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					
00/00/00	\$					
08/28/20	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	2020/1						
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ss of the cable syster on the last day of to	em. he accounting period should st	ubmit	062559		
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Verizon Virginia LLC						
				0625592	20201		
				062559	2020/1		
	22001 Loudoun County Parkway						
	Ashburn, VA 20147						
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•					
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Silver Spring, MD) VHO 4						
	MAILING ADDRESS OF CABLE SYSTEM: 13101 Columbia Pike (Number, street, rural route, apartment, or suite number) Silver Spring, MD 20904 (City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identifi	y only the frst com	munity served below and r	elist on page	1b		
Area	with all communities.						
Served	CITY OR TOWN	STATE					
First	HERNDON	VA					
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	·				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G			
Sample	Alla	MD	A	1			
	Alliance	MD MD	B B	3			
	Gering	IVID	D	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 this 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: 2020/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062559 Verizon Virginia 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 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 Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. 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. SUB GRP# CITY OR TOWN STATE CH LINE UP **HERNDON VA** AA 3 First AC MD 5 **ABERDEEN** Community ANDREWS AIR FORCE BASE 3 MD AA **ANNAPOLIS** MD **AB** 4 ANNE ARUNDEL COUNTY MD **AB** 4 3 ARLINGTON COUNTY VA AA See instructions for 3 BARNESVILLE AA additional information MD on alphabetization. **BALTIMORE COUNTY** MD AC 5 **BEL AIR** MD AC 5 3 BERWYN HEIGHTS MD AA 3 **BLADENSBURG** MD AA Add rows as necessary 3 **BOWIE** AA MD 3 **BRENTWOOD** MD AA **BROOKEVILLE** MD AA 3 **CAPITOL HEIGHTS** 3 MD AA CHARLES COUNTY MD AA 3 3 **CHEVERLY** MD AA **CHEVY CHASE** 3 MD AA 3 CHEVY CHASE SECTION FIVE MD AA **CHEVY CHASE SECTION THREE** MD AA 3 3 **CHEVY CHASE VIEW** MD AA 3 CHEVY CHASE VILLAGE MD AA **CLIFTON VA** AA 3 3 **COLLEGE PARK** MD AA 3 COLMAR MANOR MD AA COTTAGE CITY MD AA 3 **CULPEPER** VA AA 3 **DISTRICT HEIGHTS** MD AA **DUMFRIES** 3 **VA** AA **EDMONSTON** MD AA 3 3 **FAIRFAX** VA AA 3 FAIRFAX COUNTY VA AA **FAIRMOUNT HEIGHTS** MD AA 3 3 **FALLS CHURCH** VA AA 3 **FOREST HEIGHTS** MD AA 3 FORT BELVOIR VA AA

VA

MD

MD

AD

AA

AA

3

3

FREDERICKSBURG

GAITHERSBURG

GARRETT PARK

GLEN ECHO	MD	AA	3
GLENARDEN	MD	AA	3
GREENBELT	MD	AA	3
HARFORD COUNTY	MD	AC	5
HIGHLAND BEACH	MD	AB	4
HOWARD COUNTY	MD	AB	4
HYATTSVILLE	MD	AA	3
KENSINGTON	MD	AA	3
LA PLATA	MD	AA	3
LANDOVER HILLS	MD	AA	3
LAUREL	MD	AA	3 3
	MD		
LAYTONSVILLE		AA	3
LEESBURG	VA	AA	3
LOUDOUN COUNTY	VA	AA	3
MANASSAS	VA	AA	3
MANASSAS PARK	VA	AA	3
MARTIN'S ADDITIONS	MD	AA	3
MONTGOMERY COUNTY	MD	AA	3
MORNINGSIDE	MD	AA	3
MOUNT RAINIER	MD	AA	3
NEW CARROLLTON	MD	AA	3
NORTH BRENTWOOD	MD	AA	
NORTH CHEVY CHASE	MD	AA	3
			3
OCCOQUAN	VA	AA	3
POOLESVILLE	MD	AA	3
PRINCE GEORGE'S COUNTY	MD	AA	3
PRINCE WILLIAM COUNTY	VA	AA	3
QUANTICO MARINE BASE	VA	AA	3
RIVERDALE PARK	MD	AA	3
ROCKVILLE	MD	AA	3
SEAT PLEASANT	MD	AA	3
SOMERSET	MD	AA	3
SPOTSYLVANIA COUNTY	VA	AD	1
STAFFORD COUNTY	VA	AA	2
TAKOMA PARK	MD	AA	3
	<mark>.</mark>		
UNIVERSITY PARK	MD	AA	3
UPPER MARLBORO	MD	AA	3
VIENNA	VA	AA	3
WASHINGTON	DC	AA	3
WASHINGTON GROVE	MD	AA	3

