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						
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			
Period	Instanctions.			
B Owner	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 acco 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	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Verizon Pennsylvania LLC			
				06271520201
				062715 2020/1
	22001 Loudoun County Parkway			
	Ashburn, VA 20147			
С	INSTRUCTIONS: In line 1, give any business or trade names used to			
C	names already appear in space B. In line 2, give the mailing address of	of the system, if dif	ferent from the address giv	en in space B.
System	IDENTIFICATION OF CABLE SYSTEM:			
	Verizon Fios TV (Philadelphia, PA) VHO 8			
	MAILING ADDRESS OF CABLE SYSTEM: 17 East Oregon Ave			
	2 (Number, street, rural route, apartment, or suite number)			
	Philadelphia, PA 19148 (City, town, state, zip code)			
_				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	AMBLER BORO	PA		
Community	Below is a sample for reporting communities if you report multiple ch		Space C	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
Jailiple	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 suffciency 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# 062715 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated 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. CH LINE UP SUB GRP# CITY OR TOWN STATE PA **AMBLER BORO** Α 5 First PA Α 5 ABINGTON TWP Community **ALDAN BORO** PA 5 ALLENTOWN BORO MONMOUTH NJ С 7 3 PA **ALLENTOWN CITY** Α 2 ALLOWAY TWP SALEM NJ Α See instructions for 2 ARDEN DE additional information 2 on alphabetization. **ARDENCROFT** DE Α ARDENTOWN DE Α 2 2 **ASTON TWP** PA Α NJ AUDUBON BORO CAMDEN Α 4 Add rows as necessary NJ Α 4 AUDUBON PARK BORO CAMDEN 2 AVONDALE BORO PA Α **BARRINGTON BORO CAMDEN** NJ Α 4 PA Α 5 **BEDMINSTER TWP** BELLEFONTE DE Α 2 NJ **BELLMAWR BORO CAMDEN** Α 4 PA **BENSALEM TWP** Α 5 **BERLIN BORO CAMDEN** 4 NJ BERLIN TWP CAMDEN NJ Α 4 **BETHEL TWP DELAWARE COUNTY** PA Α 2 2 **BIRMINGHAM TWP** PA Α **BORDENTOWN CITY BURLINGTON** NJ 4 **BORDENTOWN TWP BURLINGTON** NJ Α 4 **BRIDGEPORT BORO** PA Α 5 BRIDGETON CITY CUMBERLAND NJ Α 2 **BRISTOL BORO** PA Α 5 **BRISTOL TWP** PA 5 **BROOKHAVEN BORO** PA Α 2 **BROOKLAWN BORO CAMDEN** NJ Α 4 **BRYN ATHYN BORO** PA Α 5 5 **BUCKINGHAM TWP** PA **BURLINGTON TWP BURLINGTON** NJ Α 4 3 **CALN TWP** PA Α **CAMDEN CITY CAMDEN** NJ Α 4 **CHADDS FORD TWP** PA 2 Α

CHALFONT BORO

CHARLESTOWN TWP

CHELTENHAM TWP

Α

Α

PA

PA

PA

5

3

5

CHERRY HILL TWP CAMDEN	NJ	Α	4
CHESILHURST BORO CAMDEN	NJ	A	4
CHESTER CITY	PA	Α	2
CHESTER HEIGHTS BORO	PA	Α	2
CHESTER TWP	PA	Α	2
CHESTERFIELD TWP BURLINGTON	NJ	Α	4
CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	A	2
CLAYTON BORO GLOUCESTER	NJ	A	2
CLIFTON HEIGHTS BORO	PA	Α	5
COATESVILLE CITY	PA	Α	3
COLLEGEVILLE BORO	PA	Α	5
COLLINGDALE BORO	PA	Α	4
COLLINGSWOOD BORO CAMDEN	NJ	Α	4
CONCORD TWP	PA	Α	2
CONSHOHOCKEN BORO	PA	A	5
CORBIN CITY	NJ	A	2
CRANBURY TWP MIDDLESEX	NJ	С	6
DARBY BORO	PA	Α	4
DARBY TWP	PA	Α	4
DEERFIELD TWP CUMBERLAND	NJ	Α	2
DELAWARE CITY	DE	A	2
DEPTFORD TWP GLOUCESTER	NJ	Ā	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	E	1
DOWNINGTOWN BORO	PA	Α	3
DOYLESTOWN BORO	PA	Α	5
DOYLESTOWN TWP	PA	Α	5
DUBLIN BORO	PA	Α	5
EAST AMWELL TWP HUNTERDON	NJ	C	6
EAST BRADFORD TWP	PA	A	3
EAST BRANDYWINE TWP	PA	A	3
EAST CALN TWP	PA	Α	3
EAST COVENTRY TWP	PA	Α	3
EAST FALLOWFIELD TWP	PA	Α	2
EAST GOSHEN TWP	PA	Α	3
EAST LANSDOWNE BORO	PA	Α	5
EAST MARLBOROUGH TWP	PA	A	2
EAST NANTMEAL TWP	PA	Â	3
EAST NORRITON TWP	PA	A	5
EAST PIKELAND TWP	PA	Α	3
EAST ROCKHILL TWP	PA	Α	5
EAST VINCENT TWP	PA	Α	3
EAST WHITELAND TWP	PA	Α	3
EAST WINDSOR TWP MERCER	NJ	В	4
EASTAMPTON TWP BURLINGTON	NJ	A	4
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EASTTOWN TWP	PA DA	A	5
EDGMONT TWP	PA	A	3
EGG HARBOR CITY	NJ	Α	2
ELK TWP GLOUCESTER	NJ	Α	2
ELSINBORO TWP SALEM	NJ	Α	2
ELSMERE	DE	Α	2
ESTELL MANOR CITY ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	NJ	Â	4
EWING TWP MERCER	NJ	В	5
FALLS TWP	PA	A	5
FIELDSBORO BORO BURLINGTON	NJ	Α	4
FOLCROFT BORO	PA	Α	4

