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	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 Pennsylvania LLC										
				06289720212							
				062897 2021/2							
	22001 Loudoun County Parkway Ashburn, VA 20147										
С	INSTRUCTIONS: In line 1, give any business or trade names used to i	dentify 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 o	the system, if diffe	erent from the address giver	ı in space B.							
System	1 Verizon Fios TV (Pittsburgh, PA) VHO 11										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 3096 Sassafras Way (Number, street, rural route, apartment, or sulte number)										
	Pittsburgh, PA 15201 (City, town, state, zip code)										
D		1 11 5 1									
Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	only the first comm	nunity served below and reli	st on page 1b							
Served	CITY OR TOWN	STATE									
First	ALEPPO TWP PA										
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alliana	MD	A	1							
	Alliance Gering	MD 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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062897 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# **ALEPPO TWP** PA Α **First ASPINWALL BORO** PA Α Community PA Α **AVALON BORO BALDWIN BORO** PA Α **BALDWIN TWP** PA Α **BELL ACRES BORO** PA Α See instructions for **BELLEVUE BORO** PA Α additional information on alphabetization. **BEN AVON BORO** PA Α **BEN AVON HEIGHTS BORO** PA Α **BETHEL PARK BORO** PA Α **BLAWNOX BORO** PA Α Add rows as necessary. **BOROUGH OF GLEN OSBORNE** PA Α **BRADDOCK BORO** PA Α **BRADDOCK HILLS BORO** PA Α **BRENTWOOD BORO** PA Α **BRIDGEVILLE BORO** PA Α **CARNEGIE BORO** PA Α **CASTLE SHANNON BORO** PA Α **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 Α **EDGEWORTH BORO** PA Α **ELIZABETH TWP** PA Α **EMSWORTH BORO** PA Α **ETNA BORO** PA Α **FINDLAY TWP** PA Α **FOREST HILLS BORO** PA Α **FOX CHAPEL BORO** PA Α FRANKLIN PARK BORO PA Α **GLENFIELD BORO** PA Α **GREENTREE BORO** PA A

