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 | | | | | | | | |
| B | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account in the conduction of the country of the cable system's first filling. If not, enter the system's ID | ss of the cable syster on the last day of to | em. he accounting period should su | • | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | |
| | Verizon Virginia LLC | | | | | | | | |
| | | | | 06271720201 | | | | | |
| | | | | 062717 2020/1 | | | | | |
| | 22001 Loudoun County Parkway Ashburn, VA 20147 | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to | , | . , | | | | | | |
| | names already appear in space B. In line 2, give the mailing address of | of the system, if dif | ferent from the address giv | en in space B. | | | | | |
| System | 1 Verizon Fios TV (Norfolk, VA) VHO 9a | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | |
| | 3131 B Sewells Point Rd 2 (Number, street, rural route, apartment, or suite number) | | | | | | | | |
| | Norfolk, VA 23513 | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | y only the frst com | munity served below and re | elist on page 1b | | | | | |
| Area | with all communities. | | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | |
| First | | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple ch | | | T | | | | | |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP A | SUB GRP# | | | | | |
| Sample | 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 sufficiency of the fling, a determination that would be made by a court of law.

| TORM SASE. PAGE 10. | | | | 1 | | | |
|--|--------------------|---------------------|------------|------------------------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
| Verizon Virginia LLC | | | 062717 | | | | |
| | | | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town. | e parks should be | e reported in pare | ntheses | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9). | e column blank. İf | f you report any st | ations | | | | |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by | a subscriber grou | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | |
| VIRGINIA BEACH | VA | Α | | First | | | |
| CHESAPEAKE | VA | A | | Community | | | |
| HAMPTON | VA | A | | Johnmanney | | | |
| | • | | | | | | |
| NEWPORT NEWS | VA | Α | | | | | |
| POQUOSON | VA | Α | | | | | |
| PORTSMOUTH | VA | Α | | See instructions for | | | |
| YORK COUNTY | VA | Α | | additional information | | | |
| | | | | on alphabetization. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Add rows as necessary. | | | |
| | | | | 7.00.70.00.00.00.00.71 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | _ | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062717

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLOCK 1 | | | | | BLOC | K 2 | |
|--|-------------|----|-------|-------|---------------------|-------------|------|
| | NO. OF | | | П | | NO. OF | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential: | | | | | | | |
| Service to first set | 108,379 | \$ | 25.00 | | | | |
| Service to additional set(s) | | | | | | | |
| FM radio (if separate rate) | | | | | | | |
| Motel, hotel | | | | | | | |
| Commercial | 893 | \$ | 35.00 | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | • | | 1 000 | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 2 | | | | |
|---|---------|-------------------------|-------------------------------|------|--------------------------|
| CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE | | | | 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 | | Pay cable-add'l channel | | | |
| Installation: Residential • Fire protection | | 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 | | | |
| • Mov | | Move to new address | | | |
| | | | | | |

| Category of Service | Residential Rate | Commercial Rate |
|------------------------------------|---------------------|--------------------|
| Block 1 | 45.00 | 45.00 |
| Pay Cable | 15.00 | 15.00 |
| Pay Cable - add'l Channel | 22.22 | 22.22 |
| 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 062717 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP 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) WTKR 3 Ν No Norfolk WSKY 4 ı No Manteo See instructions for additional information WVBT No 43 I Virginia Beach on alphabetization. WGNT 27 ı No **Portsmouth** WAVY 10 Ν No **Portsmouth** WTVZ 33 No I Norfolk **WVEC** 13 No Hampton Ν WPXV 49 I No Norfolk WHRO Ε 15 No Hampton-Norfolk **WTPC** 21 Ī No Virginia Beach Ν WTKR-simulcast 40 No Norfolk WSKY-simulcast 4 No ı Manteo WVBT-simulcast 29 I No Virginia Beach WGNT-simulcast 50 No **Portsmouth WAVY-simulcast** 31 Ν No **Portsmouth** WTVZ-simulcast 38 I No Norfolk **WVEC-simulcast** 41 Ν No Hampton WPXV-simulcast 49 ı No Norfolk