ĺ			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062559

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			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	944,102	\$	25.00					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial	10,177	\$	35.00					
Converter								
Residential								
Non-residential				1 ""				
		†		1 1				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	15.00	Motel, hotel		See Tab-Attachment B	
 Pay cable—add'l channel 			Commercial			
Fire protection			• Pay cable			
Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
• First set	\$	99.00	Burglar protection			
Additional set(s)	\$	60.00	Other services:			
• FM radio (if separate rate)			Reconnect			
Converter			Disconnect			
			Outlet relocation	\$ 69.99		
			Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	90.00	N/A
Fios TV Mundo	70.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
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
CableCARD	4.99	4.99
CUDICCAND	7.55	7.33

Category of Service	Residential Rate	Commercial Rate
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	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	15.00
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	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	69.99	69.99
Existing Outlet Connection Subsequent	35.00	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	100.00	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 Rout	124.00	100.00
Unreturned/Damaged Fios Home 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

FORM SA3E. PAGE 3.					21/2			
	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Prizon Virginia LLC 06255							
Verizon Virginia LLC 062559 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 substitute program basis as explained in the part paragraph.								
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								
Special State of the Control of t								
station was carried			st it iii space i (ii	ie Speciai Stateii	ient and Program Log)—ii the			
	formation cond				itute basis and also on some othe of the general instructions located			
Column 1: List each	h station's call	-			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
Column 2: Give the					tion for broadcasting over-the-air ir may be different from the channel			
on which your cable sy			tation is a netw	ork station an ind	ependent station, or a noncommercia			
educational station, by (for independent multic	entering the least), "E" (for n	etter "N" (for n oncommercia	network), "N-M" al educational), d	(for network multi or "E-M" (for nonc	cast), "I" (for independent), "I-M ommercial educational multicast)			
For the meaning of the Column 4: If the sta					the paper SA3 form es". If not, enter "No". For an ex			
planation of local servi	ce area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form			
			-	•	stating the basis on which you ntering "LAC" if your cable systen			
carried the distant stati	on on a part-ti	me basis bec	ause of lack of	activated channel	capacity			
					y payment because it is the subjec /stem or an association representing			
•					• •			
	primary danc	inition of an c	issociation repre	esenting the prima	ary transmitter, enter the designa			
	simulcasts, als	o enter "E". If	you carried the	channel on any o	other basis, enter "O." For a furthe			
explanation of these th	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the or of the general	channel on any cinstructions locat	other basis, enter "O." For a furthe ed in the paper SA3 form			
explanation of these th Column 6: Give the FCC. For Mexican or C	simulcasts, als ree categories location of ea Canadian statio	o enter "E". If , see page (v ich station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of t	channel on any constructions locat list the community with	other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the h which the station is identifed			
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explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WMDE WDCW WRC WTTG WDCA	simulcasts, als ree categories e location of each canadian static g multiple characteristics. B'CAST CHANNEL NUMBER 36 50 4 5 20	o enter "E". If s, see page (v ch station. Fr ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I N I	you carried the) of the general or U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	channel on any constructions locat list the community with space G for each AA 5. BASIS OF CARRIAGE	Dover Washington Washington Washington Wed in the paper SA3 form By to which the station is licensed by the station is licensed by the station is identified in channel line-up. Dover Washington Washington Washington	additional information		
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 th∉ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WJLA-simulcast 39 Ν No Washington WJLA 24/7 News 8 I No Washington See instructions for additional information 34 Ν No Washington **WUSA-simulcast** on alphabetization. WPXW-simulcast 66 I No Manassas WZDC-CD-simulo 25 I No Washington 42 Ε WMPT-simulcast Yes Ε **Annapolis** WETA-simulcast 26 Ε Ε Yes Washington WDVM-simulcast 25 I No Hagerstwon 32 Ε WHUT-simulcast Yes Ε Washington WJAL SonLife-sin 68 No Ī Silver Spring Cozi TV [WRC] 4 N-M No Washington WUSA The Justic 9 N-M No Washington WJLA Charge TV N-M No Washington 7 WJLA CometTV 7 N-M No Washington **WDCA Movies!** 35 I-M No Washington **WETA Kids** 26 E-M Yes 0 Washington **WJLA TBD TV** 7 N-M No Washington **WETA UK** 26 E-M Yes 0 Washington