HARSYLLE BORO PA A HEIDELBURG BORO PA A HOMESTEAD BORO PA A INDIANA TWP PA A INGRAM BORO PA A INGRAM BORO PA A INGRAM BORO PA A JEFFERSON HILLS BORO PA A JEFFERSON HILLS BORO PA A KENNEDY TWP PA A KENNEDY TWP PA A LEET TWP PA A LEET TWP PA A MCKERS BORO PA A MCKERS BORO PA A MILLYALE BORO PA A MINIPHALL BORO PA A MUNIPHALL BORO PA A NEYILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH FARSAILLES TWP PA A NORTH STRABANE TWP NORTH STRABANE TWP NORTH STRABANE TWP PA A NORTH FARSAILLES TWP PA A NORTH FARSAILLES TWP PA A NORTH FARSAILLES TWP PA A NORTH STRABANE T	HAMPTON TWP	РА	Α
HEIDELBURG BORO			
HOMESTEAD BORO			
NOIANA TWP			
NORTH BRADDOCK BORO			
JEFFERSON HILLS BORO			
KENNEDY TWP		PA	Α
KILBUCK TWP LEET TWP LEET TWP PA A LEETSDALE BORO PA A MCCANDLESS TWP PA A MCKEES ROCKS BORO MILLVALE BORO PA A MCKEES ROCKS BORO MILLVALE BORO PA A MONOTEVILLE BORO PA A MT LEBANON TWP PA A MT LEBANON TWP PA A MUNHALL BORO PA A MUNHALL BORO PA A MORTH BRADDOCK BORO PA A NORTH FRABADE TWP PA A NORTH FRABANE TWP PA A NORTH FRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OHIOT TWP PA A OHIOT TWP PA A OHIOT TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PENNSBURY VILLAGE BORO PA A PLEASANT HILLS BORO PA A PA A PROSS TWP PA A ROSS TWP PA A	JEFFERSON HILLS BORO	I	Α
LEET TWP PA A LEET SDALE BORO PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MILLVALE BORO PA A MONOR TWP PA A MONOR TWP PA A MUNHALL BORO PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A NOTTINGHAM TWP PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENN SBURY VILLAGE BORO PA A PETRIS TWP PA A PITSBURGH CITY PA A PLEASANT HILLS BORO PA	KENNEDY TWP	PA	Α
LEET TWP PA A LEET SDALE BORO PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MCCANDLESS TWP PA A MILLVALE BORO PA A MONOR TWP PA A MONOR TWP PA A MUNHALL BORO PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A NOTTINGHAM TWP PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENN SBURY VILLAGE BORO PA A PETRIS TWP PA A PITSBURGH CITY PA A PLEASANT HILLS BORO PA	KILBUCK TWP	PA	Α
LEETSDALE BORO PA A MCCANDLESS TWP PA A MCKEES ROCKS BORO PA A MILLVALE BORO PA A MILLVALE BORO PA A MONRONGEVILLE BORO PA A MI LEBANON TWP PA A MUNHALL BORO PA A MUNHALL BORO PA A NORTH BRADDOCK BORO PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NORTH VERSAILLES TWP PA A OHAKDALE BORO PA A OHARA TWP PA A OHARA TWP PA A PENN HILLS TWP PA A PETERS TYP PA A PETERS TYP PA A PITCARIN BORO PA A PITSBURGH CITY	LEET TWP	PA	Α
MCCADLESS TWP PA A MCKEES ROCKS BORO PA A MILLVALE BORO PA A MONTOEVILLE BORO PA A MOON TWP PA A MINIMALL BORO PA A MUNIMALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OHIOTWP PA A PENN SBURY VILLAGE BORO PA A PEIN HILLS TWP PA A PETERS TWP PA A PITCARIN BORO PA A PITCARIN BORO PA A PLUM BORO PA A PLUM BORO PA A RESERVE TWP PA A ROSSLYN FARMS BORO PA	LEETSDALE BORO	РА	
MCKEES ROCKS BORO PA A MILLVALE BORO PA A MONNOEVILLE BORO PA A MOON TWP PA A MOON TWP PA A MUNHALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A OHARA TWP PA A OHARA TWP PA A OHARA TWP PA A PENI			
MILLVALE BORO PA A MONROEVILLE BORO PA A MOON TWP PA A MT LEBANON TWP PA A MT LEBANON TWP PA A MUNHALL BORO PA A NORTH BRADDOCK BORO PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NORTH VERSAILLES TWP PA A NORTH STRABANE TWP PA A OHLOT TWP PA A PETERST TWP PA A PETERST TWP PA A PITCARIN BORO PA A PITTSB		I	
MONROEVILLE BORO PA A MOON TWP PA A MT LEBANON TWP PA A MUNHALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH PAYETTE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTESBURGH CITY PA A PLEASANT HILLS BORO PA A PLEASANT HILLS BORO PA A PLEASANT HILLS BORO PA A ROSINSON TWP PA A ROSSLYN FARMS BORO PA A ROSSLYN FARMS BORO			