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062717 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is 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 SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WHRO-simulcast 16 Ε No Hampton-Norfolk WTPC-simulcast 21 No Virginia Beach ı See instructions for additional information WHRO World E-M No 16 Hampton-Norfolk on alphabetization. WHRO Kids 16 E-M No Hampton-Norfolk WHRO Create 16 E-M No Hampton-Norfolk 50 No **WGNT Antenna T** I-M **Portsmouth** WTVZ CometTV 33 No Norfolk I-M WAVY Bounce T 31 N-M No **Portsmouth** WTVZ Stadium 33 I-M No Norfolk WAVY getTV 31 No N-M **Portsmouth** WAVY CBN 31 N-M No **Portsmouth** WVEC Justice Ne 13 No N-M Hampton **WVEC ME TV** 13 N-M No Hampton **WVEC Quest** 13 N-M No Hampton WGNT TBD TV 50 I-M No **Portsmouth** WPXV qubo 49 I-M No Norfolk **WPXV ION Life** 49 I-M No Norfolk

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062717 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 CAGE 1. | | | | | | Accounting | 1 EMOD. 2020/1 |
|---|--|--|---|---|--|---------------------|--------------------------|
| Verizon Virginia LLC | CABLE SYST | TEM: | | | S | YSTEM ID# 062717 | Name |
| SUBSTITUTE CARRIAGE | E SPECIA | AL STATEME | NT AND PROGRAM LO | 3 | | | |
| In General: In space I, ident substitute basis during the avexplanation 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 |
| 1. SPECIAL STATEMEN | CONCER | NING SUBSI | TITLITE CAPPIAGE | | | | Carriage: |
| During the accounting per | | | | sis. anv nonn | etwork television prograr | n | Special Statement and |
| broadcast by a distant sta | - | , | y , | ··-, -··· , ··-··· | | XNo | Program Log |
| Note: If your answer is "No | ", leave the | rest of this pag | ge blank. If your answer is | "Yes," you m | nust complete the progra | m | |
| 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) such categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute by gram was carried by your lied by a system from 6:01 a 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 | en, during the accounting gramming of another state ons located in the paper? List specific program ensed by the FCC or, in entified). The numerals, with the more accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro | tion nth ly | |
| | | | | | EN SUBSTITUTE | 7. REASON | |
| | 2. LIVE? | E PROGRAM 3. STATION'S | | 5. MONTH | IAGE OCCURRED 6. TIMES | FOR DELETION | |
| TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | DELETION | |
| | | | | | _ | | |
| | | | | | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | <u> </u> | | |
| | | | | | <u> </u> | | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | _ | | |
| | | | | | _ | | |
| | | | | | | | |

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062717 Verizon Virginia 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 | AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# 062717 | Name | | | |
|--|--|---|---|--|--|--|
| Inst all a (as pag | OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | condary transmission service compute this amount, see \$ 29,493,325.55 | K 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. | | | | | | |
| bloc If pa 3 be | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below. Art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. Art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below. | entered on line 2 in block | | | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | | | | |
| | This is your minimum fee. | \$ 313,808.98 | | | | |
| 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 colus "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. X No—Leave block 3 below blank and | mn 4, you must check | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ - | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | 0.00 | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ - | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | \$ 313,808.98 | Cable systems submitting additional deposits under | | | |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | 0.00 | Section 111(d)(7) should contact the Licensing | | | |
| | Line 4. FILING FEE | \$ 725.00 | additional fees. Division for the | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ 314,533.98 | appropriate form for submitting the | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.) | (See page (i) of the | additional fees. | | | |

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 8.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC 062717 |
|--|--|
| | Volume 1 and |
| 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. |
| | 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 20147 (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 Virginia LLC (Title of official position held in corporation or partnership) |
| | Date: August 28, 2020 |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nome |
|---|---|--------------------------------|
| Verizon Virginia LLC | 062717 | 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions pure | system for the basic em shall not include sub- | P Special Statement Concerning |
| For more information on when to exclude these amounts, see the note on page (vii) of the gene paper SA3 form. | | Gross Receipts Exclusion |
| During the accounting period did the cable system exclude any amounts of gross receipts for se made by satellite carriers to satellite dish owners? | condary transmissions | |
| X NO | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address Name Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payer For an explanation of interest assessment, see page (viii) of the general instructions in the paper | | Q |
| Line 1 Enter the amount of late payment or underpayment | x | 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 | xdaysx 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | (interest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For for 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 please list below the owner, address, first community served, accounting period, and ID number filing. | | |
| Owner Address | | |
| First community served | | |
| Accounting period | | |
| ID number | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.