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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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	ACCOUN	TING PERIOD CO	VERED BY THIS	STATEMENT:				
Accounting Period	2020	/2						
B Owner	rate title of th List any <i>If there</i> <u>a single state</u>	e full legal name of the ov ne subsidiary, not that of other name or names ur	the parent corporation inder which the owner <i>uring the accounting p</i> <i>ayalty fee payment co</i>	on. r conducts the busine: period, only the owner wering the entire acco	ss of the cable syste on the last day of th unting period.	e accounting period should su		062716
	LEGAL NA	ME OF OWNER/MAILIN	NG ADDRESS OF C	ABLE SYSTEM				
	Verizo	on Virginia LLC						
							06271	620202
							062716	2020/2
		l Loudoun Count <u>y</u> urn, VA 20147	y Parkway					
С						ss and operation of the sys		
System		ady appear in space E	, U	e mailing address o	f the system, if dif	ferent from the address giv	en in spac	ce B.
System	11	on Fios TV (Richr		09				
	2 Richm	ADDRESS OF CABLE ST Hungary Spring F street, rural route, apartment, o nond, VA 23228 n, state, zip code)	YSTEM:					
D	Instruction	s: For complete spac	ce D instructions, se	ee page 1b. Identify	only the frst com	munity served below and re	elist on pa	ge 1b
Area	with all corr	nmunities.						
Served		R TOWN			STATE			
First	RICH	MOND			VA			
Community		a sample for reporting	g communities if yo	u report multiple ch		•		
	Alda	R TOWN (SAMPLE)			STATE MD	CH LINE UP	SUE	3 GRP#
Sample	Alliance				MD	A		2
	Gering				MD	B		3
				0				
form in order to pro numbers. By provi search reports pre	cess your stater ling PII, you are pared for the pub	ment of account. PII is any p agreeing to the routine use	personal information that e of it to establish and m ding the PII requested is	at can be used to identify naintain a public record, o s that it may delay proces	y or trace an individual, which includes appeari ssing of your statement	ving information (PII) requested or such as name, address and telep ng in the Offce's public indexes ar of account and its placement in th a court of law.	ohone nd in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/26/2021

FORM	SA3F	PAGE	1h
	UAUL.	IAOL	ID.

FORM SA3E. PAGE 1b.				Ι
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Virginia LLC			062716	
Instructions: List each separate community served by the cable system. A "commun in FCC rules: "a separate and distinct community or municipal entity (including uninco areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The for system identification hereafter known as the "first community." Please use it as the former is and properties such as hotels, apartments, condominiums, or mobile hore below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	rporated communit frst community that irst community on ome parks should b one channel line-u the column blank. relevant communit	ies within unincorp you list will serve all future filings. be reported in pare p for all), then eith If you report any s y with a subscribe	porated as a form entheses er associate tations r group,	D Area Served
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]
RICHMOND	VA	Α		First
CHESTERFIELD COUNTY	VA	Â		Community
HENRICO COUNTY	VA VA	Â		Community
POWHATAN COUNTY	VA	A		
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						5	YSTEM ID			
	Verizon Virginia LLC								06271			
	SECONDARY TRANSMISSION	SERVICE: SU	JBSCF	RIBERS AND F	ATES							
E	In General: The information in s	•		-		•						
. .	system, that is, the retransmissi											
Secondary Transmission	about other services (including p						those exis	sting on the				
Service: Sub-	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											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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	-						-				
	category, but do not include disc						is wiu iir a	particular rate				
	Block 1: In the left-hand block					econdary transmi	ssion serv	ice that cable				
	systems most commonly provide	e to their subsc	ribers.	Give the numb	er of sub	scribers and rate	for each l	isted category				
	that applies to your system. Not											
	categories, that person or entity											
		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 a	and rates, in the	e right-	hand block. A t	wo- or th	ree-word descrip	tion of the	service is				
	sufficient.				1		DI 00					
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set	104	1,289	\$ 25.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel			<u> </u>								
	Commercial	1	1,279	\$ 35.00								
	Converter Residential											
	Non-residential											
					1							
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	≡s							
-	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's ser	vices that were				
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Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
, Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
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
NHL Center Ice	164.99	Varies