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WMPT MPT2/Crea 22 E-M Yes 0 **Annapolis** WMPT NHK World 22 E-M Yes 0 **Annapolis** See instructions for additional information WMPT PBS Kids 22 0 E-M Yes **Annapolis** on alphabetization. Antenna TV [WD0 50 I-M No Washington 36 WTTG Buzzr I-M No Washington 36 WTTG ME TV I-M No Washington WHUT PBS Kids 32 E-M Yes 0 Washington WPXW qubo 66 I-M No Manassas **WPXW ION Plus** 66 I-M No Manassas WZDC-CD TeleXi 25 I-M No Washington **WETA World** 26 E-M Yes 0 Washington WRC LX 4 N-M No Washington

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

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 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 progran 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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	AB	
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
WJLA 24/7 News	8	I	No		Washington
WBFF My Networ	45	I	No		Baltimore
WBFF	46	I	No		Baltimore
WBAL	11	N	No		Baltimore
WMAR	2	N	No		Baltimore
WJZ	13	N	No		Baltimore
WNUV	54	I	No		Baltimore
WRC	4	N	No		Washington
WTTG	5	I	No		Washington
WJLA	7	N	No		Washington
WUSA	9	N	No		Washington
WZDC-CD	25	I	Yes	0	Washington
WMPT	22	Е	No		Annapolis
WETA	26	Е	No		Washington
WHUT	32	E	No		Washington
WJLA 24/7 News-	8	I	No		Washington
WBFF My Networ	45	I	No		Baltimore
WBFF-simulcast	45	I	No		Baltimore

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 € 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 progran 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 othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	AB	
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
WBAL-simulcast	59	N	No		Baltimore
WMAR-simulcast	52	N	No		Baltimore
WJZ-simulcast	38	N	No		Baltimore
WNUV-simulcast	40	I	No		Baltimore
WRC-simulcast	48	N	No		Washington
WTTG-simulcast	36	I	No		Washington
WJLA-simulcast	39	N	No		Washington
WUSA-simulcast	34	N	No		Washington
WZDC-CD-simulo	25	I	Yes	E	Washington
WMPT-simulcast	42	Е	No		Annapolis
WETA-simulcast	26	E	No		Washington
WHUT-simulcast	32	E	No		Washington
WMAR Bounce T	52	N-M	No		Baltimore
WBAL Me TV	11	N-M	No		Baltimore
WUSA The Justic	9	N-M	No		Washington
WJLA Charge TV	7	N-M	No		Washington
WMAR Laff	2	N-M	No		Baltimore
WJLA CometTV	7	N-M	No		Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