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FORT DIX BURLINGTON	NJ	Α	4
FRANCONIA TWP	PA	Α	5
FRANKLIN TWP GLOUCESTER	NJ	Α	2
FRANKLIN TWP SOMERSET	NJ	С	6
GLASSBORO BORO GLOUCESTER	NJ	Α	2
GLENOLDEN BORO	PA	Α	4
GLOUCESTER CITY CAMDEN	NJ	A	4
GLOUCESTER TWP CAMDEN	NJ		
		A	4
GREEN LANE BORO	PA	Α	5
GREENWICH TWP CUMBERLAND	NJ	Α	2
HADDON HEIGHTS BORO CAMDEN	NJ	Α	4
HADDON TWP CAMDEN	NJ	Α	4
HADDONFIELD BORO CAMDEN	NJ	Α	4
HAINESPORT TWP BURLINGTON	NJ	Α	4
HAMILTON TWP ATLANTIC	NJ	Α	2
HAMILTON TWP MERCER	NJ	В	5
HARRISON GLOUCESTER	NJ	A	
			4
HATBORO BORO	PA	Α	5
HATFIELD BORO	PA	Α	5
HATFIELD TWP	PA	Α	5
HAVERFORD TWP	PA	Α	5
HAYCOCK TWP	PA	Α	5
HIGHLAND TWP	PA	A	2
HIGHTSTOWN BORO MERCER	NJ	В	4
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HILLSBOROUGH TWP SOMERSET	NJ		6
HILLTOWN TWP	PA	A	5
HOPEWELL BORO MERCER	NJ	В	5
HOPEWELL TWP CUMBERLAND	NJ	Α	2
HOPEWELL TWP MERCER	NJ	В	5
HORSHAM TWP	PA	Α	5
HULMEVILLE BORO	PA	Α	5
IVYLAND BORO	PA	Α	5
JENKINTOWN BORO	PA	A	5
KENNETT SQUARE BORO	PA	Â	2
KENNETT TWP	PA	A	2
KENT COUNTY	DE	E	2
LANGHORNE BORO	PA	Α	5
LANGHORNE MANOR BORO	PA	Α	5
LANSDALE BORO	PA	Α	5
LANSDOWNE BORO	PA	Α	5
LAWNSIDE BORO CAMDEN	NJ	A	4
LAWRENCE TWP MERCER	NJ	В	5
LEIPSIC	DE	E	
			2
LITTLE ODEEK	PA	A	5
LITTLE CREEK	DE	E	2
LONDON GROVE TWP	PA	Α	2
LONDONDERRY TWP CHESTER	PA	Α	2
LOWER ALLOWAYS CREEK TWP SALEM	NJ	Α	2
LOWER CHICHESTER TWP	PA	Α	2
LOWER FREDERICK TWP	PA	Α	5
LOWER GWYNEDD TWP	PA	A	5
LOWER MAKEFIELD TWP	PA	Ā	5
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LOWER MERION TWP	PA PA	A	5
LOWER MORELAND TWP	PA	Α	5
LOWER POTTSGROVE TWP	PA	Α	3
LOWER PROVIDENCE TWP	PA	Α	5
LOWER SALFORD TWP	PA	Α	5
LOWER SOUTHAMPTON TWP	PA	Α	5
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LUMBERT ON TWP SALEM N.J. A		N		
MANNINGTON TWP SALEM	LUMBERTON TWP BURLINGTON	NJ	A	4
MANSPIELD TWP BURLINGTON			Α	
MANTUA TWP GLOUCESTER	MANNINGTON TWP SALEM	NJ	Α	2
MAPLE SHADE TWP BURLINGTON	MANSFIELD TWP BURLINGTON	NJ	Α	4
MARCUS HOOK BORO PA A 2 MARIBOROUGH TWP PA A 5 MARPLE TWP PA A 5 MARRIE TWP PA A 5 MEDFORD LAKES BORO BURLINGTON NJ A 4 MEDFORD TWP BURLINGTON NJ A 4 MEDIA BORO PA A A MEDIA BORO PA A A MERCHANTVILLE BORO CAMDEN NJ A 4 MIDDLE TWP CAPE MAY NJ A 1 MIDDLETOWN TWP BUCKS COUNTY PA A 2 MIDDLETOWN TWP BUCKS COUNTY PA A 2 MILLBOURNE BORO PA A 5 MILLBOURNE BORO PA A 5 MILLBOURNE BORO PA A 5 MULLSTONE TWP MIDDLESEX NJ C 6 MILLBOURNE TWP MIDDLESEX NJ C 6 MONTGOMERY TWP MONMOUTH NJ A 2	MANTUA TWP GLOUCESTER	NJ	Α	4
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NORWOOD BORO PA A 4 OAKLYN BORO CAMDEN NJ A 4 ODESSA DE A 2 PARKESBURG BORO PA A 2	NORTH WALES BORO	PA	Α	5
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PEMBERTON TWP BURLINGTON NJ A 4	PEMBERTON TWP BURLINGTON	NJ	Α	4

