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 |
| | \$ |
| 02/26/2021 | 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 | 2020/2 | | | | | | | | |
| 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 according Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New Jersey Inc. | ss of the cable syster on the last day of to | em. he accounting period should so | | 062714 | | | | |
| | Venzon New Gersey Inc. | | | | | | | | |
| | 06271420202 | | | | | | | | |
| | | | | 062714 | 2020/2 | | | | |
| | 22001 Loudoun County Parkway Ashburn, VA 20147 | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of | • | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Freehold, NJ) VHO 7 | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 999 West Main Street (Number, street, rural route, apartment, or suite number) Freehold, NJ 07728 (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 r | elist on pa | ge 1b | | | | |
| Area | with all communities. | 1 | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | |
| First | ALLENDALE BORO BERGEN | NJ | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple ch | 1 | | | | | | | |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP | SUB | GRP# | | | | |
| Sample | Alliance | MD | A B | | 2 | | | | |
| | Gering | MD | В | | 3 | | | | |
| | | | | | | | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062714 Verizon New Jersey Inc. 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 NJ ALLENDALE BORO BERGEN Α 3 First ABERDEEN TWP MONMOUTH NJ 2 Α Community 2 ALLENHURST BORO MONMOUTH NJ ALPINE BORO BERGEN NJ Α 3 **ASBURY PARK CITY MONMOUTH** NJ Α 2 ATLANTIC HIGHLANDS BORO MONMOUTH NJ Α 3 See instructions for 2 AVON-BY-THE-SEA BORO MONMOUTH NJ additional information on alphabetization. 3 **BAYONNE CITY HUDSON** NJ Α **BEACHWOOD BORO OCEAN** NJ В 4 2 BEDMINSTER TWP SOMERSET NJ Α **BELLEVILLE TWP ESSEX** NJ 3 Α Add rows as necessary. NJ 2 BELMAR BORO MONMOUTH Α 3 BERGENFIELD BORO BERGEN NJ Α BERKELEY HEIGHTS TWP UNION NJ Α 2 BERKELEY TWP OCEAN NJ В 4 BERNARDS TWP SOMERSET NJ Α 2 BERNARDSVILLE BORO SOMERSET NJ Α 2 3 **BLOOMFIELD TWP ESSEX** NJ Α 2 **BLOOMINGDALE BORO PASSAIC** NJ **BOGOTA BORO BERGEN** NJ Α 3 **BOONTON TWP MORRIS** NJ Α 2 3 BOROUGH OF WOODLAND PARK PASSAIC NJ Α 2 **BOUND BROOK BORO SOMERSET** NJ **BRADLEY BEACH BORO MONMOUTH** NJ Α BRANCHBURG TWP SOMERSET NJ Α 2 **BRICK TWP OCEAN** NJ В 1 BRIDGEWATER TWP SOMERSET NJ Α 2 1 BRIELLE BORO MONMOUTH NJ A **CALDWELL BORO ESSEX** 3 NJ Α CARLSTADT BORO BERGEN NJ Α 3 3 CEDAR GROVE TWP ESSEX NJ Α 2 CHATHAM BORO MORRIS NJ Α **CHATHAM TWP MORRIS** NJ 2 A **CHESTER TWP MORRIS** 2 NJ Α 3 CITY OF ORANGE TWP ESSEX NJ Α **CLARK TWP UNION** 3 NJ Α **CLIFFSIDE PARK BORO BERGEN** 3 NJ Α

NJ

NJ

Α

3

CLIFTON CITY PASSAIC

CLOSTER BORO BERGEN

| COLTS NECK TWP MONMOUTH | NJ | Α | 2 |
|-------------------------------|----------|----------|---|
| CRANFORD TWP UNION | NJ | Α | 3 |
| DEAL BORO MONMOUTH | NJ | Α | 2 |
| DEMAREST BORO BERGEN | NJ | A | 3 |
| DENVILLE TWP MORRIS | NJ | A | 2 |
| | | В | 4 |
| DOVER (TOMS RIVER) OCEAN | NJ | 4 | 4 |
| DOVER TOWN MORRIS | NJ | A | 2 |
| DUMONT BORO BERGEN | NJ | Α | 3 |
| EAST BRUNSWICK TWP MIDDLESEX | NJ | Α | 2 |
| EAST HANOVER TWP MORRIS | NJ | Α | 2 |
| EAST NEWARK BORO HUDSON | NJ | Α | 3 |
| EAST ORANGE CITY ESSEX | NJ | Α | 3 |
| EAST RUTHERFORD BORO BERGEN | NJ | Α | 3 |
| EATONTOWN BORO MONMOUTH | NJ | Α | 2 |
| EDGEWATER BORO BERGEN | NJ | Α | 3 |
| EDISON TWP MIDDLESEX | NJ | Ä | 2 |
| ELIZABETH CITY UNION | NJ | 4 _ | 3 |
| | | A | _ |
| ELMWOOD PARK BORO BERGEN | NJ | A | 3 |
| EMERSON BORO BERGEN | NJ | Α | 3 |
| ENGLEWOOD CITY BERGEN | NJ | A | 3 |
| ENGLEWOOD CLIFFS BORO BERGEN | NJ | Α | 3 |
| ENGLISHTOWN BORO MONMOUTH | NJ | Α | 2 |
| ESSEX FELLS BORO ESSEX | NJ | A | 3 |
| FAIR HAVEN BORO MONMOUTH | NJ | Α | 3 |
| FAIR LAWN BORO BERGEN | NJ | Α | 3 |
| FAIRFIELD TWP ESSEX | NJ | Α | 3 |
| FAIRVIEW BORO BERGEN | NJ | A | 3 |
| FANWOOD BORO UNION | NJ | Ä | 2 |
| FAR HILLS BORO SOMERSET | NJ | Ä | 2 |
| | | 1 | _ |
| FARMINGDALE BORO MONMOUTH | NJ | A | 2 |
| FLORHAM PARK BORO MORRIS | NJ | A | 2 |
| FORT LEE BORO BERGEN | NJ | Α | 3 |
| FRANKLIN LAKES BORO BERGEN | NJ | Α | 3 |
| FRANKLIN TWP SOMERSET | NJ | A | 2 |
| FREEHOLD BORO MONMOUTH | NJ | Α | 2 |
| FREEHOLD TWP MONMOUTH | NJ | Α | 2 |
| GARFIELD CITY BERGEN | NJ | Α | 3 |
| GARWOOD BORO UNION | NJ | Α | 3 |
| GLEN RIDGE ESSEX | NJ | Α | 3 |
| GLEN ROCK BORO BERGEN | NJ | Α | 3 |
| GREEN BROOK TWP SOMERSET | NJ | A | 2 |
| GUTTENBERG TOWN HUDSON | NJ | Â | 3 |
| HACKENSACK CITY BERGEN | | 4 _ | 3 |
| | NJ | A | 3 |
| HALEDON BORO PASSAIC | NJ NJ | A | 3 |
| HANOVER TWP MORRIS | NJ | A | 2 |
| HARDING TWP MORRIS | NJ | Α | 2 |
| HARRINGTON PARK BORO BERGEN | NJ | A | 3 |
| HARRISON TOWN HUDSON | NJ | Α | 3 |
| HASBROUCK HEIGHTS BORO BERGEN | NJ | Α | 3 |
| HAWORTH BORO BERGEN | NJ | Α | 3 |
| HAWTHORNE BORO PASSAIC | NJ | Α | 3 |
| HAZLET TWP MONMOUTH | NJ | A | 3 |
| HELMETTA BORO MIDDLESEX | NJ | A | 2 |
| HIGHLAND PARK BORO MIDDLESEX | NJ | A | 2 |
| HIGHLANDS BORO MONMOUTH | NJ | Ä | 3 |
| HILLSBOROUGH TWP SOMERSET | NJ | 1 | 2 |
| | | A | |
| HILLSDALE BORO BERGEN | NJ | A | 3 |
| HILLSIDE TWP UNION | NJ | Α | 3 |

