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:

## <u>coplicsoa@loc.gov</u>

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	AC	COUNTING PERIOD COVERED BY TH	IIS STATEMENT:				
Accounting Period		2020/2					
<b>B</b> Owner	rate	tructions: Give the full legal name of the owner of the cable se title of the subsidiary, not that of the parent corpora List any other name or names under which the ow <i>If there were different owners during the accountir</i> <i>ingle statement of account and royalty fee payment</i> Check here if this is the system's first filing. If no	ation. Iner conducts the busines ing period, only the owner is covering the entire account	s of the cable syste on the last day of th nting period.	m. he accounting period should su		062897
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF	CABLE SYSTEM				
		Verizon Pennsylvania LLC					
						062897	720202
						062897	2020/2
		22001 Loudoun County Parkway Ashburn, VA 20147					
С		STRUCTIONS: In line 1, give any business or mes already appear in space B. In line 2, give		•			
System	1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) V	/HO 11				
	2	MAILING ADDRESS OF CABLE SYSTEM: <b>3096 Sassafras Way</b> (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (City, town, state, zip code)					
D	Ins	structions: For complete space D instructions	, see page 1b. Identify	only the frst com	munity served below and re	elist on paç	ge 1b
Area	wit	h all communities.					
Served		CITY OR TOWN		STATE			
First		ALEPPO TWP		PA			
Community	E	Below is a sample for reporting communities if	you report multiple cha	•			
	٨١٩	CITY OR TOWN (SAMPLE)		STATE	CH LINE UP	SUB	GRP#
Sample	Ald	ia iance		MD MD	B		2
				MD	B		3
form in order to pro numbers. By provi	e: Sec ocess ding P	ring ction 111 of title 17 of the United States Code authorizes the your statement of account. PII is any personal information II, you are agreeing to the routine use of it to establish and for the public. The effect of not providing the PII requester	n that can be used to identify d maintain a public record, w	the personally identif or trace an individual, hich includes appeari	ying information (PII) requested or , such as name, address and telep ng in the Offce's public indexes ar	phone nd in	3

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/26/2021

FORM SA3E, PAGE 1b	FORM	SA3E.	PAGE	1b.
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FORM SA3E. PAGE 1b.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
Verizon Pennsylvania LLC			062897			
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	-	-	entheses			
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commu	e column blank. I levant community	f you report any s / with a subscribe	tations r group,			
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 to	l a subscriber gro					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
ALEPPO TWP	PA	Α		First		
ASPINWALL BORO	PA	A		Community		
AVALON BORO	PA	A				
BALDWIN BORO	PA	A				
BALDWIN TWP	PA	A				
BELL ACRES BORO	PA	A		Coo in structions for		
BELLEVUE BORO	PA	A		See instructions for additional information		
BEN AVON BORO	PA	A		on alphabetization.		
BEN AVON HEIGHTS BORO	PA	A				
BETHEL PARK BORO	PA					
BLAWNOX BORO	•••••••••••••••••••••••••••••••••••••••	A				
	PA DA	A		Add rows as necessary.		
BOROUGH OF GLEN OSBORNE	PA	A				
BRADDOCK BORO	PA	A				
BRADDOCK HILLS BORO	PA	A				
BRENTWOOD BORO	PA	A				
BRIDGEVILLE BORO	PA	A				
CARNEGIE BORO	PA	A				
CASTLE SHANNON BORO	PA	A				
CHALFANT BORO	PA	Α				
CHURCHILL BORO	PA	Α				
COLLIER TWP	PA	Α				
CORAOPOLIS BORO	PA	Α				
CRAFTON BORO	PA	Α				
CRESCENT TWP	PA	Α				
DORMONT BORO	PA	Α				
EAST MCKEESPORT BORO	PA	Α				
EAST PITTSBURGH BORO	PA	Α				
EDGEWOOD BORO	PA	A				
EDGEWORTH BORO	PA	A				
ELIZABETH TWP	PA	A				
EMSWORTH BORO	PA	A				
ETNA BORO	PA	A				
FINDLAY TWP	PA PA	Â				
FOREST HILLS BORO	PA PA					
	•	A				
	PA BA	A				
FRANKLIN PARK BORO	PA	A				
GLENFIELD BORO	PA	A				
GREENTREE BORO HAMPTON TWP	PA PA	A				
		A				