Name

Name

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 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 progran 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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	AB	
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
Cozi TV [WRC]	4	N-M	No		Washington
WNUV CometTV	40	I-M	No		Baltimore
WUTB TBD TV	24	I-M	No		Baltimore
WETA UK	26	Е-М	No		Washington
WNUV Antenna T	40	I-M	No		Baltimore
WMPT MPT2/Crea	22	E-M	No		Annapolis
WMPT NHK World	22	E-M	No		Annapolis
WMPT PBS Kids	22	E-M	No		Annapolis
WJZ StartTV	38	N-M	No		Baltimore
WTTG Buzzr	36	I-M	No		Washington
WMAR Court TV I	2	N-M	No		Baltimore
WTTG ME TV	36	I-M	No		Washington
WHUT PBS Kids	32	E-M	No		Washington
WZDC-CD TeleXit	25	I-M	Yes	0	Washington
WBFF-Stadium	46	I	No		Baltimore
WETA World	26	E-M	No		Washington
WRC LX	4	N-M	No		Washington
WJZ Dabl	49	N-M	No		Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

Name

Name

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 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 progran 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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	AC	
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
WBFF My Networ	45	I	No		Baltimore
WBFF	46	I	No		Baltimore
WBFF-Stadium	46	I	No		Baltimore
WBAL	11	N	No		Baltimore
WMAR	2	N	No		Baltimore
WJZ	13	N	No		Baltimore
WNUV	54	I	No		Baltimore
WZDC-CD	25	I	Yes	0	Washington
WMPT	22	Е	No		Annapolis
WETA	26	Е	Yes	0	Washington
WHUT	32	Е	Yes	0	Washington
WBFF My Networ	45	I	No		Baltimore
WBFF-simulcast	45	I	No		Baltimore
WBAL-simulcast	59	N	No		Baltimore
WMAR-simulcast	52	N	No		Baltimore
WJZ-simulcast	38	N	No		Baltimore
WNUV-simulcast	40	I	No		Baltimore
WZDC-CD-simulo	25	I	No		Washington

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 € 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 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 othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	AC	
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
WMPT-simulcast	42	Е	Yes	Е	Annapolis
WETA-simulcast	26	Е	No		Washington
WHUT-simulcast	32	Е	Yes	Е	Washington
WMAR Bounce T	52	N-M	No		Baltimore
WBAL ME TV	11	N-M	No		Baltimore
WMAR Laff	2	N-M	No		Baltimore
WNUV CometTV	40	I-M	No		Baltimore
WUTB TBD TV	24	I-M	No		Baltimore
WETA Kids	26	Е-М	No		Washington
WETA UK	26	Е-М	No		Washington
WNUV Antenna T	40	I-M	No		Baltimore
WMPT MPT2/Crea	22	Е-М	No		Annapolis
WMPT NHK World	22	Е-М	Yes	0	Annapolis
WMPT PBS Kids	22	E-M	Yes	0	Annapolis
WJZ StartTV	38	N-M	No		Baltimore
WMAR Court TV	2	N-M	No		Baltimore
WHUT PBS Kids	32	Е-М	No		Washington
WZDC-CD TeleXi	25	I-M	No		Washington

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Verizon Virginia LLC 062559	Name
PRIMARY TRANSMITTERS: TELEVISION	
n 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 ICC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 16.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identificated 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-air in the scommunity of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 nutticast) for the meaning of these terms, see page (v) of the general in	Primary Transmitters Television
ion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WETA World	26	E-M	Yes	0	Washington
WJZ Dabl	49	N-M	No		Washington

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

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 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 progran 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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	AD	
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
WMDE	36	I	No		Dover
WDCW	50	I	No		Washington
WRC	4	N	No		Washington
WTTG	5	I	No		Washington
WDCA	20	I	No		Washington
WJLA	7	N	No		Washington
WJLA 24/7 News	8	I	No		Washington
WUSA	9	N	No		Washington
WRLH TBD TV	35	I-M	No		Richmond
WRLH	35	I	No		Richmond
WPXW	66	I	No		Manassas
WTVR	6	N	No		Richmond
WDCA Heroes &	20	I-M	No		Washington
WZDC-CD	25	I	No		Washington
WMPT	22	E	Yes	0	Annapolis
WETA	26	Е	Yes	0	Washington
WDVM TV	25	l	No		Hagerstwon
WHUT	32	Е	Yes	0	Washington

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 € 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 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 othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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.