| | | _ | 1 - |
|------------------------------|-----|---|-----|
| HOBOKEN CITY HUDSON | NJ | A | 3 |
| HO-HO-KUS BORO BERGEN | NJ | Α | 3 |
| HOLMDEL TWP MONMOUTH | NJ | Α | 2 |
| HOWELL TWP MONMOUTH | NJ | Α | 2 |
| INTERLAKEN BORO MONMOUTH | NJ | Α | 2 |
| IRVINGTON TWP ESSEX | NJ | Α | 3 |
| ISLAND HEIGHTS BORO OCEAN | NJ | В | 4 |
| JACKSON TWP OCEAN | NJ | В | 1 |
| JAMESBURG BORO MIDDLESEX | NJ | Α | 2 |
| JEFFERSON TWP MORRIS | NJ | A | 2 |
| JERSEY CITY HUDSON | NJ | A | 3 |
| KEANSBURG BORO MONMOUTH | NJ | Â | 3 |
| KEARNY TOWN HUDSON | NJ | Ā | 3 |
| | | | 3 |
| KENILWORTH BORO UNION | NJ | A | 3 |
| KEYPORT BORO MONMOUTH | NJ | A | 3 |
| LAKE COMO BORO MONMOUTH | NJ | A | 2 |
| LAKEHURST BORO | NJ | В | 4 |
| LAKEWOOD TWP OCEAN | NJ | В | 1 |
| LEONIA BORO BERGEN | NJ | Α | 3 |
| LINDEN CITY UNION | NJ | Α | 3 |
| LITTLE FALLS TWP PASSAIC | NJ | Α | 3 |
| LITTLE FERRY BORO BERGEN | NJ | Α | 3 |
| LITTLE SILVER BORO MONMOUTH | NJ | Α | 3 |
| LIVINGSTON TWP ESSEX | NJ | Α | 3 |
| LOCH ARBOUR VILLAGE MONMOUTH | NJ | A | 2 |
| LODI BORO BERGEN | NJ | A | 3 |
| LONG BRANCH CITY MONMOUTH | NJ | Ā | 3 |
| LONG HILL TWP MORRIS | NJ | Ā | 2 |
| LYNDHURST TWP BERGEN | NJ | | 3 |
| | | A | 3 |
| MADISON BORO MORRIS | NJ | A | 2 |
| MAHWAH TWP BERGEN | NJ | A | 3 |
| MANALAPAN TWP MONMOUTH | NJ | Α | 2 |
| MANASQUAN BORO MONMOUTH | NJ | Α | 1 |
| MANCHESTER TWP OCEAN | NJ | В | 1 |
| MANVILLE BORO SOMERSET | NJ | Α | 2 |
| MAPLEWOOD TWP ESSEX | NJ | Α | 3 |
| MARLBORO TWP MONMOUTH | NJ | Α | 2 |
| MATAWAN BORO MONMOUTH | NJ | Α | 2 |
| MAYWOOD BORO BERGEN | NJ | Α | 3 |
| MENDHAM BORO MORRIS | NJ | Α | 2 |
| MENDHAM TWP MORRIS | NJ | Α | 2 |
| MIDDLESEX BORO MIDDLESEX | NJ | A | 2 |
| MIDDLETOWN TWP MONMOUTH | NJ | Ā | 3 |
| MIDLAND PARK BORO BERGEN | NJ | A | 3 |
| MILLBURN TWP ESSEX | NJ | | 3 |
| | | A | 3 |
| MILLSTONE TWP MONMOUTH | NJ | A | 2 |
| MILLTOWN BORO MIDDLESEX | NJ | A | 2 |
| MINE HILL TWP MORRIS | NJ | Α | 2 |
| MONMOUTH BEACH BORO MONMOUTH | NJ | Α | 3 |
| MONROE TWP MIDDLESEX | NJ | Α | 2 |
| MONTCLAIR TWP ESSEX | NJ | Α | 3 |
| MONTVALE BORO BERGEN | NJ | Α | 3 |
| MONTVILLE TWP MORRIS | NJ | Α | 2 |
| MOONACHIE BORO BERGEN | NJ | Α | 3 |
| MORRIS PLAINS BORO MORRIS | NJ | A | 2 |
| MORRIS TWP MORRIS | NJ | A | 2 |
| MORRISTOWN TOWN MORRIS | NJ | Â | 2 |
| MOUNT OLIVE TWP MORRIS | NJ | A | 2 |
| INIOUINI OLIVE IVVF IVIORRIO | INJ | A | 2 |