DENN TWO OUTOTED	BA	A	
PENN TWP CHESTER	PA	A	2
PENNDEL BORO	PA	Α	5
PENNINGTON BORO MERCER	NJ	В	5
PENNSAUKEN TWP CAMDEN	NJ	Α	4
PENNSBURY TWP	PA	Α	2
PERKASIE BORO	PA	Α	5
PERKIOMEN TWP	PA	Ä	5
PHILADELPHIA CITY	PA	Α	5
PHOENIXVILLE BORO	PA	Α	5
PINE HILL BORO CAMDEN	NJ	Α	4
PITMAN BORO GLOUCESTER	NJ	Α	4
PLAINSBORO TWP MIDDLESEX	NJ	С	6
PLUMSTEAD TWP	PA	Α	5
PLYMOUTH TWP	PA	A	5
POCOPSON TWP	PA	A	2
PRINCETON BORO MERCER	NJ	В	5
PRINCETON TWP MERCER	NJ	В	5
QUAKERTOWN BORO	PA	Α	5
QUINTON TWP SALEM	NJ	Α	2
RADNOR TWP	PA	A	5
RICHLAND TWP	PA	Ā	5
RICHLANDTOWN BORO	PA	Α	5
RIDLEY PARK BORO	PA	Α	4
RIDLEY TWP	PA	Α	4
ROCKLEDGE BORO	PA	Α	5
ROCKY HILL BORO SOMERSET	NJ	С	6
ROOSEVELT BORO MONMOUTH	NJ	Č	6
ROSE VALLEY BORO	PA	Α	2
ROYERSFORD BORO	PA	Α	3
RUNNEMEDE BORO CAMDEN	NJ	Α	4
RUTLEDGE BORO	PA	Α	4
SADSBURY TWP	PA	Α	2
SALEM CITY SALEM	NJ	A	2
SALFORD TWP	PA	Ä	5
SCHUYLKILL TWP	PA	Α	5
SCHWENKSVILLE BORO	PA	Α	5
SELLERSVILLE BORO	PA	Α	5
SHAMONG TWP BURLINGTON	NJ	Α	4
SHARON HILL BORO	PA	Α	4
SHILOH BORO CUMBERLAND	NJ	Α	2
SILVERDALE BORO	PA	_	
		A	5
SKIPPACK TWP	PA	Α	5
SOUDERTON BORO	PA	Α	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	С	6
SOUTH COATESVILLE BORO	PA	Α	2
SOUTHAMPTON TWP BURLINGTON	NJ	Α	4
SPRINGFIELD TWP	PA	A	5
SPRINGFIELD TWP BURLINGTON	NJ	Ā	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	Α	5
STOW CREEK TWP CUMBERLAND	NJ	Α	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	Α	4
TAVISTOCK BORO CAMDEN	NJ	Α	4
TELFORD BORO BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	PA	A	5
THORNBURY TWP CHESTER COUNTY	PA	Α	3
THORNBURY TWP DELAWARE COUNTY TOWAMENCIN TWP	PA	Α	3

TOWNSEND	DE	۸	
	DE	A	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	В	5
TRAINER BORO	PA	Α	2
TRAPPE BORO	PA	Α	5
TREDYFFRIN TWP	PA	Α	5
TRENTON CITY MERCER	NJ	В	5
TRUMBAUERSVILLE BORO	PA	Α	5
TULLYTOWN BORO	PA	Α	5
UPLAND BORO	PA	A	2
UPPER CHICHESTER TWP			h
	PA	A	2
UPPER DARBY TWP	PA	Α	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	Α	2
UPPER DUBLIN TWP	PA	Α	5
UPPER FREDERICK TWP	PA	Α	5
UPPER FREEHOLD TWP MONMOUTH	NJ	С	7
UPPER GWYNEDD TWP	PA	Α	5
UPPER MAKEFIELD TWP	PA	A	5
UPPER MERION TWP	PA		
		A	5
UPPER MORELAND TWP	PA	Α	5
UPPER OXFORD TWP	PA	Α	2
UPPER POTTSGROVE TWP	PA	Α	3
UPPER PROVIDENCE TWP DELAWARE	PA	Α	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	Α	5
UPPER SALFORD TWP	PA	A	5
UPPER SOUTHAMPTON TWP	PA	A	5
UPPER UWCHLAN TWP	PA	Α	3
UWCHLAN TWP	PA	Α	
VALLEY TWP	PA	Α	2
VINELAND CITY CUMBERLAND	NJ	Α	2
VOORHEES TWP CAMDEN	NJ	Α	4
WALLACE TWP	PA	Α	3
WARMINSTER TWP	PA	A	5
WARRINGTON TWP (BUCKS)	PA	A	5
WARWICK TWP (BUCKS)	PA	Ā	3
WASHINGTON TWP GLOUCESTER	NJ	Α	4
WATERFORD TWP CAMDEN	NJ	Α	4
WEST BRADFORD TWP	PA	Α	3
WEST BRANDYWINE TWP	PA	Α	3
WEST CALN TWP	PA	Α	2
WEST CHESTER BORO	PA	Α	3
WEST CONSHOHOCKEN BORO	PA	A	5
WEST CONSTITUTE BORO WEST DEPTFORD TWP GLOUCESTER	NJ	_	
		A	4
WEST GOSHEN TWP	PA	A	3
WEST GROVE BORO	PA	Α	2
WEST MARLBOROUGH TWP	PA	Α	2
WEST NANTMEAL TWP	PA	Α	3
WEST NORRITON TWP	PA	Α	5
WEST PIKELAND TWP	PA	Α	3
WEST POTTSGROVE TWP	PA	A	3
WEST ROCKHILL TWP	PA	Ā	5
WEST VINCENT TWP	PA	Α	3
WEST WHITELAND TWP	PA	Α	3
WEST WINDSOR TWP MERCER	NJ	В	4
WESTAMPTON TWP BURLINGTON	NJ	Α	4
WESTTOWN TWP	PA	Α	3
WEYMOUTH TWP ATLANTIC	NJ	A	2
WHITEMARSH TWP	PA	Ā	5
		_	
WHITPAIN TWP	PA	Α	5