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
WJAL SonLife	68	I	No		Silver Spring
WMDE-simulcast	36	I	No		Dover
WDCW-simulcast	51	I	No		Washington
WRC-simulcast	48	N	No		Washington
WTTG-simulcast	36	I	No		Washington
WJLA-simulcast	39	N	No		Washington
WDCA-simulcast	35	I	No		Washington
WJLA-simulcast	39	N	No		Washington
WJLA 24/7 News-	8	I	No		Washington
WUSA-simulcast	34	N	No		Washington
WRLH-simulcast	35	I	No		Richmond
WPXW-simulcast	66	I	No		Manassas
WTVR-simulcast	6	N	No		Richmond
WZDC-CD-simulo	25	I	No		Washington
WMPT-simulcast	42	E	Yes	E	Annapolis
WETA-simulcast	26	E	Yes	E	Washington
WDVM-simulcast	25	I	No		Hagerstwon
WHUT-simulcast	32	Е	Yes	E	Washington

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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 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 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 othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	AD	
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
WJAL SonLife-sin	68	I	No		Silver Spring
Cozi TV [WRC]	4	N-M	No		Washington
WUSA The Justic	9	N-M	No		Washington
WJLA Charge TV	7	N-M	No		Washington
WTVR 6 Xtra	6	N-M	No		Richmond
WJLA CometTV	7	N-M	No		Washington
WDCA Movies!	35	I-M	No		Washington
WRLH CometTV	35	I-M	No		Richmond
WETA Kids	26	E-M	Yes	0	Washington
WRLH Charge TV	35	I-M	No		Richmond
WETA UK	26	E-M	Yes	0	Washington
WJLA TBD TV	7	N-M	No		Washington
WMPT MPT2/Crea	22	E-M	Yes	0	Annapolis
WMPT NHK World	22	E-M	Yes	0	Annapolis
WMPT PBS Kids	22	E-M	Yes	0	Annapolis
Antenna TV [WD0	50	I-M	No		Washington
WTTG Buzzr	36	I-M	No		Washington
WTTG ME TV	36	I-M	No		Washington

G

Primary Transmitters: Television

FORM SASE. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon Virginia LLC	062559	Name
DDIMARY 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 € 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 progran 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 othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHUT PBS Kids	32	E-M	No		Washington
WPXW qubo	66	I-M	No		Manassas
WPXW ION Plus	66	I-M	No		Manassas
WZDC-CD TeleXi	25	I-M	No		Washington
WETA World	26	E-M	Yes	0	Washington
WRC LX	4	N-M	No		Washington

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062559 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SASE, PAGE 5.											
Verizon Virginia LLC	CABLE SYST	EM:			S	062559	Name				
SUBSTITUTE CARRIAGE	- SPECIA	I STATEMEI	NT AND PROGRAM LOC	<u> </u>							
In General: In space I, ident substitute basis during the ad explanation of the programm	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Substitute Carriage: Special				
	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
broadcast by a distant station?											
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2.	- DDOCDA	MC									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
				WHE	EN SUBSTITUTE						
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR					
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION					
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC SYSTEM ID# 062559												
	PART-TIME CA												
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."												
			DATE	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE					
	CALL SIGN	WHEN	CARRIAGE OCC	CUF	RRED		CALL SIGN	WHEN	CARRIAGE O	CCU	RRED		
İ	OALL GIGIT	DATE	HOL FROM	URS	S TO		OALL GIGIT	DATE	H FROM	OUR	S TO		
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LEGA	SASE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM: VIZON VIRGINIA LLC		SYSTEM ID# 062559	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 260,141,438.10										
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
bloc If pa 3 be	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	entered o	n line 2 in block							
	2 in block 4 below. Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at									
Block 2	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the state of the state	mn 4, you iod?	must check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		\$ 1,385,239.06 0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	1,385,239.06							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	<u>.</u>	0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ (See page	2,768,629.90 e (i) of the	form for submitting the additional fees.						