| | | | 1 |
|---|----|-----|---|
| MOUNTAIN LAKES BORO MORRIS | NJ | Α | 2 |
| MOUNTAINSIDE BORO UNION | NJ | Α | 2 |
| NEPTUNE CITY BORO MONMOUTH | NJ | Α | 2 |
| NEPTUNE TWP MONMOUTH | NJ | Α | 2 |
| NEW BRUNSWICK CITY MIDDLESEX | NJ | Α | 2 |
| NEW MILFORD BORO BERGEN | NJ | Α | 3 |
| NEW PROVIDENCE BORO UNION | NJ | Α | 2 |
| NEWARK CITY ESSEX | NJ | A | 3 |
| NORTH ARLINGTON BORO BERGEN | NJ | A | 3 |
| NORTH BERGEN TWP HUDSON | NJ | A | 3 |
| NORTH BRUNSWICK TWP MIDDLESEX | NJ | Ā | 2 |
| NORTH CALDWELL TWP ESSEX | NJ | | _ |
| | | A | 3 |
| NORTH HALEDON BORO PASSAIC | NJ | A | 3 |
| NORTH PLAINFIELD BORO SOMERSET | NJ | A | 2 |
| NORTHVALE BORO BERGEN | NJ | Α | 3 |
| NORWOOD BORO BERGEN | NJ | Α | 3 |
| NUTLEY TWP ESSEX | NJ | Α | 3 |
| OAKLAND BORO BERGEN | NJ | Α | 2 |
| OCEAN TWP MONMOUTH | NJ | Α | 2 |
| OCEANPORT BORO MONMOUTH | NJ | Α | 3 |
| OLD BRIDGE TWP MIDDLESEX | NJ | Α | 2 |
| OLD TAPPAN BORO BERGEN | NJ | Α | 3 |
| ORADELL BORO BERGEN | NJ | A | 3 |
| PALISADES PARK BORO BERGEN | NJ | A | 3 |
| PARAMUS BORO BERGEN | NJ | A | 3 |
| PARK RIDGE BORO BERGEN | NJ | A | 3 |
| PARSIPPANY-TROY HILLS TWP MORRIS | NJ | | _ |
| | | A | 2 |
| PASSAIC CITY PASSAIC | NJ | A | 3 |
| PATERSON CITY PASSAIC | NJ | A | 3 |
| PEAPACK-GLADSTONE BORO SOMERSET | NJ | Α | 2 |
| PERTH AMBOY CITY MIDDLESEX | NJ | Α | 3 |
| PINE BEACH BORO OCEAN | NJ | В | 4 |
| PISCATAWAY TWP MIDDLESEX | NJ | Α | 2 |
| PLAINFIELD CITY UNION | NJ | Α | 2 |
| PROSPECT PARK BORO PASSAIC | NJ | Α | 3 |
| RAMSEY BORO BERGEN | NJ | Α | 3 |
| RANDOLPH TWP MORRIS | NJ | Α | 2 |
| RARITAN BORO SOMERSET | NJ | Α | 2 |
| READINGTON TWP HUNTERDON | NJ | Α | 2 |
| RED BANK BORO MONMOUTH | NJ | A | 3 |
| RIDGEFIELD BORO BERGEN | NJ | Ä | 3 |
| RIDGEFIELD BOKO BERGEN RIDGEFIELD PARK VILLAGE BERGEN | NJ | A | 3 |
| | | | _ |
| RIDGEWOOD VILLAGE BERGEN | NJ | Α . | 3 |
| RIVER EDGE BORO BERGEN | NJ | A | 3 |
| RIVER VALE TWP BERGEN | NJ | A | 3 |
| ROCHELLE PARK TWP BERGEN | NJ | A | 3 |
| ROCKAWAY BORO MORRIS | NJ | Α | 2 |
| ROCKAWAY TWP MORRIS | NJ | Α | 2 |
| ROCKLEIGH BORO BERGEN | NJ | Α | 3 |
| ROSELAND BORO ESSEX | NJ | Α | 3 |
| ROSELLE BORO UNION | NJ | Α | 3 |
| ROSELLE PARK BORO UNION | NJ | Α | 3 |
| ROXBURY TWP MORRIS | NJ | Α | 2 |
| RUMSON BORO MONMOUTH | NJ | A | 3 |
| RUTHERFORD BORO BERGEN | NJ | A | 3 |
| SADDLE BROOK TWP BERGEN | NJ | Ā | 3 |
| SADDLE BROOK TWF BERGEN | NJ | Ā | 3 |
| SAYREVILLE BORO MIDDLESEX | | | 2 |
| SATINEVILLE DUNU MINDILESEY | NJ | Α | |

| SCOTCH PLAINS TWP UNION | NJ A | ١ |
|--|------|----------|
| SEA BRIGHT BORO MONMOUTH | NJ A | ١ |
| SEA GIRT BORO MONMOUTH | NJ A | ١ |
| SEASIDE HEIGHTS OCEAN | NJ E | 3 |
| SECAUCUS TOWN HUDSON | NJ A | ١ |
| SHREWSBURY BORO MONMOUTH | NJ A | ١ |
| SHREWSBURY TWP MONMOUTH | NJ A | \ |
| SOMERVILLE BORO SOMERSET | NJ A | \ |
| OUTH AMBOY CITY MIDDLESEX | NJ A | ١ |
| SOUTH BOUND BROOK BORO SOMERSET | NJ A | \ |
| OUTH BRUNSWICK TWP MIDDLESEX | NJ A | \ |
| SOUTH HACKENSACK TWP BERGEN | NJ A | |
| SOUTH ORANGE VILLAGE TWP ESSEX | NJ A | |
| OUTH PLAINFIELD BORO MIDDLESEX | NJ A | |
| SOUTH TOMS RIVER BORO OCEAN | NJ E | - |
| SPOTSWOOD BORO MIDDLESEX | NJ A | |
| SPRING LAKE BORO MONMOUTH | NJ A | • |
| SPRING LAKE BORO MONMOUTH | NJ A | |
| SPRINGFIELD TWP UNION | NJ A | |
| SUMMIT CITY UNION | NJ A | • |
| | | |
| EANECK TWP BERGEN | NJ A | |
| ETERBORO BORO BERGEN | NJ A | ١ |
| INTON FALLS BORO MONMOUTH | NJ A | \ |
| OTOWA BORO PASSAIC | NJ A | ١ |
| INION BEACH BORO MONMOUTH | NJ A | ١ |
| INION CITY HUDSON | NJ A | ١ |
| NION TWP UNION | NJ A | ١ |
| IPPER SADDLE RIVER BORO BERGEN | NJ A | ١ |
| ERONA TWP ESSEX | NJ A | ١ |
| ICTORY GARDENS BORO MORRIS | NJ A | ١ |
| VALDWICK BORO BERGEN | NJ A | ١ |
| VALL TWP MONMOUTH | NJ A | ١ |
| VALLINGTON BORO BERGEN | NJ A | ١ |
| VARREN TWP SOMERSET | NJ A | ١ |
| VASHINGTON TWP BERGEN | NJ A | ١ |
| VATCHUNG BORO SOMERSET | NJ A | ١ |
| NAYNE TWP PASSAIC | NJ A | \ |
| VEEHAWKEN TWP HUDSON | NJ A | 1 |
| VEST CALDWELL TWP ESSEX | NJ A | \ |
| NEST LONG BRANCH MONMOUTH | NJ A | \ |
| VEST NEW YORK TOWN HUDSON | NJ A | \ |
| VEST ORANGE TWP ESSEX | NJ A | |
| VESTFIELD UNION | NJ A | |
| VESTWOOD BORO BERGEN | NJ A | - |
| VHARTON BORO MORRIS | NJ A | - |
| VINFIELD TWP UNION | NJ A | |
| OODBRIDGE TWP MIDDLESEX | NJ A | |
| VOODBRIDGE TWP MIDDLESEX VOODCLIFF LAKE BORO BERGEN | | |
| *************************************** | NJ A | |
| VOOD-RIDGE BORO BERGEN | NJ A | _ |
| YYCKOFF TWP BERGEN | NJ A | ١ |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

Name

Legal Name of Owner of Cable System:

Verizon New Jersey Inc.