	DA	٨
HAYSVILLE BORO HEIDELBURG BORO	PA PA	A A
HOMESTEAD BORO	PA PA	
NDIANA TWP	PA PA	A A
	PA PA	
IEFFERSON HILLS BORO	PA	A ^
(ENNEDY TWP	PA PA	A
		A
EET TWP	PA PA	A
EETSDALE BORO	PA PA	A
	PA PA	A
ICCANDLESS TWP ICKEES ROCKS BORO	PA PA	A
		A
	PA	<u>A</u>
	PA	Α
	PA	A
	PA	Α
	PA	Α
	PA	Α
ENN HILLS TWP	PA	Α
ENNSBURY VILLAGE BORO	PA	Α
ETERS TWP	PA	Α
ITCARIN BORO	PA	Α
TTSBURGH CITY	PA	Α
EASANT HILLS BORO	PA	Α
	PA	Α
ANKIN BORO	PA	Α
ESERVE TWP	PA	Α
OBINSON TWP	PA	Α
OSS TWP	PA	Α
OSSLYN FARMS BORO	PA	Α
COTT TWP	PA	Α
EWICKLEY BORO	PA	Α
EWICKLEY HEIGHTS BORO	PA	Α
EWICKLEY HILLS BORO	PA	Α
HALER TWP	PA	Α
HARPSBURG BORO	PA	Α
OUTH FAYETTE TWP	PA	Α
OUTH PARK TWP	PA	Α
ΓΟWE TWP	PA	Α
VISSVALE BORO	PA	Α
HORNBURG BORO	PA	Α
JRTLE CREEK BORO	PA	Α
PPER ST CLAIR TWP	PA	Α
ALL BORO	PA	A
EST DEER TWP	PA	A
VEST HOMESTEAD BORO	PA	A
VEST VIEW BORO	PA	A
VHITAKER BORO	PA	A
VHITE OAK BORO	PA	A
	17	~

I	WILKINS TWP	PA	Α	
	WILKINSBURG BORO	PA	Α	
	WILMERDING BORO	PA	Α	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:													
Name	Verizon Pennsylvania L	LC										06289		
	SECONDARY TRANSMISSION	SERVICE: S	UBSCR		R/A	ATES								
E	In General: The information in s	space E should	d cover	all categories	of	seconda	ry transmission	I S	service of	the cable				
- ·	system, that is, the retransmissi													
Secondary	about other services (including p							e t	hose exis	ting on the				
Transmission 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the													
	<b>Rate:</b> 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													
	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.	anu rates, in ti	le right-	nanu biock. A			ee-word descrip	Ju		Service is				
-	BLC	OCK 1	-	Γ	Π				BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		CATE	EGORY OF SEI	R	VICE	NO. OF SUBSCRIBER	S	RATE		
	Residential:				Π									
	Service to first set	132,821 \$ 25.00												
	<ul> <li>Service to additional set(s)</li> </ul>													
	• FM radio (if separate rate)													
	Motel, hotel		1 000	¢ 25.00										
	Commercial Converter		1,909	\$ 35.00										
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC													
F	In General: Space F calls for ran not covered in space E, that is, the space E and the space E		'			•	, ,							
•	service for a single fee. There a						,		,					
Services	furnished at cost or (2) services	•				•			0 (	/				
Other Than	amount of the charge and the u		s usually	y billed. If any	ra	ites are cl	harged on a vai	ria	able per-p	orogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the rate column.													
Rates	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) descri	ption and inclu	de the ı	rate for each.										
		BLO								BLOCK				
			CATE	GORY OF SEF			RATE	_	CATEGO	RY OF SERVIC	ЭE	RATE		
	CATEGORY OF SERVICE	RATE		atlans Nam na	SI	nential			Soo Tab					
	Continuing Services:		Install	ation: Non-re		acritiai				Attachment P				
	Continuing Services: • Pay cable	RATE \$ 15.00	Install • Mo	otel, hotel		uentiui			See Tap	Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel		Install • Mo • Co	otel, hotel mmercial		uonniui			See Tab	Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection		Install • Mo • Co • Pa	otel, hotel mmercial y cable	h				See Tab	Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel		Install • Mo • Co • Pa • Pa	otel, hotel mmercial	h				See Tab	Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		Install • Mo • Co • Pa • Pa • Fire	otel, hotel mmercial y cable y cable-add'l c						Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	\$ 15.00	Install • Mo • Co • Pa • Pa • Fin • Bu	otel, hotel mmercial y cable y cable-add'l c e protection						Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	\$ 15.00 \$ 99.00	Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Re	otel, hotel mmercial y cable y cable-add'l c e protection rglar protection <b>services:</b> connect						Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$ 15.00 \$ 99.00	Install • Mc • Co • Pa • Pa • Firi • Bu Other • Re • Dis	otel, hotel mmercial y cable y cable-add'l c e protection rglar protection <b>services:</b> connect sconnect						Attachment B				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 15.00 \$ 99.00	Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Cther • Re • Dis • Ou	otel, hotel mmercial y cable y cable-add'l c e protection rglar protection <b>services:</b> connect	n	annel	\$ 69.99			Attachment B				