MOON TWP PA A MT LEBANON TWP PA A MUNHALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH AFRETTE TWP PA A NORTH AFRETTE TWP PA A NORTH STRABANE TWP PA A NORTH YERSAILLES TWP PA A NOTTINGHAM TWP PA A OHARA TWP PA A OHARA TWP PA A PENN HILLS TWP PA A PENN HILLS TWP PA A PETERS TWP PA A PETERS TWP PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RANKIN BORO PA A ROSISLYN FARMS BORO PA A ROSSLYN FARMS BORO PA			
MTLEBANON TWP PA A MUNHALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHOLOTWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PLUM BORO PA A PLUM BORO PA A RESERVE TWP PA A ROSINSON TWP PA A ROSINSON TWP PA A ROSSIYIN FARMS BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO			
MUNHALL BORO PA A NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH FAYETTE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITSBURGH CITY PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSSLYN FARMS BORO PA A SCOTTT TWP PA A SEWICKLEY HILLS BORO PA A SEWICKLEY HEIGHTS BORO PA			
NEVILLE TWP PA A NORTH BRADDOCK BORO PA A NORTH FAYETTE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITSARIN BORO PA A PLUM BORO PA A PLUM BORO PA A PLUM BORO PA A RESERVE TWP PA A ROSS TWP PA A ROSS TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A			
NORTH BRADDOCK BORO PA A NORTH FAYETTE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHIO TWP PA A OHIO TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSISTWP PA A ROSISTWP PA A ROSISTWP FARMS BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO PA A SHALER TWP PA A SHALER TWP <t< td=""><td></td><td></td><td></td></t<>			
NORTH BRADDOCK BORO NORTH FAYETTE TWP PA A NORTH STRABANE TWP PA A NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A OHORD PA A OHORD PA A OHORD PA A OHORD PA A OHIO TWP PA A PENN HILLS TWP PA A PENN HILLS TWP PA A PETERS TWP PA A PITTSBURGH CITY PA A PITTSBURGH CITY PA A PLUM BORO PA A PLUM BORO PA A RANKIN BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROSINSON TWP PA A ROSINN FARMS BORO PA A SEWICKLEY HEIGHTS BORO PA A SUBJECT TWP PA A SWISSVALE BORO PA A WEST TORR TWP PA A WEST DEER TWP PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A WEST VIEW BORO PA A WEST HOMESTEAD BORO PA A WEST H		l	Α
NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SEWICKLEY BORO PA A SEWICKLEY HILLS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA <td>NORTH BRADDOCK BORO</td> <td>PA</td> <td>Α</td>	NORTH BRADDOCK BORO	PA	Α
NORTH STRABANE TWP PA A NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SEWICKLEY BORO PA A SEWICKLEY HILLS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA <td>NORTH FAYETTE TWP</td> <td>PA</td> <td></td>	NORTH FAYETTE TWP	PA	
NORTH VERSAILLES TWP PA A NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITSBURGH CITY PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROSS TWP PA A SEWICKLEY BORO PA A SEWICKLEY HILLS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A			
NOTTINGHAM TWP PA A OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RESERVE TWP PA A RESERVE TWP PA A ROSINSON TWP PA A ROSS TWP PA A ROSS TWP PA A SCOTT TWP PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SWISSVALE BORO PA A			
OAKDALE BORO PA A OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLUM BORO PA A PLUM BORO PA A RESERVE TWP PA A ROSINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SEWICKLEY BEIGHTS BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHARPSBURG BORO PA A SCOUTH FAYETTE TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A SUBJECT TWP PA A WEST DEER TWP PA			