ACCOUNTING PERIOD: 2020/1
FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Verizon Virginia LLC	062559						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	Enter the total number of activated channels on which the cable system carried television broadcast stations	505						
	and nonbroadcast services	565						
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an indiv we can contact about this statement of account.)	idual						
for Further Information	Name Patrick Merrick	Telephone 703-694-5088						
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)							
	Ashburn, VA 20147 (City, town, state, zip)							
	Email patrick.merrick@verizon.com Fax (optio	nal)						
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copy	right Office regulations.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed i	n 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 enti in line 1 of space B.	y identifed as owner of the cable system						
	I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)]							
	X /s/ Veronica C. Glennon							
	Enter an electronic signature on the line above using an "/s/" signature to certify the (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, putton, then type /s/ and your name. Pressing the "F" button will avoid enabling the signature.	place your cursor in the box and press the "F2"						
	Typed or printed name: Veronica C. Glennon							
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)							
	Date: August 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 the 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 telephon 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	Namo
Verizon Virginia LLC 062	2559 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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
	Interest
Line 1 Enter the amount of late payment or underpayment	Assessment
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xday	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period Accounting period	
ID number	

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical 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 account (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 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 G 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 of 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 particular 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 a 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, in 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 been 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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or 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 in
 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

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

- · 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.

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- 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

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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) 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:

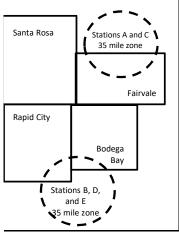
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carr	ied	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(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	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#					
1	Verizon Virginia LLC										
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:								
	Add the DSEs of each station										
	Enter the sum here and in line		s schedule.		4.50						
						<u>'</u>					
2	Instructions: In the column headed "Call S	Sian": list the ca	ll signs of all distant s	tations identified by t	he letter "Ω" in column 5						
_	of space G (page 3).	ngii . list tile ca	ii sigris or all distant s	tations identified by t	The letter O in column 5						
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" ST	ATIONS: DSEs	_						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WMPT	0.250									
	WETA	0.250									
	WHUT	0.250									
	WETA Kids	0.250									
	WETA UK	0.250									
Add rows as	WMPT MPT2/Create HD	0.250									
necessary.	WMPT NHK World	0.250									
Remember to copy	WMPT PBS Kids	0.250									
all formula into new	WHUT PBS Kids	0.250									
rows.	WZDC-CD	1.000									
	WZDC-CD TeleXitos	1.000									
	WETA World	0.250									
		0.200									
						L					

I		l	
I	k	I	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Virginia LLC 062559 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE CARRIED BY STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 4.50 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 4.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