SYSTEM ID#

062714

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLOCK 1 | | | | | BLOCK 2 | | | |
|--|-------------|-------|-------|--------|---------------------|-------------|------|--|
| | NO. OF | | | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | | | |
| Service to first set | 537,830 | \$ | 25.00 | | | | | |
| Service to additional set(s) | | | | | | | | |
| • FM radio (if separate rate) | | | | | | | | |
| Motel, hotel | | | | | | | | |
| Commercial | 14,828 | \$ | 35.00 | | | | | |
| Converter | | | | | | | | |
| Residential | | | | | | | | |
| Non-residential | | | | | | | | |
| | | †···· | | l I''' | | | | |

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 | F | 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 | N/A | 40.00 |
| Fios Current TV for Bar/Restaurant | N/A | 40.00 |
| Fios TV Local | 25.00 | 35.00 |
| FIOS TV Local for Bar/Restaurant | N/A | 35.00 |
| 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 Local TV | 40.00 | N/A |
| Fios TV Test Drive | 50.00 | N/A |
| Your Fios TV | 50.00 | N/A |
| More Fios TV | 70.00 | N/A |
| The MostFios TV | 90.00 | N/A |
| 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 |
| HBO Max | 15.00 | 15.00 |
| Showtime | 15.00 | 15.00 |
| Starz | N/A | 15.00 |
| Starz/Encore | 15.00 | N/A |
| Spanish Language Package | N/A | Varies |
| Music Choice Package | N/A | 34.99 |
| Internaltional Language Packages | , Varies | N/A |
| International Premium Channels | 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 | 200.00 | Varies |
| ===0 | _00.00 | • 41.163 |

| NHL Center Ice 164.99 Varies CableCARD 4.99 4.99 Digital Adapter 7.99 8.00 Set-Top Box First two boxes (each) 12.00 11.99 Set-Top Box: Boxes 3-5 (each) 6.00 11.99 Set-Top Box: 6+ boxes No charge 11.99 Set-Top Box: 6+ boxes No charge 11.99 12 rental, Fios Quantum Gateway Router 199.99 purchase N/A Fios Quantum Gateway Router 199.99 purchase N/A 15 rental, 15 rental, 15 rental, 15 rental, 15 rental, 15 rental, 299.99 purchase 2000 mll N/A 36.00 mll N/A 36.00 mll N/A 36.00 mll N/A 36.00 mll N/A |
|--|
| Digital Adapter 7.99 8.00 Set-Top Box First two boxes (each) 12.00 11.99 Set-Top Box: Boxes 3-5 (each) 6.00 11.99 Set-Top Box: 6+ boxes No charge 11.99 Set-Top Box: 6+ boxes No charge 11.99 12 rental, 15 rental, 15 rental, Fios Quantum Gateway Router 199.99 purchase N/A 15 rental, 15 rental, 15 rental, Fios Wireless Router 299.99 purchase 299.99 purchase 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 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 69.99 Existing Outlet Connection Subsequent N/A 3 |
| Set-Top Box First two boxes (each) 12.00 11.99 Set-Top Box: Boxes 3-5 (each) 6.00 11.99 Set-Top Box: 6+ boxes No charge 11.99 Set-Top Box: 6+ boxes No charge 11.99 Fios Quantum Gateway Router 199.99 purchase N/A Fios Wireless Router 299.99 purchase 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 Installation N/A 49.99 Tech Visit Charge Subsequent 100.00 99.99 New Outlet Installation Subsequent 60.00 69.99 Existing Outlet Connection Subsequent N/A 34.99 Service Charge up to 100.00 120.00/55.00 |
| Set-Top Box: Boxes 3-5 (each)6.0011.99Set-Top Box: 6+ boxesNo charge 12 rental,11.99Fios Quantum Gateway Router199.99 purchase 15 rental,N/AFios Wireless Router299.99 purchase299.99 purchaseFios TV Activation Fee99.0099.99DVR Service12.0012.00Multi-room DVR ServiceN/A15.00Multi-room DVR Enhanced Service20.00N/AMulti-room DVR Premium Service30.00N/AAgent Assistance Fee7.00N/AFios TV Setup w New Outlets160.00N/ANew Outlet Install/Existing Relocation60.0069.99Peak-Time InstallationN/A49.99Tech Visit Charge Subsequent100.0099.99New Outlet Installation Subsequent60.0069.99Existing Outlet Connection SubsequentN/A34.99Service Chargeup to 100.00120.00/55.00 |
| Set-Top Box: 6+ boxes No charge 12 rental, Fios Quantum Gateway Router 199.99 purchase 15 rental, 15 rental, 15 rental, 299.99 purchase Fios TV Activation Fee 99.00 99.99 DVR Service 12.00 Multi-room DVR Service N/A Multi-room DVR Enhanced Service 20.00 Multi-room DVR Premium Service 30.00 MyA Agent Assistance Fee 7.00 N/A Fios TV Setup w New Outlets 160.00 N/A New Outlet Install/Existing Relocation N/A Peak-Time Installation N/A Tech Visit Charge Subsequent N/A Service Charge N/A 11.99 N/A 15 rental, 16 0.00 99.99 12.00 N/A 15.00 N/A 49.99 Tech Visit Charge Subsequent 100.00 99.99 New Outlet Installation Subsequent N/A 34.99 Service Charge |
| Fios Quantum Gateway Router 199.99 purchase 15 rental, 15 rental, 15 rental, 299.99 purchase 299.99 purchase Fios TV Activation Fee 99.00 99.99 DVR Service 12.00 Multi-room DVR Service N/A Multi-room DVR Enhanced Service 20.00 Multi-room DVR Premium Service 30.00 MyA Agent Assistance Fee 7.00 N/A Fios TV Setup w New Outlets 160.00 N/A New Outlet Install/Existing Relocation N/A 15.00 N/A 15.00 N/A 49.99 Tech Visit Charge Subsequent 100.00 99.99 New Outlet Installation Subsequent 50.00 Existing Outlet Connection Subsequent N/A 34.99 Service Charge |
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| Fios Wireless Router 299.99 purchase 299.99 purchase 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 60.00 69.99 Existing Outlet Connection Subsequent N/A 34.99 Service Charge up to 100.00 120.00/55.00 |
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| Multi-room DVR ServiceN/A15.00Multi-room DVR Enhanced Service20.00N/AMulti-room DVR Premium Service30.00N/AAgent Assistance Fee7.00N/AFios TV Setup w New Outlets160.00N/ANew Outlet Install/Existing Relocation60.0069.99Peak-Time InstallationN/A49.99Tech Visit Charge Subsequent100.0099.99New Outlet Installation Subsequent60.0069.99Existing Outlet Connection SubsequentN/A34.99Service Chargeup to 100.00120.00/55.00 |
| Multi-room DVR Enhanced Service20.00N/AMulti-room DVR Premium Service30.00N/AAgent Assistance Fee7.00N/AFios TV Setup w New Outlets160.00N/ANew Outlet Install/Existing Relocation60.0069.99Peak-Time InstallationN/A49.99Tech Visit Charge Subsequent100.0099.99New Outlet Installation Subsequent60.0069.99Existing Outlet Connection SubsequentN/A34.99Service Chargeup to 100.00120.00/55.00 |
| Multi-room DVR Premium Service30.00N/AAgent Assistance Fee7.00N/AFios TV Setup w New Outlets160.00N/ANew Outlet Install/Existing Relocation60.0069.99Peak-Time InstallationN/A49.99Tech Visit Charge Subsequent100.0099.99New Outlet Installation Subsequent60.0069.99Existing Outlet Connection SubsequentN/A34.99Service Chargeup to 100.00120.00/55.00 |
| 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 60.00 69.99 Existing Outlet Connection Subsequent N/A 34.99 Service Charge up to 100.00 120.00/55.00 |
| 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 60.00 69.99 Existing Outlet Connection Subsequent N/A 34.99 Service Charge up to 100.00 120.00/55.00 |
| New Outlet Install/Existing Relocation60.0069.99Peak-Time InstallationN/A49.99Tech Visit Charge Subsequent100.0099.99New Outlet Installation Subsequent60.0069.99Existing Outlet Connection SubsequentN/A34.99Service Chargeup to 100.00120.00/55.00 |
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| Existing Outlet Connection Subsequent N/A 34.99 Service Charge up to 100.00 120.00/55.00 |
| Service Charge up to 100.00 120.00/55.00 |
| |
| |
| 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 25.00 N/A |
| Set-Top Box Retrieval Fee N/A 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 100.00 N/A |
| Unreturned/Damaged Fios Router 175.00 up to 175.00 |
| Unreturned/Damaged CableCARD 70.00 70.00 |
| Unreturned/Damaged Digital Adapter 90.00 90.00 |
| Unreturned/Damaged STB SD 160.00 160.00 |
| Unreturned/Damaged STB Media Client 115.00 N/A |
| Unreturned/Damaged STB Fios TV One Mir 115.00 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 |
| Unreturned/Damaged STB Fios TV One 375.00 N/A |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersey Inc. 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) **WCBS** 2 Ν No New York **WJLP** 33 I No Middletown Twp See instructions for additional information **WNBC** Ν No 4 **New York** on alphabetization. WNYW 5 I No **New York** WRNN 48 ı No Kingston WABC Ν No 7 **New York WWOR** 9 No Secaucus ı WLNY 57 I No Riverhead **WPIX** 11 I No **New York** WNJU 47 Ν No Linden WNET 13 Ε No Newark WFUT 68 No Newark ı **WMBC** 63 I No Newton **WZME** 43 I No **Bridgeport** WLIW 21 Ε Yes 0 **Garden City** WNJN 50 Ε Yes 0 Montclair **WNYE** 25 Ε No **New York WPXN** 31 ı No **New York**