OHARA TWP PA A OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROSINSON TWP PA A ROSSLYN FARMS BORO PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHALER TWP PA A SOUTH PAYETTE TWP PA A SOUTH PAYETTE TWP PA A SWISSVALE BORO PA A TURTLE CREEK BORO PA A TURTLE CREEK BORO PA A TURTLE CREEK BORO PA <td></td> <td></td> <td></td>			
OHIO TWP PA A PENN HILLS TWP PA A PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SWISSVALE BORO PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA <td></td> <td></td> <td></td>			
PENN HILLS TWP PA A PETRS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A TURTLE CREEK BORO PA			
PENNSBURY VILLAGE BORO PA A PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TUPPER ST CLAIR TWP PA			
PETERS TWP PA A PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A TURTLE CREEK BORO PA A TURTLE CREEK BORO PA A WEST DEER TWP PA A		I	
PITCARIN BORO PA A PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SHALER TWP PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A STOWE TWP PA A TURTLE CREEK BORO PA A TUPPER ST CLAIR TWP PA A WALL BORO PA A WEST HOMESTEAD BORO PA A WEST HOMESTEAD BORO PA			
PITTSBURGH CITY PA A PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A STOWE TWP PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST HOMESTEAD BORO PA A WEST HOMESTEAD BORO PA			Α
PLEASANT HILLS BORO PA A PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	PITCARIN BORO	PA	Α
PLUM BORO PA A RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A STOWE TWP PA A THORNBURG BORO PA A TUPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	PITTSBURGH CITY	PA	Α
RANKIN BORO PA A RESERVE TWP PA A ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	PLEASANT HILLS BORO	PA	Α
RESERVE TWP ROSINSON TWP ROSS TWP PA ROSSLYN FARMS BORO PA SCOTT TWP PA SEWICKLEY BORO PA SEWICKLEY HEIGHTS BORO PA SEWICKLEY HILLS BORO PA SHALER TWP PA SOUTH FAYETTE TWP PA SOUTH PARK TWP PA STOWE TWP PA THORNBURG BORO PA A TURTLE CREEK BORO PA A WEST DEER TWP PA A A A A A A A A A A A	PLUM BORO	PA	Α
ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	RANKIN BORO	PA	Α
ROBINSON TWP PA A ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	RESERVE TWP	PA	A
ROSS TWP PA A ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHALER TWP PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			Δ
ROSSLYN FARMS BORO PA A SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			Δ
SCOTT TWP PA A SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
SEWICKLEY BORO PA A SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
SEWICKLEY HEIGHTS BORO PA A SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
SEWICKLEY HILLS BORO PA A SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
SHALER TWP PA A SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
SHARPSBURG BORO PA A SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A		PA	Α
SOUTH FAYETTE TWP PA A SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	SHALER TWP	PA	Α
SOUTH PARK TWP PA A STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	SHARPSBURG BORO	PA	Α
STOWE TWP PA A SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	SOUTH FAYETTE TWP	PA	Α
SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	SOUTH PARK TWP	PA	Α
SWISSVALE BORO PA A THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A	STOWE TWP	PA	Α
THORNBURG BORO PA A TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A		PA	Α
TURTLE CREEK BORO PA A UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A		I	
UPPER ST CLAIR TWP PA A WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
WALL BORO PA A WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
WEST DEER TWP PA A WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
WEST HOMESTEAD BORO PA A WEST VIEW BORO PA A			
WEST VIEW BORO PA A			
WHITAKER BORO PA A		PA	Α
	WHITAKER BORO	PA	Α