EGAL NAME OF O /erizon Virgin	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 062559	Name
n block A: If your answer if ' chedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of p	·	of the DSE sched	ule blank and	complete part	8, (page 16) of th	e	6
ii your unowor ii	140, Complete bio	one B and O		ELEVISION MA	ARKETS				Computation
ffect on June 24,	1981?	schedule—[•	er markets as defir LETE THE REMAI			CC rules and regul	lations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to June dule. (Note: The	eart 2, 3, and 4 of t e 25, 1981. For fur e letter M below ref act of 2010.)	ther explanation	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regued pursuant to a sediment all educations at station (76.1 r DSE schedant to individually carried HF station was a sediment all educations and the station was a sediment all educations and the station was a sediment as a sediment	lations cited belto the FCC marked in 76.5(kk) (76 al station [76.59 65) (see paragralule). ual waiver of FC ad on a part-time vithin grade-B co	e or substitute basi ontour, [76.59(d)(5	e in effect on a .57, 76.59(b), .0(1), 76.63(a) is stitution of gradis prior to June	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered states	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			orksheet on page 1	14 of 3. DSE	
SIGN	BASIS	0.05	SIGN	BASIS	2.05	SIGN	BASIS		
WMPT WETA	C	0.25 0.25	WMPT NH	M M	0.25 0.25				
WHUT	C	0.25	WHUT PBS		0.25				
WETA Kids		0.25	WZDC-CD	В	1.00				
WETA UK	М		WZDC-CD	M	1.00				
WMPT MPT	M	#N/A							
							#N/#	A	
		ı	BLOCK C: CO	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this s	chedule			u-		
ne 2: Enter the	sum of permitted	d DSEs fror	m block B aboy	/e					
				of DSEs subject of this schedule		ate.			
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs representation partially
ne 5: Multiply li	ne 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitte
ne 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see pa 9 instruction
ne 7: Multiplv li	ne 6 by line 5 an	d enter her	e and on line 2	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Virginia LLC 062559 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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)). Carriage 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. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation 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. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	WIME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC SYSTEM ID# 062559	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned 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		ME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	STEM ID# 062559					
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. 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. 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						
8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • 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 following sections.							
	Section 1	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE 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 4.000 or less , 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)						
		Base Rate Fee	0.00					

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

LEGAL N	AND OF OMNER OF CARLE OVOTEN.	0/075410	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 062559	Name
verizo	on Virginia LLC	002559	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		
	(the amount in section 1) ▶ \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	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 >		
	1. Martiply into 5 by into 2 direction follows:		
	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	0.00	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro		
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	ole channel line-	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	0
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this exc	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distance.		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	and B below.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1	For each community served, determine the local service area of each wholly distant and each partially distan	t station you	Stations
carried	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the 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 dist	tant. Each	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
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 bers in the group.	to all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,	e it in parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add tl	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 gene paper SA3 form.	eral instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group for that group's complement of stations and total gross receipts from the subscribers in that group). You do no citual calculations on the form.	p (that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia 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.

LEGAL NAME OF OWNER Verizon Virginia LL		SYSTEM:				S	062559	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		JP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WMPT	0.25			WMPT	0.25			Base Rate F
WMPT MPT2/Creat	0.25			WMPT MPT2/Crea	0.25			and
WMPT NHK World	0.25			WMPT NHK World	0.25			Syndicate
WMPT PBS Kids	0.25			WMPT PBS Kids	0.25			Exclusivit
WETA	0.25							Surcharge
WETA Kids	0.25							for
WETA UK	0.25							Partially
WHUT	0.25				•	-		Distant
WHUT PBS Kids	0.25				•	-		Stations
WETA World	0.25					=		
III III	UU				•			
					•			
Total DSEs			2.50	Total DSEs			1.00	
Gross Receipts First Gro	oup	\$ 5,121	,559.31	Gross Receipts Second	d Group	\$ 3,9	42,393.44	
Base Rate Fee First Gro	oup	s 108	,346.59	Base Rate Fee Second	d Group	\$	41,947.07	
	TUIDD	CURCODIRER CROU	D.	<u> </u>	FOURTU	CURCODIRER OROI	ID.	
	THIRD	SUBSCRIBER GROU		 	FOURTH	SUBSCRIBER GROU)P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WZDC-CD	1.00			
				WZDC-CD TeleXite	1.00	-		
					•			
					•			
						=		
					•			
						-		
					•	-		
annonnannonnannonnannonnannonnannonnannon					†			
Total DSEs			0.00	Total DSEs			2.00	
Gross Receipts Third Gr	oup	\$ 191,774	,149.27	Gross Receipts Fourth	Group	\$ 41,4	101,146.17	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$ 7	30,730.23	
			ber group a	as shown in the boxes abo	ove.	. 4.3	185 230 NE	
Enter here and in block	3, line 1, s _l	pace L (page 7)				\$ 1,3	85,239.06	

