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					
2-28-22	\$					
	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	2021/2									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Verizon Virginia LLC									
				06271620212						
				062716 2021/2						
	22001 Loudoun County Parkway Ashburn, VA 20147									
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	entify the busines	s and operation of the syste	m unless these						
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	n in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Richmond, VA) VHO 9									
	MAILING ADDRESS OF CABLE SYSTEM: 3011 Hungary Spring Rd. (Number, street, rural route, apartment, or suite number)									
	2 (Number, street, rural route, apartment, or suite number) Richmond, VA 23228 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify of	only the frst comm	nunity served below and reli	st on page 1b						
Area Served	with all communities. CITY OR TOWN	STATE								
First	RICHMOND	VA								
Community	Below is a sample for reporting communities if you report multiple char		nace G							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	Α	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

ONW OASE. I AGE ID.			CVCTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Virginia LLC			062716	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communitie community that y	s within unincorporou list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in parer	theses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each reledesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commun	column blank. If evant community	you report any sta with a subscriber	ations group,	
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
RICHMOND	VA	Α		First
CHESTERFIELD COUNTY	VA	Α		Community
HENRICO COUNTY	VA	Α		_
POWHATAN COUNTY	VA	Α		
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
				Add Tows as necessary.

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11	***************************************			
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ΙL				

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062716

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.

BL	OCK 1			BLOCK 2				
	NO. OF				NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	93,514	\$	25.00					
 Service to additional set(s) 		Ī						
• FM radio (if separate rate)		1						
Motel, hotel		1						
Commercial	1,210	\$	35.00					
Converter		Ī						
Residential		1						
Non-residential		<u> </u>						
		+		11.				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE	(CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	15.00	Motel, hotel		5	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		1 [
			Outlet relocation	\$ 60.00			
			Move to new address				
					1		

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	55.00	N/A
Fios TV Test Drive	65.00	N/A
Your Fios TV	65.00	N/A
More Fios TV	85.00	N/A
The MostFios TV	105.00	N/A
Fios TV Mundo Total	105.00	N/A
Fios TV Mundo	85.00	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
HBO	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	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	129.99	Varies
MLS Direct Kick	89.00	Varies

Category of Service	Residential Rate	Commercial Rate
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	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
	\$12 rental,	
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 Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
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
Existing Outlet Connection (up to 3)	N/A	89.99
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)	up to 25.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to 100	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	24.99
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	115.00
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	375.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062716 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: · Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WTVR** 6 N No Richmond **WRIC** N Petersburg 8 No See instructions for WRLH-DT2 26 I-M No Richmond additional information on alphabetization. **WRLH** 35 Richmond I No **WWBT** 12 Ν No Richmond **WUPV** 65 ı No **Ashland WZTD** 45 I No Richmond **WCVE** 23 Ε No Richmond **WCVW** Ε Richmond 57 No WTVR-simulcast 25 N No Richmond **WRIC-simulcast** Ν 22 No Petersburg **WRLH-simulcast** 26 I No Richmond Richmond N **WWBT-simulcast** 54 No **WUPV-simulcast** 47 I No **Ashland** WZTD-simulcast 45 No Richmond ı **WCVE-simulcast** Richmond 42 Ε No Ε WCVW-simulcast 57 No Richmond WWBT Me TV 12 N-M Richmond No

FORM SA3E. PAGE 3. LEGAL NAME OF OWNE	ER OF CARLE SY	/STEM·			SYSTEM ID#	:
Verizon Virginia		OTEWI.			062716	Nama
PRIMARY TRANSMITTE)N				
In General: In space Grarried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. Substitute Basis For further infinite paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the station which your cable system deducational station, by (for independent multice For the meaning of the Column 4: If the stational station of local service Column 5: If you had cable system carried the	s, identify every ystem during the cons in effect on 6.61(e)(2) and (is, as explained tations: With Info Crules, regular here in space only on a substand also in spatformation concern. In station's call associated with explained the carried the carried the in each case we entering the least), "E" (for nesse terms, see terms, see the care, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea, see prove entered "Your distant station is outside the carea."	y television strans accounting 14), or 76.63 (rd in the next prespect to any attons, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not I has a station ac streams must be the FCC has whether the station. Whether the stater "N" (for noncommercia page (v) of the local senage (v) of the es" in column on during the	g period, except 81, permitting the ferring to 76.6 paragraph. y distant stations contractions: t it in space I (the ation was carried tute basis station cording to its over the ferring	(1) stations carried to carriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of the Special Sp	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062716 Verizon Virginia LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION

