25	WLVT Create
					0.25	WLVT France 24
	,					
	<u> </u>					
2.50 Total DSEs 1.25		Total DSEs	2.50			Γotal DSEs
901,915.44 Gross Receipts Second Group \$ 44,515,624.92	d Group	Gross Receipts Second	,915.44	s 901,	oup	Gross Receipts First Gro
19,080.02 Base Rate Fee Second Group \$ 551,659.88	· L				•	Base Rate Fee First Gro
ER GROUP FOURTH SUBSCRIBER GROUP	FOURTH S		IP	SUBSCRIBER GROU	THIRD	
0 COMMUNITY/ AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
GN DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.25	WLVT			0.25	WNJT
WLVT Create 0.25	0.25	WLVT Create			0.25	WNJT NHK World
WLVT France 24 0.25	0.25	WLVT France 24				
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	,Ц					
					-	
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0.50 Total DSEs 0.75		Total DSEs	0.50			Total DSEs
	Group			\$ 22 127		Total DSEs
0.50 Total DSEs 0.75 22,127,093.84 Gross Receipts Fourth Group \$ 34,865,799.05	Group			\$ 22,127	roup	Total DSEs Gross Receipts Third Gr

-	001/ 4 /	OMBUTATION	VE D 40 = 5	TE EEEO EOO E * O''	CLIDOOD.		
BL		SUBSCRIBER GRO		ATE FEES FOR EACH			IIP
COMMUNITY/ AREA	1 11 111	30B3CKIBEK GKC	0	SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0			
ONINIOIVITTI / / II (L) (							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WLIW	0.25		
				WLIW Create	0.25		
				WLIW World	0.25		
				WLIW All Arts	0.25		
al DSEs			0.00	Total DSEs			1.00
		. 420.77			1.0		
			7 391 113		a Caroup	\$ 3,8	69,201.27
ss Receipts First G	roup	\$ 139,772	_,001.00	Gross Receipts Second	. O. O. B		
·		\$ 139,777	0.00	Base Rate Fee Second		\$	41,168.30
e Rate Fee First G	roup	\$	0.00		d Group		41,168.30
se Rate Fee First G	roup		0.00 DUP	Base Rate Fee Second	d Group	\$ SUBSCRIBER GRO	<b>41,168.30</b>
se Rate Fee First G	roup	\$	0.00		d Group		41,168.30
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e Rate Fee First Gi S MMUNITY/ AREA ALL SIGN	SEVENTH DSE	\$	0.00 DUP	Base Rate Fee Second	d Group		<b>41,168.30</b>
e Rate Fee First Grown State Fee First Grown State Fee First Grown State From State Fee First Grown State Fee	SEVENTH	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	1 Group  EIGHTH S	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
MMUNITY/ AREA  ALL SIGN  IW  IW Create	DSE 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WNJT	EIGHTH S  DSE  0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
e Rate Fee First GI SMMUNITY/ AREA ALL SIGN IW IW Create IW World	DSE 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World	DSE 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
MMUNITY/ AREA  ALL SIGN IW  IW Create IW World	DSE 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT	DSE 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI  SEMMUNITY/ AREA  ALL SIGN  LIW  LIW Create  LIW World  NJN  NJN NHK World	DSE 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT  WPPT World	DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
MMUNITY/ AREA  ALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT  WPPT World  WLVT	DSE 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
MMUNITY/ AREA  ALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI  SEMMUNITY/ AREA  ALL SIGN  LIW  LIW Create  LIW World  NJN  NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
MMUNITY/ AREA  ALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI SEMMUNITY/ AREA STALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI SMMUNITY/ AREA CALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI SMMUNITY/ AREA CALL SIGN LIW LIW Create LIW World NJN NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI  SEMMUNITY/ AREA  ALL SIGN  LIW  LIW Create  LIW World  NJN  NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
SE Rate Fee First GI  SEMMUNITY/ AREA  ALL SIGN  LIW  LIW Create  LIW World  NJN  NJN NHK World	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00  DUP  DSE	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	41,168.30  UP
MMUNITY/ AREA  ALL SIGN LIW LIW Create LIW World NJN NJN NHK World LIW All Arts	DSE 0.25 0.25 0.25 0.25 0.25 0.25	\$SUBSCRIBER GRO	0.00 DUP 0	COMMUNITY/ AREA  CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	<b>41,168.30</b> UP <b>0</b>
DMMUNITY/ AREA  CALL SIGN LIW LIW Create LIW World NJN NJN NHK World LIW All Arts	DSE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	0.00  DUP  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT  WPPT World  WLVT  WLVT Create  WLVT France 24	DSE 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	41,168.30  UP
ase Rate Fee First Growth State State Fee First Growth State Fee First Growth State	DSE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRO	0.00  DUP  DSE  1.50	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT  WPPT World  WLVT  WLVT Create  WLVT France 24  Total DSEs	DSE 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	41,168.30  UP
ase Rate Fee First Growth State State Fee Third Grass Rate Fee Third	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	\$ SUBSCRIBER GRO	0.00  DUP  DSE  1.50	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  WNJT  WNJT NHK World  WPPT  WPPT World  WLVT  WLVT Create  WLVT France 24  Total DSEs	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN  \$ 1,6	41,168.30  UP