Name	YSTEM ID# 062559	5 `					<u> </u>	Verizon Virginia LL	
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL	
^	JP	SUBSCRIBER GROU	SIXTH		FIFTH SUBSCRIBER GROUP				
9 Computat	COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate							1.00	WZDC-CD	
and			•					WZDC-CD TeleXito	
Syndicat							0.25	WETA	
Exclusiv		=	•				0.25	WETA Kids	
Surchar for			•				0.25 0.25	WETA UK WHUT	
Partiall							0.25	WHUT PBS Kids	
Distan							0.25	NETA World	
Station									
	0.00	-		Total DSEs	3.50			Total DSEs	
				II	189.91	Receipts First Group \$ 17,902,189.91			
	0.00	\$	d Group	Gross Receipts Second		4 17,302,	шр	•	
	0.00	\$		Base Rate Fee Second	215.18				
	0.00		d Group		215.18		oup	Base Rate Fee First Gro	
	0.00	\$	d Group		215.18	\$ 504,	oup	Base Rate Fee First Gro	
	0.00	\$	d Group	Base Rate Fee Second	215.18	\$ 504,	oup	Base Rate Fee First Gro	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	Base Rate Fee First Gro S COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	215.18 P	\$ 504,	EVENTH :	SCOMMUNITY/ AREA CALL SIGN	
	0.00 JP O DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	215.18 P 0 DSE	\$ 504,	DSE OF THE STREET OF THE STREE	Base Rate Fee First Gro S COMMUNITY/ AREA	

LEGAL NAME OF OW Verizon Virginia		E SYSTEM:	•			S	062559	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST SUBSCRIBER GROUP					SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				Computati	
OALL SIGN	DSE	OALL SIGIN	DOL	OALL SIGN	DOL	OALL GIGIT	DOL	Base Rate F
		-						and
						· = ······		Syndicate
		=						Exclusivit
		H						Surcharge
								for
		=						Partially
								Distant
		-				. =		Stations
Γotal DSEs	otal DSEs 0.00			Total DSEs		-	0.00	
Gross Receipts First	Group	\$ 5,12	1,559.31	Gross Receipts Sec	ond Group	\$ 3,9	942,393.44	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-				EOLIDTL	SUBSCRIBER CROI	ID	
COMMUNITY/ AREA		SUBSCRIBER GROUP 0		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA	4		<u> </u>	COMMUNITY/ AREA			U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						. 📙		
		H				.		
		+						
		-						
Total DSEs	Es <u>0.00</u> Total DSEs					0.00		
Fross Receipts Third Group		\$ 191,77	191,774,149.27		rth Group	\$ 41,401,146.17		
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Rate Fee: Add	d the base rat	e fees for each subs	criber group	II as shown in the boxes	above.			
ter here and in blo	ock 3, line 1, s	pace L (page 7)				\$	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN	0	9		
COMMUNITY/ AREA O COMMUNITY/ AREA	0	9		
CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN	DOE	Ca		
	DSE	Computati of		
		Base Rate		
		and		
		Syndicate		
		Exclusivi Surcharg		
		for		
		Partially		
		Distant		
		Stations		
Total DSEs Total DSEs	0.00			
Gross Receipts First Group \$ 17,902,189.91 Gross Receipts Second Group \$	0.00			
	 -			
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00			
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	0.00			
Total DSEs Total DSEs				
Total DSEs O.00 Total DSEs Gross Receipts Third Group Gross Receipts Fourth Group Gross Receipts Fourth Group \$	0.00			
	0.00			