TORWOASE, FAGE 5.						ACCOUNTING	TENIOD. 2021/2
Verizon Virginia LLC	CABLE SYST	EM:			S	062716	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage: Special
During the accounting per broadcast by a distant stat	-	r cable system	carry, on a substitute basi	s, any nonne	etwork television progran		Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	e blank. If your answer is "	Yes," you m	ust complete the prograr	n	
2. LOG OF SUBSTITUTE							
In General: List each subst clear. If you need more spa				wherever po	ssible, if their meaning is	;	
			ai pages. Ision program (substitute p	rogram) that	, during the accounting		
period, was broadcast by a							
under certain FCC rules, re SA3 form for futher informa							
titles, for example, "I Love L	ucy" or "NB	A Basketball:	76ers vs. Bulls."		, , ,		
			r "Yes." Otherwise enter "N esting the substitute progra				
Column 4: Give the broa	idcast statio	n's location (th	e community to which the	station is lice			
the case of Mexican or Can			community with which the s tem carried the substitute p			th	
first. Example: for May 7 giv	/e "5/7."			-			
Column 6: State the time to the nearest five minutes.	es when the	substitute pro	gram was carried by your o	able system	. List the times accuratel	у	
stated as "6:00-6:30 p.m."							
Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			d	
gram was substituted for pr							
effect on October 19, 1976.					-		
				WH	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM			RIAGE 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: 2021/2 FORM SA3E. PAGE 6.

Name	Verizon Virg		E SYSTEM:						S	*YSTEM ID# 062716
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."									
			DATE	S AND HOURS (OF F	PART-TIME CAR	RRIAGE			
		WHEN	N CARRIAGE OCCI	IRRED			WHE	N CARRIAGE O	CCLIE	RED
	CALL SIGN	VVIILI	HOU			CALL SIGN	WITE		OUR	
		DATE	FROM	TO			DATE	FROM		ТО
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
Ve	rizon Virginia LLC	062716	Name					
Install a all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to consequently of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service	K Gross Receipts					
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount 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.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	entered on line 1 of						
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elelow.	ntered 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.	lld be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 25,804,887.23						
	Enter the result here.							
	This is your minimum fee.	\$ 274,564.00						
Block 2 Block 3	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 this block. • Did your cable system carry any distant television stations during the accounting period No—Leave block 3 below blank and of the DSE schedule. If none, enter zero	n 4, you must check						
	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	\$ 274,564.00	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					
	Line 3. 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	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	\$ 275,289.00	appropriate 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 page (i) of the	additional 1663.					

Name		OWNER OF CABLE SY	YSTEM:				SYSTEM ID# 062716
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to							
Be Contacted for Further Information Name Patrick Merrick Telep						Telephone	e 703-447-0209
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)						
		Ashburn, VA 2 City, town, state, zip) patrick		rizon.com		Fax (optional)	
	CERTIFICATION	ON (This stateme	ent of account mu	st be certifed and	signed in accordar	nce with Copyright Office reg	gulations.)
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 identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 						
		X	/s/ Christy K	K. Reyes			
		(e.g., /s/	John Smith). Before	re entering the first for	orward slash of the /s	re to certify this statement. s/ signature, place your cursor i oid enabling Excel's Lotus com	
	Typed or printed name: Christy K. Reyes						
		Title:			con Virginia LL poration or partnership)		
		Date:	February 28, 202	22			

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

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	YSTEM ID#	Nama
Verizon Virginia	a LLC	062716	Name
The Satellite Hor lowing sentence: "In determ service of scribers at For more information paper SA3 form. During the account made by satellite X NO	mining the total number of subscribers and the gross amounts paid to the cable system for the basing for providing secondary transmissions of primary broadcast transmitters, the system shall not include and amounts collected from subscribers receiving secondary transmissions pursuant to section 119 attention on when to exclude these amounts, see the note on page (vii) of the general instructions in the	c e sub-)."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayn on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nent.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply I	line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	line 2 by the number of days late and enter the sum here	<u>-</u>	
* To view the	line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
NOTE: If you are	decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the original contents.	ginal	
First community : Accounting perio			

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

	Cable Worksheet		Total amount of remittance	Nur	Number of SAs rec'd		Initials	
	Wo	rksheet						
			Date of remittance	□Check	□EFT	□FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by Reviewed by		Date examination completed	Allocation number					
Space A Accounting Period								
	□Janua	ary 1 - June 30, 2017	Г	July 1 - Decem	ber 31, 2017			
	□Letter	r sent	С	☐Information red	ceived			
□Accepted		С	Phone call/Date	e/Contact				
Space B Owner								
	☐Letter sent		Г	☐Information red	ceived			
	□Accep	oted	Г	Phone call/Date	e/Contact			
Space D Area Served								
	Letter	r sent	С	☐Information red	ceived			
	□Accep	oted	Г	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	□Letter	r sent	☐Information received					
and Rates	□Accep	oted	☐ Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	Letter	r sent	☐Information received					
	□Accep	oted		☐Phone call/Dat	e/Contact			
Space H Primary Transmitters:					_			
Radio	□Accer	nted	Г	☐Phone call/Dat	e/Contact			

		Space I Substitute Carriage
	☐Information received	
Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐ Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	