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.						
LEGAL NAME OF OWNE					SYSTEM ID	Name
Verizon Pennsy	/Ivania LLC				062897	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas <b>Substitute Basis S</b> basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further in in the paper SA3 for	system during t ons in effect o 5.61(e)(2) and ( sis, as explaine <b>stations:</b> With CC rules, regula here in space only on a subs and also in spa formation cond rm.	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	g period except 081, permitting t (referring to 76.6 paragraph y distant station horizations: st it in space I (t ation was carrie itute basis statio	(1) stations carri the carriage of ce 51(e)(2) and (4))] as carried by your the Special Stater ad both on a subs ons, see page (v)	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located eses such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WETA WETA-simulcast). <b>Column 2:</b> Give the	-2". Simulcast e channel num	streams mus ber the FCC	t be reported in has assigned to	column 1 (list ea	nation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir	
on which your cable sy <b>Column 3:</b> Indicate educational station, by (for independent multic For the meaning of the <b>Column 4:</b> If the sta planation of local servic <b>Column 5:</b> If you ha	estem carried the in each case of entering the le- cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y ne distant station	he station whether the s etter "N" (for r oncommercia page (v) of th the local ser age (v) of the ces" in column on during the	station is a netw network), "N-M" al educational), ne general instru- vice area, (i.e. ' general instruc n 4, you must co accounting per	ork station, an ind (for network mult or "E-M" (for non- uctions located in 'distant"), enter "Y tions located in th omplete column 5 iod. Indicate by e	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizin	ion of a distant entered into o a primary trans simulcasts, als pree categories to location of ea Canadian static	t multicast str n or before J smitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups	une 30, 2009, b association repri- f you carried the r) of the general or U.S. stations, we the name of f , use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable s esenting the prime channel on any instructions loca , list the commun the community wi e space G for eac	Ity 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 ity to which the station is licensed by the ith which the station is identifec h channel line-up. 6. LOCATION OF STATION	-
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizin	ion of a distant entered into o a primary trans simulcasts, als iree categories e location of ea Canadian static ig multiple cha 2. B'CAST CHANNEL	t multicast str n or before J smitter or an a o enter "E". If s, see page (v ach station. Fe ons, if any, giv nnel line-ups. CHANN 3. TYPE OF	une 30, 2009, b association repri- f you carried the r) of the general or U.S. stations, we the name of f , use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable s esenting the prime channel on any instructions loca list the community with espace G for eace <b>A</b> 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 ity to which the station is licensed by the ith which the station is identifec h channel line-up.	-