Category of Service	Residential Rate	Commercial Rate
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No charge 12 rental,	11.99
Fios Quantum Gateway Router	199.99 purchase	N/A
	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
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
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	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 Router	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 Mini	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

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
Verizon Virginia	a LLC				062716	
PRIMARY TRANSMITTE	RS: TELEVISI	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you has cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s	G, identify ever system during f ons in effect o 6.61(e)(2) and sis, as explained itations: With CC rules, regult here in space only on a subs and also in space formation cond rm. h station's call associated wit -2". Simulcast e channel num is. For example restem carried t in each case entering the le cast), "E" (for m ise terms, see ation is outside ce area, see p ave entered "Y ne distant stati ion on a part-ti ion of a distan entered into o a primary trans simulcasts, als	y television s the accountin n June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or auti G—but do lis stitute basis ace I, if the st cerning subst sign. Do not th a station ac streams mus ber the FCC e, WRC is Cf he station whether the s etter "N" (for r ioncommercia page (v) of the case age (v) of the case ag	g period except 981, permitting t (referring to 76.6 paragraph y distant station horizations: st it in space I (th ation was carried itute basis static report originatic ccording to its ov t be reported in has assigned to has assigned to hannel 4 in Wasi station is a network), "N-M" al educational), " general instructor accounting per- accounting per- per- you carried the	(1) stations carrie he carriage of cer 51(e)(2) and (4))]; s carried by your he Special Staten ed both on a subsi- ons, see page (v) on program service ver-the-air design column 1 (list ear the television stathington, D.C. This ork station, an ind (for network multi or "E-M" (for non- uctions located in the distant"), enter "Y tions located in the mplete column 5 iod. Indicate by en- activated channel subject to a royal etween a cable s- esenting the prime channel on any of	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe	G Primary Transmitters: Television
tion "E" (exempt). For s explanation of these th Column 6: Give the	simulcasts, als ree categories location of ea Canadian statio	o enter "E". If s, see page (v ach station. Fe ons, if any, giv	you carried the y of the general or U.S. stations, ve the name of t	channel on any o instructions local list the communi the community wi	other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
	. <u>9</u>	•	EL LINE-UP	•		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WTVR	6	N	No		Richmond	
WRIC	8	N	No		Petersburg	See instructions for
WRLH-DT2	26	I-M	No		Richmond	additional information
WRLH	35	I	No		Richmond	on alphabetization.
WWBT	12	N	No		Richmond	
WUPV	65	I	No		Ashland	
WZTD	45	Ī	No		Richmond	
WCVE		E E	No		Richmond	
wcvw	<u>23</u> 57	E	No		Richmond	
WTVR-simulcast	25	N	No		Richmond	
	25 22	N	NO			
WRIC-simulcast		N I			Petersburg	
WRLH-simulcast	26 54		No		Richmond	
WWBT-simulcast	54	N	No		Richmond	
WUPV-simulcast	47		No		Ashland	
WZTD-simulcast	45	 -	No		Richmond	
WCVE-simulcast	42	E	No		Richmond	
WCVW-simulcast	57	E	No		Richmond	
WWBT Me TV	12	N-M	No		Richmond	

LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon Virginia	a LLC				062716	Name
PRIMARY TRANSMITTE	RS: TELEVISI	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, a basis. For further int	system during t ions in effect of 6.61(e)(2) and (sis, as explaine stations: With CC rules, regula here in space only on a subs and also in spa formation conc	the accountin n June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or auti G—but do lis titute basis ace I, if the st	g period except 081, permitting t (referring to 76.0 paragraph y distant station horizations: st it in space I (t ation was carrie	(1) stations carrie the carriage of ce 61(e)(2) and (4))] is carried by your he Special Stater ed both on a subs	as and low power television stations) ed only on a part-time basis under tain network programs [section: and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located	G Primary Transmitters: Television
each multicast stream a cast stream as "WETA VETA-simulcast). Column 2: Give the	h station's call associated wit 2". Simulcast e channel numi	h a station ac streams mus ber the FCC	ccording to its or at be reported in has assigned to	ver-the-air design column 1 (list ea the television sta	es such as HBO, ESPN, etc. Identifi ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir s may be different from the channe	
educational station, by for independent multic For the meaning of the Column 4: If the sta blanation of local servio Column 5: If you ha cable system carried th carried the distant stati	entering the le cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y ne distant statio ion on a part-tii	etter "N" (for r oncommercia page (v) of th a the local ser age (v) of the ces" in column on during the me basis bec	network), "N-M" al educational), ne general instru- rvice area, (i.e. ' general instruc- n 4, you must co- accounting per cause of lack of	(for network mult or "E-M" (for none uctions located in "distant"), enter "Y tions located in the poplete column 5 iod. Indicate by e activated channe	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster I capacity	
of a written agreement he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static	n or before J mitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv	une 30, 2009, b association repr f you carried the /) of the general or U.S. stations ve the name of	etween a cable s esenting the prim e channel on any l instructions loca , list the communi the community wi	ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
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of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL	entered into o a primary trans simulcasts, als irree categories e location of ea Canadian static ig multiple char 2. B'CAST CHANNEL NUMBER 12 22 47 25 47 47 23 23 26 26 26 23 25	n or before J smitter or an a o enter "E". If s, see page (v ach station. Fr ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N-M I-M I-M I-M E-M I-M I-M I-M N-M	une 30, 2009, b association repr f you carried the /) of the general or U.S. stations ve the name of i , use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	etween a cable s esenting the prim e channel on any of instructions local , list the communit the community wi e space G for eac A 5. BASIS OF CARRIAGE	ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec h channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Richmond Petersburg Ashland Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond	additional information

Name	LEGAL NAME OF		LE SYSTE	EM:				SYSTEM ID#
Name	Verizon Virç	ginia LLC						062716
H Primary Transmitters: Radio	all-band basis of Special Instruc- receivable if (1) on the basis of For detailed infi located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	t every radio s whose signals ctions Conce) it is carried b monitoring, to formation about paper SA3 forr dentify the cal State whether f the radio stat this by placin Give the statio	station c were "g erning A by the sym be rece ut the the n. I sign of the stati- tion's sig g a chec n's locat	arried on a separate and disc enerally receivable" by your of II-Band FM Carriage : Under stem whenever it is received a bived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. ynal was electronically proces is mark in the "S/D" column. ion (the community to which the the community with which the	able system dur Copyright Office at the system's h system's FM an on this point, se sed by the cable he station is lice	ing the accou regulations, a leadend, and tenna, during e page (vi) of system as a nsed by the F	nting pe an FM si (2) it car certain the gen separate	riod. gnal is generally n be expected, stated intervals. eral instructions
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			·					
			·					

FORM SA3E. PAGE 5. ACCOUNTING PERIC							
LEGAL NAME OF OWNER OF CABLE SY Verizon Virginia LLC	STEM:	SI	(STEM ID# 062716 Name				
In General: In space I, identify every r substitute basis during the accounting explanation of the programming that m	AL STATEMENT AND PROGRAM LO onnetwork television program broadcast by period, under specific present and former Fo ust be included in this log, see page (v) of th	a distant station that your cable system o CC rules, regulations, or authorizations. F	For a further				
broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGE In General: List each substitute progentiate clear. If you need more space, pleas Column 1: Give the title of every reperiod, was broadcast by a distant state under certain FCC rules, regulations SA3 form for futher information. Do tetter information. Do tetter information. The second state is the second state of the program was broce in the program was broce of the second state is the case of Mexican or Canadian state Column 5: Give the month and date first. Example: for May 7 give "5/7." Column 6: State the times when to the nearest five minutes. Example stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulations.	e rest of this page blank. If your answer is AMS attach additional pages. onnetwork television program (substitute atton and that your cable system substitut or authorizations. See page (vi) of the ge not use general categories like "movies", o	Yes ["Yes," you must complete the program wherever possible, if their meaning is program) that, during the accounting ed for the programming of another stati neral instructions located in the paper r "basketball". List specific program No." am. e station is licensed by the FCC or, in station is identified). program. Use numerals, with the moni- cable system. List the times accurately 15 p.m. to 6:28:30 p.m. should be amming that your system was required d; enter the letter "P" if the listed pro	The second secon				
SUBSTITU	TE PROGRAM 3. station's	WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES	7. REASON FOR DELETION				
1. TITLE OF PROGRAM 2. LIVE Yes or N	CALL SIGN 4. STATION'S LOCATION	AND DAY FROM TO					

Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID									
Name	Verizon Virg	jinia LLC							062716	
	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." 									
			DA	TES AND HOURS	OF F	PART-TIME CAF	RRIAGE			
		WHEN	I CARRIAGE O	CCURRED			WHEN	I CARRIAGE OCCL	JRRED	
	CALL SIGN	DATE	H FROM	OURS TO	Ì	CALL SIGN	DATE	HOUF	RS TO	
		DATE	FROM	10	1		DATE	FROM	10	
				-						
				-						

-	SA3E. PAGE 7.								
	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
Ver	izon Virginia LLC			062716					
Inst all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. (Amount of gross receipts) (Amount of gross receipts) 								
				• • • •					
 Instru Con Con If you fee If you account 	(RIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. Nur system did not carry any distant television stations, leave block 3 blank. Enter the arr from block 1 on line 1 of block 4, and calculate the total royalty fee. Nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account.	rts of th	e DSE	Schedule	L Copyright Royalty Fee				
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entere	d on li	ne 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	entered	on line	2 in block					
÷ .	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be e	ntered	on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	28,639,560.02					
	This is your minimum fee.	\$		304,724.92					
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. In BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 	nn 4, you od?	u musi	: check					
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	-	\$	-					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		-					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	-	\$	304,724.92	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional deposits under				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
	Line 4. FILING FEE	-	\$	725.00	the Licensing additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		305,449.92	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See pag	le (i) o	fthe					

ACCOUNTING PERIOD: 2020/2

ACCOUNTING PERIO	UD: 2020/2						A3E. PAGE 8.		
Name	LEGAL NAME OF OWNER OF CABLE	LE SYSTE	M:			S	*STEM ID 062716		
	Verizon Virginia LLC						002710		
8.4	CHANNELS								
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of	of chan	nels on which the cable			31			
	system carried television I	n broad	ast stations						
	2. Enter the total number of	of activ	ted channels						
			ed television broadcast stations			59.4			
	and nonbroadcast service	ces				534			
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further	Name Patrick Merr	rrick			Telephone	703-694-5088			
Information									
	Address 22001 Loudoun County Parkway								
		(Number, street, rural route, apartment, or suite number)							
	Ashburn, VA 20147 (City, town, state, zip)								
	(0), 1000, 000, 21								
	Email patri	trick.n	errick@verizon.com	Fax((optional)				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
	Uvwher other than corporation or partnership) rain the owner of the cable system as identifed in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system								
	in line 1 of space B.								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
		X ′	/ Veronica C. Glennon						
	Enter	er an ele	ctronic signature on the line above using a	n "/s/" signature to ce	rtify this statement.				
	(e.g.,	., /s/ Joł	n Smith). Before entering the first forward	slash of the /s/ signa	ture, place your cursor i		2"		
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: Veronica C. Glennon								
	Title:	e: A	sistant Secretary, Verizon V	irginia LLC					
		(T	tle of official position held in corporation or part	nership)					
	Date:	e: Fe	oruary 26, 2021						
			ates Code authorizes the Copyright Offce the ny personal information that can be used to						

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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lay

FORM SA3E, PA	AGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: Verizon Virginia LLC 062716	Namo			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	Concerning Gross Receipts Exclusion			
Name Mailing Address Mailing Address				
INTEREST ASSESSMENTS				
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q			
Line 1 Enter the amount of late payment or underpayment	Interest Assessment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-			
Line 3 Multiply line 2 by the number of days late and enter the sum here	-			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$- (interest charge)	_			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.				
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.				
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.				
Owner Address				
First community served Accounting period ID number				
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested or	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 filing, a determination that would be made by a court of law.