WILLINGBORO TWP BURLINGTON	NJ	Α	5
WILLISTOWN TWP	PA	Α	3
WINSLOW TWP CAMDEN	NJ	Α	4
WOODBURY CITY GLOUCESTER	NJ	Α	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	Α	4
WOODLAND TWP BURLINGTON	NJ	Α	4
WOODLYNNE BORO CAMDEN	NJ	Α	4
WORCESTER TWP	PA	Α	5
WRIGHTSTOWN BORO BURLINGTON	NJ	Α	4
WRIGHTSTOWN TWP	PA	Α	5
WYOMING	DE	E	1
YARDLEY BORO	PA	Α	5
YEADON BORO	PA	Α	5

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID# 062715

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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.

BLG	OCK 1		BLOCK 2				
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:				П			
 Service to first set 	637,006	\$	25.00	i I			
 Service to additional set(s) 				İ			
• FM radio (if separate rate)				l l''			
Motel, hotel				l l''			
Commercial	11,293	\$	35.00	İ			
Converter				İ			
Residential				l l''			
Non-residential				ĺ ľ			
		†		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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$ 15.00	Motel, hotel		See Tab Attachment B
 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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε **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 A 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) WDPN Wilmington 2 I No **KYW** 3 Ν No Philadelphia See instructions for additional information **WACP** No 4 I **Atlantic City** on alphabetization. WPVI 6 Ν No Philadelphia WCAU 10 Ν No **Philadelphia** 12 Ε WHYY Yes 0 Wilmington WTXF 29 Philadelphia No ı WUVP 65 I No Vineland WFMZ 69 I No Allentown **WPSG** 57 i No Philadelphia **WPHL** 17 I No **Philadelphia WPPX** 61 No I Wilmington WMCN 44 I No **Atlantic City WNJT** 52 Ε Yes 0 Trenton **WTVE** 25 I No Reading **WWSI** 62 I No **Atlantic City WPPT** 35 Ε Yes 0 Philadelphia **WLVT** 39 Ε Yes 0 Allentown

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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 A 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) WPVI Localish HD 6 N-M No **Philadelphia** WDPN-simulcast 2 ı No Wilmington See instructions for additional information **KYW-simulcast** Ν No Philadelphia 26 on alphabetization. **WACP-simulcast** 4 I No **Atlantic City** 64 Ν WPVI-simulcast No **Philadelphia** 67 Ν No Philadelphia WCAU-simulcast WHYY-simulcast 55 Ε Yes Ε Wilmington 42 WTXF-simulcast ı No Philadelphia 65 **WUVP-simulcast** I No Vineland WFMZ-simulcast 69 i No Allentown WPSG-simulcast 32 I No Philadelphia 54 WPHL-simulcast No **Philadelphia** ı WPPX-simulcast 61 I No Wilmington WMCN-simulcast 44 I No **Atlantic City WNJT-simulcast** 52 Ε Yes Ε Trenton WTVE-simulcast 25 ı No Reading **WWSI-simulcast** 62 I No **Atlantic City** WLVT-simulcast 39 Ε Ε Allentown Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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 A 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) WGTW-simulcast 48 I No Burlington Cozi TV [WCAU] 10 N-M No Philadelphia See instructions for additional information WFMZ Accuweatl 69 No I-M Allentown on alphabetization. WPHL Antenna T 17 I-M No Philadelphia **WPVI ABC LAFF** 6 N-M No **Philadelphia** No WPHL Court TV 17 I-M Philadelphia **WPHL Comet** No 17 I-M Philadelphia WTXF Movies! 42 I-M Yes 0 Philadelphia 2 No **WDPN Heroes &** I-M Wilmington **WLVT Create** 39 0 E-M Yes Allentown WHYY Ykids 12 E-M Yes 0 Wilmington WHYY Y2 12 E-M 0 Yes Wilmington WNJT NHK World 52 E-M Yes 0 **Trenton WLVT France 24** 39 E-M Yes 0 Allentown WPPT World 35 E-M Yes 0 Philadelphia WDPN Retro Tele 2 I-M No Wilmington WWSI exitos TV 62 I-M No **Atlantic City** KYW StartTV 26 N-M No Philadelphia

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) **WUVP Justice Ne** 65 I-M No Vineland WUVP Bounce T 65 I-M No Vineland See instructions for additional information No Wilmington WPPX qubo 61 I-M on alphabetization. **WPPX Ion Plus** 61 I-M No Wilmington 42 WTXF Buzzr I-M No **Philadelphia WGTW TBN** 48 I No Burlington **WBPH** 60 Yes 0 Allentown ı **KYW Dabl** 3 Ν No Philadelphia Ν **WCAU LX** 10 No Philadelphia 60 I Ε WBPH-simulcast Yes Allentown WGTW TBN-simu 48 Ī No Burlington

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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. Identification 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.