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizin 1. CALL SIGN <b>KDKA</b>	ion of a distant entered into o a primary trans simulcasts, als ree categories b location of ea Canadian static g multiple cha 2. B'CAST CHANNEL NUMBER	t multicast str n or before J smitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups, <b>CHANN</b> 3. TYPE OF STATION	une 30, 2009, b association repri- f you carried the r) of the general or U.S. stations, ve the name of t , use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No)	etween a cable s esenting the prime channel on any instructions loca list the community with espace G for eace <b>A</b> 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 ity to which the station is licensed by the th which the station is identifec h channel line-up.	
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Verizon Pennsy					SYSTEM ID#	Namo
PRIMARY TRANSMITTE	Ivania LLC				062897	
	RS: TELEVISIO	ON				
carried by your cable sy FCC rules and regulatio 76.59(d)(2) and (4), 76. substitute program basis <b>Substitute Basis Si</b> basis under specific FC • Do not list the station station was carried o • List the station here, a	ystem during t ons in effect o .61(e)(2) and ( is, as explaine <b>tations:</b> With C rules, regula here in space only on a subs and also in spa formation cond	he accountin n June 24, 19 (4), or 76.63 ( ed in the next respect to an ations, or auth G—but do lis stitute basis ace I, if the st	g period except 081, permitting t referring to 76.6 paragraph y distant station norizations: st it in space I (th ation was carrie	(1) stations carrie he carriage of ce 51(e)(2) and (4))] is carried by your he Special Stater ed both on a subs	Is and low power television stations) ed only on a part-time basis under rtain network programs [sections ; 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- WETA-simulcast). <b>Column 2:</b> Give the	associated wit -2". Simulcast channel num	h a station ac streams mus ber the FCC I	cording to its ov t 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 thes <b>Column 4:</b> If the sta planation of local servic <b>Column 5:</b> If you ha cable system carried th carried the distant static For the retransmission	in each case of entering the le ast), "E" (for n se terms, see tation is outside ce area, see p ave entered "Y the distant station on on a part-ti on of a distant entered into o	whether the s etter "N" (for r oncommercia page (v) of the the local ser age (v) of the ces" in column on during the me basis bec t multicast str n or before J	network), "N-M" al educational), ue general instru- vice area, (i.e. " general instruc a 4, you must co accounting per ause of lack of eam that is not une 30, 2009, b	(for network mult or "E-M" (for non- uctions located in 'distant"), enter "Y tions located in the omplete column 5 iod. Indicate by e activated channe subject to a royal etween a cable s	res". 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	
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ACCOUNTING PER	1001 2020/2							FORM SA3E. PAGE 4.
Name	LEGAL NAME OF			M:				SYSTEM ID#
	Verizon Pen	Insylvania	LLC					062897
Н				arried on a separate and disc enerally receivable" by your c				
Primary Transmitters: Radio	receivable if (1) on the basis of For detailed inf located in the p	) it is carried b monitoring, to ormation abou paper SA3 forr	y the sys be rece ut the the n.	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the copyright Office regulations each station carried.	at the system's h system's FM an	eadend, and tenna, during	(2) it car certain	n be expected, stated intervals.
	Column 2: S Column 3: If signal, indicate	State whether f the radio sta this by placin	the station tion's sig g a chec	on is AM or FM. nal was electronically proces k mark in the "S/D" column.				
				ion (the community to which t the community with which the			CC or, II	n the case of
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
l I								