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| FURINI SASE, PAGE 3. | | | | | | .1 | | | |
|--|------------------------|----------------|-----|--------------|----------------------|---|--|--|--|
| Verizon New Je | | STEM: | | | SYSTEM ID# 062714 | 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 program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. 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 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 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 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 simulca | | | | | | | | | |
| 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 SIGN | 6. LOCATION OF STATION | | | | | | | | |
| WWOR Heroes & | NUMBER 38 | STATION I-M | No | (If Distant) | Secaucus | 1 | | | |
| WPIX Court TV | 11 | I-M | No | | New York | " | | | |
| WPXN qubo | 31 | I-M | No | | New York | See instructions for additional information | | | |
| WPXN ION Plus | 31 | I-M | No | | New York | on alphabetization. | | | |
| WNYW Movies! | 44 | I-M | No | | New York | " | | | |
| WFUT getTV | 68 | I-M | No | | Newark | " | | | |
| WLIW All Arts | 21 | E-M | Yes | 0 | Garden City | " | | | |
| WLIW All Arts-sin | • | Е-М | Yes | 0 | Garden City | | | | |
| WNBC LX | 4 | N-M | No | | New York | " | | | |
| WCBS Dabl | 2 | N-M | No | | New York | " | | | |
| | | | | | | | | | |
| | | 1 | | | | | | | |

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. 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.

| | | 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 |
| 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 | 48 | I | No | | Kingston |
| WABC | 7 | N | No | | New York |
| wwor | 9 | I | No | | Secaucus |
| WLNY | 57 | I | No | | Riverhead |
| WPIX | 11 | I | No | | New York |
| WNJU | 47 | N | No | | Linden |
| WNET | 13 | E | No | | Newark |
| WPVI | 6 | N | No | | Philadelphia |
| WFUT | 68 | I | No | | Newark |
| WMBC | 63 | I | No | | Newton |
| WZME | 43 | I | No | | Bridgeport |
| WLIW | 21 | E | Yes | 0 | Garden City |
| WNJN | 50 | Е | Yes | 0 | Montclair |
| WNYE | 25 | Е | Yes | 0 | New York |

G

Primary Transmitters: Television

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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- 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.

| | | 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 |
| WPXN | 31 | I | No | | New York |
| WXTV | 41 | I | No | | Paterson |
| WABC Localish H | 45 | N-M | No | | New York |
| WLIW-simulcast | 21 | Е | Yes | E | Garden City |
| WPVI ABC Live W | 6 | N-M | No | | Philadelphia |
| WCBS-simulcast | 56 | N | No | | New York |
| WJLP-simulcast | 33 | I | No | | Middletown Twp |
| WNBC-simulcast | 28 | N | No | | New York |
| WNYW-simulcast | 44 | I | No | | New York |
| WRNN-simulcast | 48 | I | No | | Kingston |
| WABC-simulcast | 45 | N | No | | New York |
| WWOR-simulcast | 38 | I | No | | Secaucus |
| WLNY-simulcast | 57 | I | No | | Riverhead |
| WPIX-simulcast | 33 | I | No | | New York |
| WNJU-simulcast | 36 | N | No | | Linden |
| WNET-simulcast | 61 | Е | No | | Newark |
| WPVI-simulcast | 6 | N | No | | Philadelphia |
| WFUT-simulcast | 68 | ı | No | | Newark |

G

Primary Transmitters: Television

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. Identificated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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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 |
| WMBC-simulcast | 63 | I | No | | Newton |
| WZME-simulcast | 43 | I | No | | Bridgeport |
| WNJN-simulcast | 50 | Е | Yes | E | Montclair |
| WNYE-simulcast | 25 | Е | Yes | Е | 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 | 36 | N-M | No | | Linden |
| Antenna TV [WPI | 11 | I-M | No | | New York |
| WABC ABC LAFF | 45 | N-M | No | | New York |
| WPVI ABC LAFF | 6 | N-M | No | | Philadelphia |
| WLIW Create | 21 | E-M | Yes | 0 | Garden City |
| WNET Thirteen P | 13 | E-M | No | | Newark |
| WLIW World | 21 | E-M | Yes | 0 | Newark |
| 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 | E-M | Yes | 0 | Montclair |

G

Primary Transmitters: Television

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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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.

| | | 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 |
| 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 |
| WWOR Heroes & | 38 | I-M | No | | Secaucus |
| WPIX Court TV | 11 | 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 | 68 | I-M | No | | Newark |
| WLIW All Arts | 21 | E-M | Yes | 0 | Garden City |
| WLIW All Arts-sin | 21 | E-M | Yes | 0 | Garden City |
| WNBC LX | 4 | N-M | No | | New York |
| WCBS Dabl | 2 | N-M | No | | New York |
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| | | | | | |