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
WDPN	2	I	No		Wilmington
WCBS	2	N	No		New York
KYW	3	N	No		Philadelphia
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WPVI	6	N	No		Philadelphia
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WCAU	10	N	No		Philadelphia
WPIX	11	I	No		New York
WHYY	12	Е	No		Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	I	No		Allentown
WPSG	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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:

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNJT	52	E	No		Trenton
WNET	13	Е	No		Newark
WTVE	25	I	No		Reading
wwsi	62	I	No		Atlantic City
WPPT	35	E	No		Philadelphia
WLVT	39	E	Yes	0	Allentown
WACP	4	I	No		Atlantic City
WPVI Localish HI	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WPIX-simulcast	33	I	No		New York
WCBS-simulcast	56	N	No		New York
KYW-simulcast	26	N	No		Philadelphia
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WPVI-simulcast	64	N	No		Philadelphia
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WCAU-simulcast	67	N	No		Philadelphia

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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)
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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

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

G

Primary Transmitters: Television

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

PRIMARY TRANSMITTERS: TELEVISION

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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

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		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	Yes	0	Allentown
WHYY Ykids	12	E-M	No		Wilmington
WHYY Y2	12	Е-М	No		Wilmington
WNJT NHK World	52	E-M	No		Trenton
WLVT France 24	39	Е-М	Yes	0	Allentown
WPPT World	35	Е-М	No		Philadelphia
WDPN Retro Tele	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia
WUVP Justice Ne	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WPIX Court TV	33	I-M	No		New York
WPPX qubo	61	I-M	No		Wilmington

G

Primary Transmitters: Television

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

In General: In space G, identify every television station (including translator stations and low power television stations) 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

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		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPPX ION Plus	61	I-M	No		Wilmington
WNYW Movies!	44	I-M	No		New York
WGTW TBN	48	I	No		Burlington
WBPH	60	I	Yes	0	Allentown
KYW Dabl	3	N	No		Philadelphia
WCAU LX	10	N	No		Philadelphia
WBPH-simulcast	60	I	Yes	Е	Allentown
WGTW-simulcast	48	I	No		Burlington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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

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

G

Primary Transmitters: Television

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

PRIMARY TRANSMITTERS: TELEVISION

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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	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNYE-simulcast	25	Е	No		New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	41	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No		New York
WNJU TeleXitos	47	N-M	No		Newton
Antenna TV [WPI	33	I-M	No		Linden
WABC ABC LAFF	45	N-M	No		New York
WLIW Create	21	Е-М	Yes	0	Garden City
WNET Thirteen P	13	Е-М	No		Newark
WLIW World	21	E-M	Yes	0	Garden City
WXTV Bounce TV	41	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton
WPIX TBD TV	11	I-M	No		New York
WNJN NHK World	50	Е-М	Yes	0	Montclair
WCBS StartTV	56	N-M	No		New York
WJLP Grit TV	33	I-M	No		Middletown Twp
WJLP Court TV M	33	I-M	No		Middletown Twp
WWOR Buzzr	38	I-M	No		Secaucus

G

Primary Transmitters: Television

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

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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

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

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWOR Heroes &	38	I-M	No		Secaucus
WPIX Court TV	33	I-M	No		New York
WPXN qubo	31	I-M	No		New York
WPXN ION Plus	31	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WFUT getTV	67	I-M	No		Smithtown
WZME Shop LC H	43	I-M	No	•	Bridgeport
WLIW All Arts	21	E-M	Yes	0	Garden City
WLIW All Arts-sin	21	E-M	Yes	E	Garden City
WNBC LX	4	N-M	No		New York
WCBS Dabl	2	N-M	No		New York

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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. Identification 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).

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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	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMDT	47	I	No		Salisbury
WBOC FOX	21	I	No		Salisbury
WBOC	16	N	No		Salisbury
WMDT	47	I	No		Salisbury
WBAL	11	N	No		Baltimore
WDPB	64	Е	No		Seaford
WBOC-LD Telemi	42	I	No		Georgetown
WGDV-LD	32	I	No		Salisbury
WMPT	22	E	No		Annapolis
WMDT-simulcast	47	I	No		Salisbury
WBOC-simulcast	16	N	No		Salisbury
WBOC FOX-simu	21	I	No		Salisbury
WMDT-simulcast	47	I	No		Salisbury
WBAL-simulcast	59	N	No		Baltimore
WBOC-LD Telemi	42	I	No		Georgetown
WGDV-simulcast	32	I	No		Salisbury
WBAL Me TV	11	N-M	No		Baltimore
WMDT Me TV	47	I-M	No		Salisbury

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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).