LEGAL NAME OF OWNER OF <b>Verizon Pennsylvania</b>		ΓEM:				S	062897	Name
SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOO	6				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	counting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or aut	horizations.	For a further	Substitute
1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat	iod, did you			is, any nonn	etwork televis		n XNo	Carriage: Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you n	nust complete			
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." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pr	ce, please of every no distant stat gulations, of tion. Do no .ucy" or "NI n was broad sign of the idcast statud th and day te "5/7." as when the Example: a er "R" if the and regulati ogramming	attach addition innetwork televition and that yo or authorization of use general in BA Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syster e substitute pro- a program carri- listed program ons in effect do	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01: n was substituted for progra uring the accounting period	orogram) that d for the pro- leral instruct "basketball" No." station is lic station is lic station is ide program. Us cable system 15 p.m. to 6: amming that l; enter the le	t, during the a gramming of ions located i '. List specifi ensed by the entified). e numerals, v n. List the tim 28:30 p.m. sh your system v	FCC or, in with the more solution to the standard FCC or, in with the more solution to the solution to the sol	nth	
effect on October 19, 1976.		E PROGRAM			EN SUBSTIT		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM -	MES	FOR DELETION	
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FORM SA3E. PAGE 5.

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ACCOUNTING PERIOD: 2020/2

Nama	LEGAL NAME OF	OWNER OF CABLI	E SYSTEM:						SY	STEM ID#
Name	Verizon Pennsylvania LLC 062897									
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									
Part-Time Carriage Log										
	<ul> <li>"4/10."</li> <li>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</li> <li>"app." Example: "12:30 a.m 3:15 a.m. app."</li> <li>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."</li> </ul>									
			DATES	AND HOURS (	DF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCCU HOUR			CALL SIGN	WHEN CARRIAGE OCCURRE		RED	
		DATE	FROM	то			DATE	FROM		то
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-	SA3E. PAGE 7.					
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Ver	Verizon Pennsylvania LLC 062897					
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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.						
		,	5 1 /			
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>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.</li> <li>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.</li> </ul>						
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ok 3 below.	entered	on line 1 of			
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	entered or	n line 2 in block			
-	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	uld be ent	ered on line			
Block 1	<b>MINIMUM FEE:</b> 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       \$ 36,413,384.39         Line 2. Multiply the amount in line 1 by 0.01064					
	Enter the result here. This is your minimum fee.	\$	387,438.41			
Block 2	<ul> <li>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.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>X No—Leave block 3 below blank and carry and the accounting period of the period statement of the period</li></ul>	in 4, you i od?	must check			
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	\$	- <u>-</u>			
	Line 2. <b>3.75 Fee:</b> 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	\$	387,438.41	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)	_	0.00	Section 111(d)(7) should contact		
	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         \$ 388,163.41			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 page	(i) of the			

## ACCOUNTING PERIOD: 2020/2

ACCOUNTING PERIO		FORM SA3E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 0628						
	Verizon Pennsylvania LLC	0020						
	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.							
onanneis	1. Enter the total number of channels on which the cable	25						
	system carried television broadcast stations							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations and nonbroadcast services	530						
		· · · · · · · · · · · · · · · · · · ·						
NI								
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Individual to								
Be Contacted	N. Detaile Mensiele	Talaskana 702 004 5000						
for Further Information	Name Patrick Merrick	Telephone 703-694-5088						
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)							
	Ashburn, VA 20147							
	(City, town, state, zip)							
	Email patrick.merrick@verizon.com	Fax (optional)						
-	<b>CERTIFICATION</b> (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						
		Conner other man corporation or partnership) rain the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized a	gent 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	he 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							
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
	X /s/ Veronica C. Glennon							
	Enter an electronic signature on the line above using an "/s/" signatu (e.g., /s/ John Smith). Before entering the first forward slash of the /							
	button, then type /s/ and your name. Pressing the "F" button will av	oid enabling Excel's Lotus compatibility settings.						
	Typed or printed name: Veronica C. Glennon							
	Title: Assistant Secretary, Verizon Pennsylva (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 th						
form in order to proc	cess your statement of account. PII is any personal information that can be used to identify or ti	ace an individual, such as name, address and telephor						

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 telephol 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 SA3	E. PAGE9
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LEGAL NAME OF OWNER O		Namo		
Verizon Pennsylva	ania LLC 06	2897 Name		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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."				
paper SA3 form. During the accountin made by satellite ca X NO	n on when to exclude these amounts, see the note on page (vii) of the general instructions in the ng period did the cable system exclude any amounts of gross receipts for secondary transmissions rriers to satellite dish owners?	Concerning Gross Receipts Exclusion		
Name Mailing Address	Name Mailing Address			
INTEREST ASS	ESSMENTS			
•	this worksheet for those royalty payments submitted as a result of a late payment or underpayment. of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q		
Line 1 Enter the ar	nount of late payment or underpayment	Interest Assessment		
Line 2 Multiply line	1 by the interest rate* and enter the sum hereda	-		
Line 3 Multiply line	2 by the number of days late and enter the sum here x 0.00274	-		
	3 by 0.00274** enter here and on line 3, block 4, ace L, (page 7)			
	erest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please censing Division at (202) 707-8150 or licensing@loc.gov.			
** This is the dee	cimal equivalent of 1/365, which is the interest assessment for one day late.			
•	ng this worksheet covering a statement of account already submitted to the Copyright Offce, e owner, address, first community served, accounting period, and ID number as given in the original			
Owner Address				
First community ser Accounting period ID number	ved			
Privacy Act Notice: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) reque	ested 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 suffciency of the filing, a determination that would be made by a court of law.