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersey Inc. 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

| LEGAL NAME OF OWNER OF Verizon New Jersey In | | EM: | | | S | 062714 | Name |
|--|---|--|--|--|--|------------------|--|
| SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the ac explanation of the programm form. | ify every nor | nnetwork televiseriod, under spe | sion program broadcast by a ecific present and former FC | a distant statio CC rules, regu | lations, or authorizations. | For a further | Substitute |
| SPECIAL STATEMENT During the accounting per broadcast by a distant state Note: If your answer is "No log in block 2. | iod, did you tion? | ır cable system | n carry, on a substitute bas | • | Yes | ХNо | Carriage: Special Statement and Program Log |
| 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | citute progra ce, please; of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static ath and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming | am on a separa attach addition nnetwork televion and that your authorization at use general of a Basketball: deast live, entestation broadca on's location (thous, if any, the when your system a program carrillisted program carrillisted program ons in effect du | al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the item carried the substitute ingram was carried by your led by a system from 6:01: | program) that ad for the pro neral instructi r "basketball" No." am. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le | t, during the accounting gramming of another statements located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more accurate 28:30 p.m. should be your system was require etter "P" if the listed pro | nth ely | |
| S | UBSTITUT | E PROGRAM | | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON FOR | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

| | LEGAL NAME OF | OWNER OF CABL | E SYSTEM: | | | | | | | S | YSTEM ID# |
|-----------------------------------|---|---------------|---------------|----|-------------|------|---------------|--------|--------------|-----|-----------|
| Name | Verizon Nev | v Jersey Inc. | ı | | | | | | | | 062714 |
| | PART-TIME CA | ARRIAGE LOG | | | | | | | | | |
| J Part-Time Carriage Log | In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." | | | | | | | | | | |
| | | | DATI | ES | AND HOURS (| OF F | PART-TIME CAF | RRIAGE | | | |
| | | WHEN | I CARRIAGE OC | CU | RRED | | | WHEN | I CARRIAGE O | CCU | RRFD |
| | CALL SIGN | | НО | | S | | CALL SIGN | | Н | OUR | lS . |
| | | DATE | FROM | | TO | | | DATE | FROM | | TO |
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| | L NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | |
|--|--|----------|-----------|--------------------|---|--|--|
| Ver | izon New Jersey Inc. | | | 062714 | Name | | |
| Inst all a (as i page | COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun 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 be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | ondary | transmi | ssion service | K Gross Receipts | | |
| IMP | ORTANT: You must complete a statement in space P concerning gross receipts. | | <u> </u> | 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 b k 3 below. | e enter | ed on li | ne 1 of | | | |
| ▶ If pa 3 be | rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be low. | entered | d on line | 2 in block | | | |
| | 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 | | | |
| 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. | | | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | | \$ | 151,388,230.33 | | | |
| | Enter the result here. This is your minimum fee. | \$ | | 1,610,770.77 | | | |
| 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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period and yes—Complete the DSE schedule. No—Leave block 3 below blank and on the state of the st | nn 4, yo | 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 | | \$ | 649,363.09 | | | |
| | 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 | \$ | | 649,363.09 | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente | | \$ | 1,610,770.77 | Cable systems submitting additional | | |
| | zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | 0.00 | deposits under Section 111(d)(7) should contact | | |
| | Line 4. FILING FEE | | \$ | 725.00 | the Licensing 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 | \$ | | 1,611,495.77 | form for submitting the additional fees. | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See pa | age (i) o | f the | | | |

ACCOUNTING PERIOD: 2020/2

| | | FORM SA3E. PAGE 8. |
|------------------------------------|---|-----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New Jersey Inc. | SYSTEM ID# 062714 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state 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 | tions 68 |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 589 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| for Further Information | Name Patrick Merrick Telephone 70 | 03-694-5088 |
| | 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 regulat | ions.) |
| 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 systin line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B. | r of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have 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)] | nerein |
| | 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compate. | |
| | Typed or printed name: Veronica C. Glennon | |
| | Title: Assistant Secretary, Verizon New Jersey Inc. (Title of official position held in corporation or partnership) | |
| | Date: February 26, 2021 | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nome |
|---|------------------------------------|--|
| Verizon New Jersey Inc. | 062714 | 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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. | e basic nclude sub- on 119." | Special Statement Concerning Gross Receipts |
| paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | smissions | Exclusion |
| 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 under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | erpayment. | 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 | days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | - | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistate 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 Office please list below the owner, address, first community served, accounting period, and ID number as given in the content of t | ce, | |
| filing. Owner Address First community served Accounting period ID number | | |

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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:

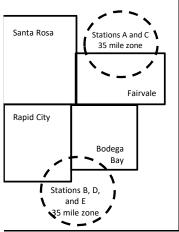
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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. PAGE 11. (CONTINUED)