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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

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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	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOC Antenna T	16	N-M	No		Salisbury
WGDV Bounce T	32	I-M	No		Salisbury
WGDV Heroes &	32	I-M	No		Salisbury
WRDE-LD	4	N	No		Salisbury
WRDE-Cozi	4	N-M	No		Salisbury
WRDE-LD-simulo	4	N-M	No		Salisbury

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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

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		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTVE	25	I	No		Reading
wwsi	62	I	No		Atlantic City
WPPT	35	Е	Yes	0	Philadelphia
WLVT	39	Е	Yes	0	Allentown
WDPN	2	I	No		Wilmington
WACP	4	I	No		Atlantic City
WPVI Localish HI	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WMAR-simulcast	52	N	No		Baltimore
KYW-simulcast	26	N	No		Philadelphia
WBOC-simulcast	16	N	No		Salisbury
WBOC FOX-simu	21	I	No		Salisbury
WPVI-simulcast	64	N	No		Philadelphia
WMDT-simulcast	47	I	No		Salisbury
WCAU-simulcast	67	N	No		Philadelphia
WHYY-simulcast	55	Е	Yes	Е	Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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

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		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WMDT-simulcast	47	I	No		Salisbury
WNJT-simulcast	52	E	Yes	E	Trenton
WTVE-simulcast	25	I	No		Reading
WWSI-simulcast	62	I	No		Atlantic City
WACP-simulcast	4	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WMAR Laff	52	N-M	No		Baltimore
WMDT Me TV	47	I-M	No		Salisbury
WPHL Antenna T	17	I-M	No		Philadelphia
WFMZ AccuWeat	69	I-M	No		Allentown
WPVI ABC LAFF	6	N-M	No		Philadelphia
WPHL Court TV	17	I-M	No		Philadelphia

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania 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. Identification 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.

CHANNEL LINE-UP E 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) WPHL Comet 17 I-M No **Philadelphia** WTXF Movies! 42 I-M No Philadelphia WDPN Heroes & No Wilmington 2 I-M **WLVT Create** 39 E-M No Allentown WHYY Ykids 12 E-M No Wilmington 12 WHYY Y2 E-M Yes 0 Wilmington WNJT NHK World 52 0 E-M Yes **Trenton** 0 WLVT France 24 39 E-M Yes Allentown **WPPT World** 0 35 E-M Yes Philadelphia WBOC Antenna 1 16 0 N-M Yes Salisbury **WDPN Retro Tele** 2 I-M Yes 0 Wilmington WWSI exitos TV 62 No **Atlantic City** I-M KYW StartTV 26 N-M No Philadelphia **WUVP Justice Ne** 65 I-M No Vineland **WUVP Bounce TV** 65 I-M No Vineland **WTXF Buzzr** 42 I-M No Philadelphia WPPX qubo 61 I-M No Wilmington **WPPX ION Plus** 61 I-M No Wilmington

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon Pennsylvania LLC	062715	
PRIMARY TRANSMITTERS: TELEVISION		

In General: In space G, identify every television station (including translator stations and low power television stations) 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGTW TBN	48	I	No		Burlington
WBPH	60	I	Yes	0	Allentown
WCAU LX	10	N	No		Philadelphia
KYW Dabl	3	N	No		Philadelphia
WBPH-simulcast	60	I	Yes	Е	Allentown
WGTW-simulcast	<mark>V-simulcast</mark> 48 I		No		Burlington

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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

TOTAL GAGE, TAGE 0.						ACCOUNTING	1 EIGOD: 2020/1
LEGAL NAME OF OWNER OF Verizon Pennsylvania		TEM:			S	062715	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former F0	a distant statio CC rules, regu	lations, or authorizations.	For a further	 Substitute
	CONCER	NING SURSI	TITLITE CAPPIAGE				Carriage:
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
broadcast by a distant station?							
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			Program Log
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NE n was broad sign of the state and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute) s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "leasting the substitute programe community to which the community with which the stem carried the substitute or was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FCC or, in entified). e numerals, with the more times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	nth ely	
				WHE	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN			DELETION		
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS **FROM** TO DATE FROM TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Ver	izon Pennsylvania LLC			062715	Name
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transmi te this ar	ssion service nount, see	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount	174,936,248.17 of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.					
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	e enter	red on lii	ne 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered	d on line	2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		064 perc	ent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	174,936,248.17	
	Enter the result here. This is your minimum fee.	\$		1,861,321.68	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion in the column in t	nn 4, y od?	ou 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		\$	1,149,705.66	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		1,149,705.66	
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		\$	1,861,321.68	Cable systems
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r		0.00	additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		1,862,046.68	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separate instructions located in the paper SA3 form for more information.)	See pa	age (i) of	f the	auunionai 1965.

ACCOUNTING PERIOD: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC 062715									
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									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted 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 (City, town, state, zip)									
	Email patrick.merrick@verizon.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O 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 in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	X /s/ Veronica C. Glennon									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Veronica C. Glennon									
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)									
	Date: 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 ID#	Name
Verizon Pennsylvania LLC 062715	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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* 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 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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:

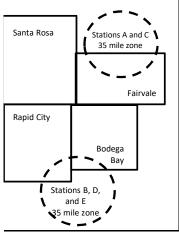
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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	GE 11. (CONTINUED)					
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S'	YSTEM ID#
<u> </u>	Verizon Pennsylvania L	LC				062715
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:			
	Add the DSEs of each station				F 00	
	Enter the sum here and in line	1 of part 5 of this	s schedule.	,,	5.00	
2	Instructions:					
_	In the column headed "Call sof space G (page 3).	sign": list the cal	I signs of all distant station	s identified by th	ne letter "O" in column 5	
Computation	In the column headed "DSE"	: for each indepe	endent station, give the DS	E as "1.0"; for e	each network or noncom-	
of DSEs for	mercial educational station, giv					
Category "O"			CATEGORY "O" STATIO	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WHYY	0.250				
	WHYY Ykids	0.250				
	WHYY Y2	0.250				
	WNJT	0.250				
Add rows as	WNJT NHK World	0.250				
necessary.	WPPT	0.250				
Remember to copy	WPPT World	0.250				
all formula into new	WLVT	0.250				
rows.	WLVT Create	0.250				
	WLVT France 24	0.250				
	WLIW	0.250				
	WLIW Create	0.250				
	WLIW World	0.250				
	WNJN	0.250				
	WNJN NHK World	0.250				
	WLIW All Arts	0.250				
	WBPH	1.000				