WHITE OAK BORO	PA	Α	
WHITEHALL BORO	PA	Α	
WILKINS TWP	PA	Α	
WILKINSBURG BORO	PA	Α	
WILMERDING BORO	PA	Α	

Name

Legal Name of OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062897

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	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	122,641	\$	25.00					
 Service to additional set(s) 		Ī						
• FM radio (if separate rate)								
Motel, hotel								
Commercial	1,775	\$	35.00					
Converter		Ī						
Residential								
Non-residential								
		†·····		11		l	†·····	

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			CATEGORY OF SERVICE	R	ATE	CATE	GORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	15.00	Motel, hotel			See Ta	ab Attachment B	
 Pay cable—add'l channel 			Commercial					
 Fire protection 			Pay cable					
•Burglar protection		Pay cable-add'l channel						
Installation: Residential			Fire protection					
 First set 	\$	99.00	Burglar protection					
 Additional set(s) 	\$	60.00	Other services:					
 FM radio (if separate rate) 			Reconnect					
Converter			Disconnect					
			Outlet relocation	\$	60.00			
		Move to new address						

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	40.00
Fios Current TV for Bar/Restaurant	N/A	40.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios Local TV	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
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	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

carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi Substitute Basis St basis under specific FCC • Do not list the station I station was carried countries. For further info	RS: TELEVISIO i, identify every ystem during the ons in effect or 61(e)(2) and (- is, as explaine tations: With I C rules, regula here in space	television stance accounting June 24, 194, or 76.63 (rd in the next)			SYSTEM ID# 062897	Namo	
PRIMARY TRANSMITTER In General: In space G carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi Substitute Basis St basis under specific FCC • Do not list the station I station was carried co • List the station here, a basis. For further info	RS: TELEVISIO i, identify every ystem during the ons in effect or 61(e)(2) and (is, as explaine tations: With I C rules, regula here in space	television stance accounting June 24, 194), or 76.63 (rd in the next p					
carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi Substitute Basis St basis under specific FCC • Do not list the station lest the station was carried contact.	ystem during the ons in effect or 61(e)(2) and (dis, as explaine tations: With I C rules, regulations pace	ne accounting n June 24, 19 4), or 76.63 (r d in the next _l					
each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of license	formation conc m. n station's call associated with -2". Simulcast channel numb e. For example	ations, or auth G—but do listitute basis. ace I, if the staterning substitute sign. Do not I a station acestreams must ber the FCC he, WRC is Cha	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried tute basis station report origination coording to its over the period of the station as assigned to	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statement of the statement of t	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- the stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television	
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.							
		CHANN	EL LINE-UP	Α		†	
1. CALL SIGN	1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION						
KDKA							
WPCW	19	N I	No		Pittsburgh Jeannette		
		I N	No No			. See instructions for additional information	
WTAE	19	I			Jeannette		
WTAE WPCB	19 4	I	No		Jeannette Pittsburgh Greensburg	additional information	
WTAE WPCB WPGH	19 4 40	I N I	No No		Jeannette Pittsburgh Greensburg Pittsburgh	additional information	
WTAE WPCB WPGH WPNT	19 4 40 53	I N I	No No No		Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI	19 4 40 53 22	I N I I	No No No No		Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED	19 4 40 53 22 11	I N I I N	No No No No		Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids	19 4 40 53 22 11 13	I N I I I N	No No No No No		Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP	19 4 40 53 22 11 13 13		No N		Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast	19 4 40 53 22 11 13 13 16 25	I N I I N E E M I N N N N N N N N N N N N N N N N N N	No N		Jeannette Pittsburgh Greensburg Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast	19 4 40 53 22 11 13 13 16 25 11		No N		Jeannette Pittsburgh Greensburg Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast WPCW-simulcast	19 4 40 53 22 11 13 13 16 25 11		No N		Jeannette Pittsburgh Greensburg Pittsburgh	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast WPCW-simulcast WTAE-simulcast	19 4 40 53 22 11 13 13 16 25 11 51 40		No N		Jeannette Pittsburgh Greensburg Pittsburgh Greensburg	additional information	
WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast WPCW-simulcast WTAE-simulcast WPCB-simulcast	19 4 40 53 22 11 13 13 16 25 11 51 40 43		No N		Jeannette Pittsburgh Greensburg Pittsburgh Greensburg Pittsburgh	additional information	
WPCW WTAE WPCB WPGH WPNT WPXI WQED WQED PBS Kids WINP KDKA-simulcast WPCW-simulcast WPCB-simulcast WPCB-simulcast WPCB-simulcast	19 4 40 53 22 11 13 13 16 25 11 51 40		No N		Jeannette Pittsburgh Greensburg Pittsburgh Greensburg	additional information	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062897 Verizon Pennsvlvania 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 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) WINP-simulcast 16 ı No Pittsburgh WTAE Cozi TV Pittsburgh 51 N-M No See instructions for **WPXI Me TV** 48 N-M No Pittsburgh additional information on alphabetization. **WPGH Antenna** 43 I-M Pittsburgh No **WPXI LAFF** 48 N-M No Pittsburgh WPNT TBD TV 22 I-M No Pittsburgh WPNT CometTV 22 I-M No Pittsburgh **WPNT Stadium** 22 I-M No Pittsburgh **WPGH Charge TV** 43 I-M No Pittsburgh **WQED World** 38 E-M No Pittsburgh **WQED** Create 38 E-M No Pittsburgh **WQED Showcase** Pittsburgh 38 E-M No **KDKA StartTV** 25 N-M No Pittsburgh **WPCB Pittsburgh** 40 I-M No Greensburg **KDKA Dabl** N-M 2 No Pittsburgh

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062897 Verizon Pennsylvania 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