| DSE SCHEDULE. PAG | E TT. (CONTINUED) | | | | | | | | | | |
|----------------------|---|--------------------------|------------------------------|----------------------|--------------------------|----------|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CAR | SYSTEM ID# | | | | | | | | | |
| Ī | Verizon New Jersey In | | 062714 | | | | | | | | |
| | SUM OF DSEs OF CATEGO | | | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | | |
| | Enter the sum here and in lin | | chedule. | <u> </u> | 1.75 | | | | | | |
| | Landa de la companya | | | | | <u> </u> | | | | | |
| 2 | Instructions: In the column headed "Cal | I Sign": list the call s | sions of all distant station | ns identified by the | e letter "O" in column 5 | | | | | | |
| _ | n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). | | | | | | | | | | |
| Computation | In the column headed "DSI | | | SE as "1.0"; for ea | ach network or noncom- | | | | | | |
| of DSEs for | mercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | CALL CION | | CALL SIGN | | CALL CION | DOE | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | |
| | WLIW | 0.250 | | | | | | | | | |
| | WLIW Create | 0.250 | | | | | | | | | |
| | WLIW World | 0.250 | | | | | | | | | |
| | WNJN | 0.250 | | | | | | | | | |
| Add rows as | WNJN NHK World | 0.250 | | | | | | | | | |
| necessary. | WNYE | 0.250 | | | | | | | | | |
| Remember to copy | WLIW All Arts | 0.250 | | | | | | | | | |
| all formula into new | | | | | | | | | | | |
| rows. | | | | | | | | | | | |
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| Name | | OWNER OF CABLE SYSTEM: | | | | | | S | SYSTEM ID# | | |
|--|---|--|---|---|---|--|--|--|------------|--|--|
| | Verizon New | / Jersey Inc. | | | | | | | 062714 | | |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6 | st the call sign of all dista 2: For each station, give the correspond with the infor 3: For each station, give the station, give the station, give the station of the stat | he number of I mation given in he total number umn 2 by the firmal point. This station, give the blumn 4 by the s DSE. (For more attention) | hours your cable syste n space J. Calculate or er of hours that the stat gure in column 3, and is the "basis of carriag e "type-value" as "1.0." figure in column 5, and ore information on rour | m carried the stanly one DSE for tion broadcast or give the result in ge value" for the "For each netword give the result inding, see page in the standard see page in the | ation during the each station. Ver the air during the decimals in station. The or noncomin column 6. (viii) of the general station. | ring the accou column 4. Thi nmercial educ Round to no lo neral instruct | unting period. s figure must ational station, ess than the | | | |
| Capacity | CATEGORY LAC STATIONS: COMPUTATION OF DSEs | | | | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OI CARRIAC VALUE | | 5. TYPE VALUE | 6. DS | ΣΕ | | |
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| | Add the DSEs | s OF CATEGORY LAC S of each station. um here and in line 2 of p | | hedule, | | | 0.00 | | | | |
| Computation of DSEs for Substitute-Basis Stations | Column 1: Giv Was carried tions in effether Broadcast of space I). Column 2: at your option. Column 3: Column 4: | re the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE | itution for a pro (as shown by the content of live as shown of live as spond with the series of the calendary of the figure of the calendary of the c | ogram that your syster he letter "P" in column luring that optional carre, nonnetwork program information in space I ar year: 365, except in ure in column 3, and gi | n was permitted 7 of space I); an iriage (as shown by as carried in substance). a leap year. ve the result in c | to delete und d y the word "Ye stitution for pr olumn 4. Rou | er FCC rules s" in column 2 ograms that v und to no less | of were deleted than the third | rm). | | |
| | | SU | IBSTITUTE: | BASIS STATION | IS: COMPUTA | ATION OF | DSEs | | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBI OF DAY IN YEAI | /S | 1. CALL SIGN | 2. NUN OF PRO | MBER OGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | | |
| | | | | = | | | ÷ | | = | | |
| | | ÷ | | = | | | ÷ | | | | |
| | | | • | = | | | - | | = | | |
| | | - | | | | | ÷ | | = | | |
| | Add the DSEs | ÷ s OF SUBSTITUTE-BASI of each station. um here and in line 3 of p | IS STATIONS | | | | 0.00 | | = | | |
| 5 | | ER OF DSEs: Give the am s applicable to your system | | boxes in parts 2, 3, and | I 4 of this schedul | e and add the | m to provide t | he total | | | |
| Total Number | 1. Number o | of DSEs from part 2 ● | | | | > | | 1.75 | | | |
| of DSEs | | of DSEs from part 3 ● | | | | <u> </u> | | 0.00 | | | |
| | 3. Number o | of DSEs from part 4 ● | | | | - | Г | 0.00 | | | |
| | TOTAL NUMBE | ER OF DSEs | | | | | <u> </u> | | 1.75 | | |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

| LEGAL NAME OF O | | SYSTEM: | | | | | S | YSTEM ID# 062714 | Name |
|--|---|--|--|---|--|---|----------------------|---------------------|--|
| nstructions: Bloc | k A must be comm | oleted. | | | | | | | |
| n block A: | | | art 6 and part 7 | of the DSE sched | ule blank and | complete part | 8 (nage 16) of th | ۵ | 6 |
| chedule. | , | | • | of the DSL scried | ule blatik allu | complete part | o, (page 10) of the | C | · · |
| If your answer if " | No," complete blo | cks B and C | | ELEVISION MA | ARKETS | | | | Computation of |
| the cable system | n located wholly o | utside of all r | | er markets as defir | | tion 76.5 of F0 | CC rules and regul | ations in | 3.75 Fee |
| ffect on June 24, | | | | | NDED 05 DA | DT 0 441D 7 | | | |
| _ | ete blocks B and | | O NOT COMP | LETE THE REMAI | NDER OF PA | RT 6 AND 7. | | | |
| No—Compi | ete blocks B and | C below. | | | | | | | |
| | | BLO | CK B: CARR | IAGE OF PERM | MITTED DS | Es | | | |
| Column 1: CALL SIGN | under FCC rules | and regulation | ons prior to Jundule. (Note: The | part 2, 3, and 4 of t e 25, 1981. For fur e letter M below ref Act of 2010.) | ther explanation | on of permitte | d stations, see the | , | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfatherec instructions fo E Carried pursua *F A station pre | les and regued pursuant ton as defined all educational station (76.6 r DSE sched ant to individuationsly carries | lations cited be to the FCC mark in 76.5(kk) (76 al station [76.59 65) (see paragrule). Lual waiver of FC ad on a part-time on a part-time in the FC and the formal part-time in the formal part part part part part part part part | sis on which you ca low pertain to those ket quota rules [76 6.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subsector rules (76.7) e or substitute basi ontour, [76.59(d)(5 | e in effect on c.57, 76.59(b), (1), 76.63(a) r.3(a) referring t stitution of grass prior to June | June 24, 1981 76.61(b)(c), 7 referring to 76 o 76.61(d)] ndfathered sta | 6.63(a) referring to | | |
| Column 3: | | stations ide | ntified by the le | parts 2, 3, and 4 of tter "F" in column 2 | | | orksheet on page 1 | 14 of 3. DSE | |
| SIGN | BASIS | | SIGN | BASIS | | SIGN | BASIS | 0. 202 | |
| WLIW Creat | C M | 0.25 0.25 | WLIW All A | M | 0.25 | | | | |
| WLIW World | | 0.25 | | | | | | | |
| WNJN | C | 0.25 | | | | | | | |
| WNJN NHK WNYE | M C | 0.25 0.25 | | | | | | | |
| | | 0.20 | • | | | | | ļ | |
| | | | | | | | | 1.75 | |
| | | | BLOCK C: CO | MPUTATION OF | 3.75 FEE | | | | |
| ine 1: Enter the | total number of | DSEs from | part 5 of this s | schedule | | | | _ | |
| ine 2: Enter the | sum of permitte | d DSEs fron | n block B abo | We. | | | | | |
| | · | | | | | | | | |
| | | | | of DSEs subject 7 of this schedule | | ate. | | | |
| ne 4: Enter gro | ss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represe partially |
| ne 5: Multiply li | ne 4 by 0.0375 a | and enter su | ım here | | | | x | | permited/ partially nonpermitted |
| ne 6: Enter tota | l number of DSE | Es from line | 3 | | | | | | carriage? If yes, see par 9 instructions |
| | | | | | | | 1 | | |