I		lk	
I	k	I	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Pennsylvania LLC 062715 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 DSF 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. 5.00 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 5.00

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

EGAL NAME OF O /erizon Penns	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 062715	Namo
nstructions: Bloc	ck A must be comp	leted.							
block A: f your answer if '	'Yes," leave the re	mainder of p	art 6 and part 7	of the DSE sched	lule blank and	l complete part	8, (page 16) of the	е	6
chedule. f your answer if '	'No," complete blo	cks B and C	helow						
r your anower ii	rto, complete ble	one B and C		ELEVISION MA	ARKETS				Computation
		utside of all r	najor and small	er markets as defir	ned under sed	ction 76.5 of FO	CC rules and regul	ations in	3.75 Fee
fect on June 24,		schedule—F	O NOT COMP	LETE THE REMAI	INDER OF PA	ART 6 AND 7			
_	lete blocks B and				INDER OF 17				
			CK B. CARR	IAGE OF PERM	MITTED DS	SFe			-
Column 1:	I ist the call signs			oart 2, 3, and 4 of t			m was nermitted t	o carry	-
CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to Jundule. (Note: The	e 25, 1981. For fur e letter M below re	ther explanat	ion of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carried 76.61(b)(c)]	les and regu ed pursuant t	lations cited be to the FCC mark	is on which you ca low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e)	e in effect on i.57, 76.59(b)	June 24, 1981 , 76.61(b)(c), 7	6.63(a) referring to)	
	C Noncommerica	al educational station (76.0 DSE sched	al station [76.59 65) (see paragr lule).	(c), 76.61(d), 76.63 aph regarding sub	3(a) referring	to 76.61(d)]			
	*F A station prev	viously carrie HF station w	ed on a part-time rithin grade-B co	e or substitute basi ontour, [76.59(d)(5	•		ring to 76.61(e)(5)	1	
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHYY	C	0.25	WPPT Wor		0.25			0.25	
WHYY Ykid WHYY Y2	M M	0.25 0.25	WLVT WLVT Crea	C M	0.25 0.25	•	C M	0.25 0.25	
WNJT	C	0.25	WLVT Fran		0.25	WLIW All		0.25	
WNJT NHK	M	0.25	WLIW	С	0.25	WBPH	M	1.00	
WPPT	С	0.25	WLIW Crea	M	0.25				
								5.00	
		I	BLOCK C: CO	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this s	schedule			1		
ne 2: Enter the	sum of permitted	d DSEs fror	m block B abo	ve			11-		
				of DSEs subject 7 of this schedule		rate.			
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the
ne 5: Multiply li	ne 4 by 0.0375 a	and enter si	ım here						partially permited/ partially
· ···-···	, 2.22.30						×		nonpermitte carriage?
ne 6: Enter tota	al number of DSE	s from line	3						If yes, see page 9 instruction
ne 7: Multiply li	ne 6 by line 5 an	d enter her	e and on line 2	2, block 3, space	L (page 7)			0.00	

	OWNER OF CABLE							7STEM ID# 062715	
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									0.707.00

		l							-

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Pennsylvania LLC 062715 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 Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. 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. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. 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	ME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC SYSTEM ID# 062715	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 defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank, NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		Enter 0.00089 of gross receipts (the amount in section 1). Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. Multiply line D by line E and enter here. Multiply line D by line E and enter here. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Fyndicated Exclusivity Surcharge. Dens: complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part broked "Yes," use the total number of DSEs from part 5. A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Inswer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Inswer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below In partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ted within that station's local service area and others were located outside that area. For the definition of a station's "local tea," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS To cable system retransmit the signals of any partially distant television stations during the accounting period?		
7	Section 4b			
0	40			
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1).		
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)		
Surcharge		C. Multiply line B by 3.000 and enter here		
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$		
		E. Subtract 4.000 from the total DSEs (the figure on line C in		
		Enter here and on line 2, block 4, space L (page 7)		
		Syndicated Exclusivity Surcharge	<u></u>	
	Instru	ctions:		
8	You m	sust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part		
		checked "Yes," use the total number of DSEs from part 5.		
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.		
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below		
Buse Rate Fee		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers		
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local		
	Service	e area, see page (v) or the general instituctions.		
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?		
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.		
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$		
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.		
	2	(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)	0.00	
		Base Rate Fee	<u></u> .	