TORWI SAJE. TAGE 3.						ACCOUNTING	11 LINIOD. 2021/2		
Verizon Pennsylvania LLC SYSTEM ID# 062897									
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì					
In General: In space I, identi substitute basis during the ad 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 period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS									
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
clear. If you need more spa				raaram) that	during the accounting				
period, was broadcast by a			sion program (substitute p ur cable system substitute			ion			
under certain FCC rules, re									
SA3 form for futher informa				"basketball"	. List specific program				
	n was broad	lcast live, ente	r "Yes." Otherwise enter "N Isting the substitute progra						
			ne community to which the		ensed by the FCC or, in				
the case of Mexican or Can						41.			
first. Example: for May 7 give		when your syst	tem carried the substitute p	orogram. Use	e numerals, with the mon	th			
Column 6: State the time	es when the		gram was carried by your o			y			
to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be				
stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that	our system was required	1			
to delete under FCC rules a						•			
gram was substituted for pr		that your syste	em was permitted to delete	under FCC	rules and regulations in				
effect on October 19, 1976.									
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON			
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO				
		<u></u>							
		<u> </u>							
					_				
					_				
					<u> </u>				
					_				
					_				
									
}									
					_				
					_				

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	Verizon Pen								S	YSTEM ID# 062897
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			
		\/\HEN	N CARRIAGE OCCI	IDDEN			WHE	N CARRIAGE O	CCLIE	PPEN .
	CALL SIGN	VVIICI	HOU!			CALL SIGN	VVIICI		OUR	
		DATE	FROM	ТО			DATE	FROM		TO
									=	
									=	
									=	
									=	
									-=-	
									-=	
									=-	
			_							
			_						_	
			_						_	
			_						_	
			_						_	
			_						_	
			_						_	
			_							
			_							
									=	
									=	
									=	
									=	

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome						
Ve	rizon Pennsylvania LLC	062897	Name						
Ins all a (as pag	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 secondidentified in space E) during the accounting period. For a further explanation of how to conseque (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service	K Gross Receipts						
IMF	ORTANT: 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.	e 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 e elow.	ntered on line 2 in block							
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	uld 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	\$ 33,700,689.76							
	Enter the result here.								
	This is your minimum fee.	\$ 358,575.34							
Block 2 Block	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 on the Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	in 4, you must check							
3	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	\$ 358,575.34	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 zero.	0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact						
	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	\$ 359,300.34	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separed instructions located in the paper SA3 form for more information.)	See page (i) of the							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Verizon Pennsylvania LLC	062897				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
	1. Enter the total number of channels on which the cable system carried television broadcast stations					
	Enter the total number of activated channels					
	on which the cable system carried television broadcast stations and nonbroadcast services					
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)					
Be Contacted for Further Information	Name Patrick Merrick Telephone 703-447-0209					
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)					
	Ashburn, VA 20147 (City, town, state, zip)					
	Email patrick.merrick@verizon.com Fax (optional)					
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)					
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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.	1				
	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. Reyes					
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"				
	Typed or printed name: Christy K. Reyes					
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)					
	Date: February 28, 2022					

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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon Pennsylvania LLC	062897	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the system is scribers and amounts collected from subscribers receiving secondary transmissions pursuar. For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondard by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	tem for the basic shall not include sub- it to section 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA	• •	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	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	er assistance please	
** 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 Copplease list below the owner, address, first community served, accounting period, and ID number as 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 Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

C	Cable Worksheet	Total amount of remittance	Number of SAs	rec'd Initials
		Date of remittance	Check □EFT	☐FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	□ January 1 - June 30, 2017 □ July 1 - December 31, 2017			
	□Letter sent □Information received			
	□Accepted		Phone call/Date/Contact	
Space B Owner				
	☐Letter sent	Γ	Information received	
	□Accepted	Γ	Phone call/Date/Contact	
Space D Area Served				
	☐Letter sent		Information received	
	□Accepted	Ω	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	☐Letter sent		Information received	
and Rates	□Accepted	Γ	Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	☐Letter sent]	☐Information received	
	□Accepted]	Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	□Accepted		Phone call/Date/Contact	

		Space I Substitute Carriage
	□Information received	carrage
Accepted	☐Phone call/Date/Contact	Space J
		Part-time
		Carriage Log (SA3 only)
☑ Letter sent	☐ Information received	(o.to ciliy)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐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	