ACCOUNTING PERIOD: 2020/2

| Name | Verizon New Je | | SYSTEM: | | | | | | s' | 062714 | | |
|---|---|---------------------------------------|--|------------------------------|----|--|------------------|--------------------|----------|-----------------|--|--|
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. | | | | | | | | | | | |
| | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS | | | | | | | | | | | |
| | 1. CALL SIGN | 2. PRIC | OR 3. AC | COUNTING ERIOD | | 4. BASIS OF CARRIAGE | 5. PF | RESENT DSE | 6. PE | ERMITTED DSE | | |
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| Computation of the Syndicated Exclusivity Surcharge | If your answer is | "Yes," comple "No," leave bl | ete blocks B and C locks B and C blar BLOC within a top 100 maj | k and complete K A: MAJOR | TE | rt 8 of the DSE schedu LEVISION MARKI as defned by section 76 No—Proceed to | ET 6.5 of FCC | rules in effect Ju | ne 24, 1 | 981? | | |
| | | | | | | | | | | | | |
| | BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exempt D | | | | | | | | | | | |
| | Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any committy served by the cable system prior to March 31, 1972? (reto former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE | | | | | | | | | ? (refer | | |
| | X No—Enter zero a | and proceed to | part 8. | | | X No—Enter zero ar | nd proceed t | o part 8. | | | | |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIGN | ١ | DSE | | |
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| | | · · · · · · · · · · · · · · · · · · · | TOTAL DSEs | 0.00 | | | | TOTAL DSE | s | 0.00 | | |

| LEGAL NA | WE OF OWNER OF CABLE SYSTEM: Verizon New Jersey Inc. SYSTEM ID# 062714 | 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 | | ME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM: | STEM ID# 062714 | | | | | | | |
|--------------------------|---|--|--------------------|--|--|--|--|--|--|--|
| - | Section | TOTAL TOTAL OF THE STATE OF THE | | | | | | | | |
| 7 | 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | | | | | | | | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | | |
| Syndicated | | B. Enter 0.00189 of gross receipts (the amount in section 1) | | | | | | | | |
| Exclusivity Surcharge | | C. Multiply line B by 3.000 and enter here | | | | | | | | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _ | | | | | | | | |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in | | | | | | | | |
| | | section 2) and enter here | | | | | | | | |
| | | F. Multiply line D by line E and enter here | | | | | | | | |
| | | Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\$ | | | | | | | | |
| | | Syndicated Exclusivity Suicharge. | | | | | | | | |
| | | ctions: | | | | | | | | |
| 8 | | 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 | | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | | | | | | | | |
| of | If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | | | | | | | | | |
| Base Rate Fee | | | | | | | | | | |
| | were located within that station's local service area and others were located outside that area. For the definition of a station's "local | | | | | | | | | |
| | service area," see page (v) of the general instructions. | | | | | | | | | |
| | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | | |
| | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | | | | |
| | | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | | | | | | | | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | | | | | | | | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) ▶\$ | | | | | | | | |
| | Section 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. | | | | | | | | |
| | 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) Base Rate Fee. ▶.\$ | 0.00 | | | | | | | |
| | | Dase Nate et | <u></u> . | | | | | | | |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

| LECAL N | AME OF CAMIFE OF CARL E SYSTEM. | OVOTEN ID# | |
|-----------------|--|-----------------------|----------------------------|
| | AME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# 062714 | Name |
| veriz | on New Jersey Inc. | 002714 | |
| Section 4 | If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | | |
| 7 | A. Enter 0.01064 of gross receipts | | 8 |
| | (the amount in section 1) > | | |
| | B. Enter 0.00701 of gross receipts | | |
| | (the amount in section 1) ▶ \$ | | Computation of |
| | C. Multiply line B by 3.000 and enter here | | Base Rate Fee |
| | | | |
| | D. Enter 0.00330 of gross receipts | | |
| | (the amount in section 1) \$ | | |
| | E. Subtract 4.000 from total DSEs | | |
| | (the figure in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here > | | |
| | 1. Martiply into 5 by into 2 direction follows: | | |
| | G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) | | |
| | Base Rate Fee | 0.00 | |
| | | | |
| | ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro | • | |
| | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi _l Space G. | ole channel line- | 9 |
| I - | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat | e fee, to exclude | 0 |
| receipt | s from subscribers located within the station's local service area, from your system's total gross receipts. To ta | | Computation of |
| this ex | clusion, you must: | | Base Rate Fee |
| | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distance. | | and Syndicated |
| | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe | | Exclusivity |
| | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system | | Surcharge for |
| | If any portion of your cable system is located within the top 100 television market and the station is not exemp | | Partially |
| | 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. | and B below. | Distant Stations, and |
| How to | Identify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| 1 . | For each community served, determine the local service area of each wholly distant and each partially distant | t station you | Stations |
| | to that community. | la sata d | |
| outside | : For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the ne token, the station is distant to the subscriber.) | | |
| _ | Divide your subscribers into subscriber groups according to the complement of stations to which they are distriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No | | |
| system | will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| - | ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups. | system's | |
| In each | section: | | |
| | fy the communities/areas represented by each subscriber group. | 40 all af tha | |
| subscr | 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 | |
| • lf: | ayatam is legated whally outside all major and amplies tale vision markets where and attacking DCC | o it in name 0.0 | |
| , - | system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or, | e it in parts 2, 3, | |
| , , | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule. | t in block B, | |
| • Add 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 paper SA3 form. | eral instructions | |
| | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on | the preceding | |
| page. DSEs t | 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 | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | TEM ID |
|------|--|--------|
| Name | | 06271 |
| | Verizon New Jersey Inc. 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. | |
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| LEGAL NAME OF OWNER Verizon New Jerse | | SYSTEM: | | | | S' | YSTEM ID# 062714 | Name |
|---------------------------------------|--------------|-----------------|-----------|---------------------------|----------------------|-----------------|---------------------|-------------------------------|
| BI | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRIE | BER GROUP | | |
| | FIRST | SUBSCRIBER GROU | P | <u> </u> | SECOND | SUBSCRIBER GROU | Р | 0 |
| COMMUNITY/ AREA 0 | | | | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| WLIW | 0.25 | | | WLIW | 0.25 | | | Base Rate F |
| WLIW Create | 0.25 | | | WLIW Create | 0.25 | | | and |
| WLIW World | 0.25 | | | WLIW World | 0.25 | - | | Syndicate |
| WNJN | 0.25 | | | WLIW All Arts | 0.25 | - | | Exclusivit |
| WNJN NHK World WLIW All Arts | 0.25 0.25 | | | | - | | | Surchargo for Partially |
| | | | | | | | | Distant Stations |
| | | | | | - | | | |
| | | | | | | | | |
| Total DSEs | | | 1.50 | Total DSEs | | | 1.00 | |
| Gross Receipts First Gro | oup | \$ 4,600 | ,226.81 | Gross Receipts Second | l Group | \$ 45,23 | 37,632.03 | |
| Base Rate Fee First Gro | oup | \$ 65 | ,070.21 | Base Rate Fee Second | l Group | \$ 48 | 81,328.40 | |
| | THIRD | SUBSCRIBER GROU | Р | | FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | WLIW Create WLIW World | 0.25 0.25 0.25 | | | |
| | | | | WNJN | 0.25 | | | |
| | | | | WNJN NHK World | 0.25 | | | |
| | - | | | WNYE WLIW All Arts | 0.25 0.25 | | | |
| | | | | | - | | | |
| | | | | | | | | |
| | | | | | - | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 1.75 | |
| Gross Receipts Third Gr | oup | \$ 95,073 | ,599.61 | Gross Receipts Fourth | Group | \$ 6,47 | 76,771.88 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ 10 | 02,964.48 | |
| Base Rate Fee: Add the | | | ber group | as shown in the boxes abo | ove. | s 64 | 49,363.09 | |