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

LEGAL N	AND OF OMNER OF CARLE OVOTEN.	0.407514.10.41	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 062715	Name
veriz	on Pennsylvania LLC	002713	
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 \$		
	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	
	!TANT: 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.	ne orientier line	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta clusion, you must:	ke advantage of	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distoured as the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr		Cundingtod
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exemple so 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.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distan	t station you	Stations
	to that community.	are legated	
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.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distriber 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	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.		
	a section:		
• Identi	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:			
and 4	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,		
, ,	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 t	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 e paper SA3 form.	eral instructions	
page. DSEs t	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 or that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	p (that is, the total	

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

5	062715							EGAL NAME OF OWNER
		ER GROUP	SUBSCRIB	TE FEES FOR EACH S	BASE RA	COMPUTATION OF	OCK A: (Bl
	Р	SUBSCRIBER GROU	SECOND S		Р	SUBSCRIBER GROU	FIRST	
O SE Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			0.25	WNJT			0.25	WHYY
			0.25	WNJT NHK World			0.25	NHYY Ykids
			0.25	WLVT			0.25	NHYY Y2
			0.25	WLVT Create			0.25	WNJT
	<u></u>		0.25	WLVT France 24			0.25	WNJT NHK World
	<u></u>		1.00	WBPH			0.25	WPPT
			1.00	TAADI II			0.25	VPPT World
								WLVT
			-				0.25	VLVT Create
							0.25	
			-				0.25	VLVT France 24
			-				1.00	/BPH
]								
	2.25			Total DSEs	3.50			otal DSEs
	40 757 20	\$ 31,3	Group	Gross Receipts Second	865.97	\$ 626	oup	iross Receipts First Gro
	40,757.39		i					
- - 	08,089.05		•	Base Rate Fee Second	655.68		- '	ase Rate Fee First Gro
- - 7	08,089.05	\$ 6	•		P	s 17,	- '	ase Rate Fee First Gro
-]]	08,089.05		•		•		- '	
-]]	08,089.05		FOURTH S		P		THIRD	DMMUNITY/ AREA
-]]	08,089.05	SUBSCRIBER GROU	FOURTH S	COMMUNITY/ AREA	0	SUBSCRIBER GROUI	THIRD	DMMUNITY/ AREA
	08,089.05	SUBSCRIBER GROU	FOURTH S	COMMUNITY/ AREA	0	SUBSCRIBER GROUI	THIRD	OMMUNITY/ AREA CALL SIGN
- - - - -	08,089.05 P	SUBSCRIBER GROU	DSE 0.25	COMMUNITY/ AREA CALL SIGN WLVT	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25	COMMUNITY/ AREA CALL SIGN WLVT WLVT Create	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	DMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	DMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	DMMUNITY/ AREA CALL SIGN
	08,089.05	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN /NJT
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
- - - - -	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN /NJT
	08,089.05	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	DMMUNITY/ AREA CALL SIGN
	08,089.05	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN
	08,089.05 P	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	CALL SIGN WLVT WLVT Create WLVT France 24	0	SUBSCRIBER GROUI	THIRD S	OMMUNITY/ AREA CALL SIGN /NJT /NJT NHK World
	08,089.05 P	CALL SIGN	DSE 0.25 0.25 1.00	CALL SIGN WLVT WLVT Create WLVT France 24 WBPH	DSE	CALL SIGN	DSE 0.25 0.25	CALL SIGN WNJT WNJT NHK World Cotal DSEs Gross Receipts Third Gr

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC SYSTEM ID# 062715							
		BER GROUP	SUBSCRIE	TE FEES FOR EACH S	BASE RA	COMPUTATION OF	OCK A: (BL
-	Р	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP						
Comp	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base F			0.25	WLIW				
а			0.25	WLIW Create				
Sync			0.25	WLIW World				
Excl			0.25	WLIW All Arts				
Surc								
f						-		
Par								
Dis								
Stat								
,								
1								
,								
<u> </u>								
	1.00			Total DSEs	0.00			otal DSEs
	Gross Receipts Second Group \$ 1,340,313.86				,451.59	\$ 99,174	up	Gross Receipts First Gro
	14,260.94	ş 1	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	14,260.94	\$ 1	- 1	Base Rate Fee Second	-	\$ SUBSCRIBER GROU		
	14,260.94		- 1	Base Rate Fee Second COMMUNITY/ AREA	-			S
	14,260.94		- 1		JP			S OMMUNITY/ AREA
	14,260.94 P	SUBSCRIBER GROUF	EIGHTH S	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA
	14,260.94 P	SUBSCRIBER GROUF	EIGHTH S	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA CALL SIGN VLIW
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25	COMMUNITY/ AREA CALL SIGN WNJT	JP 0	SUBSCRIBER GROU	DSE 0.25	S OMMUNITY/ AREA CALL SIGN VLIW VLIW Create
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25	COMMUNITY/ AREA CALL SIGN WNJT WNJT NHK World	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	CALL SIGN VLIW VLIW Create VLIW World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	S COMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	S COMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
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	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN WNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN WNJN NHK World
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	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	SCOMMUNITY/ AREA CALL SIGN VLIW VLIW Create VLIW World VNJN VNJN NHK World
	14,260.94 P	SUBSCRIBER GROUF	DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24	JP 0	SUBSCRIBER GROU	DSE 0.25 0.25 0.25 0.25 0.25	COMMUNITY/ AREA
	14,260.94 P	CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24 WBPH Total DSEs	DSE DSE	CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25	CALL SIGN WLIW WLIW Create WLIW World WNJN WNJN NHK World WLIW All Arts
	14,260.94 P	CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25 1.00	COMMUNITY/ AREA CALL SIGN WNJT WNJT NHK World WPPT WPPT World WLVT WLVT Create WLVT France 24 WBPH	JP 0	CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25	CALL SIGN WLIW WLIW Create WLIW World WNJN WNJN NHK World WLIW All Arts