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						
08/23/2018	\$ 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	2018/1			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ess of the cable system or on the last day of the counting perion	em the accounting period should s	•
	PO Box 152092, MC: HQE03H19			063009 2018/1
	Irving, TX 75015-2092 INSTRUCTIONS: In line 1, give any business or trade names used to ic	dentify the busines	ss and operation of the syst	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	1 Verizon Fios TV (Harrisburg, PA) VHO 14			
	MAILING ADDRESS OF CABLE SYSTEM: 210 Pine Street (Number, street, rural route, apartment, or suite number) Harrisburg, PA 17101 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		_
First Community	CAMP HILL BORO	PA		
Community	Below is a sample for reporting communities if you report multiple cha		pace G. CH LINE UP	SUB GRP#
	CITY OR TOWN (SAMPLE) Alda	STATE MD	A CH LINE UP	SUB GRP#
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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2018/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Pennsylvania LLC			063009	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpr areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communit t community that	ies within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on 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 redesignated by a number (based on your reporting from Part 9).	e column blank. İ levant communit	f you report any st y with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CAMP HILL BORO	PA	Α		First
CARROLL TWP	PA	A		Community
CONEWAGO TWP	PA	A		Community
DERRY TWP	PA	A		
DILLSBURG BORO	PA	A		
EAST PENNSBORO TWP	PA	Ä		
FAIRVIEW TWP	PA			See instructions for additional information
		A		on alphabetization.
HAMPDEN TWP	PA	A		on alphabetization.
HIGHSPIRE BORO	PA	A		
HUMMELSTOWN BORO	PA	Α		
LEMOYNE BORO	PA	Α		Add rows as no cossany
LONDONDERRY TWP DAUPHIN	PA	Α		Add rows as necessary.
LOWER ALLEN TWP	PA	Α		
LOWER PAXTON TWP	PA	Α		
LOWER SWATARA TWP	PA	Α		
MECHANICSBURG BORO	PA	A		
MIDDLESEX TWP	PA	A		
MIDDLETOWN BORO	PA	A		
MONAGHAN TWP	PA			
	•	A		
MONROE TWP	PA	A		
NEW CUMBERLAND BORO	PA	A		
NORTH LONDONDERRY TWP	PA	Α		
PALMYRA BORO	PA	Α		
PAXTANG BORO	PA	A		
PENBROOK BORO	PA	Α		
ROYALTON BORO	PA	Α		
SHIREMANSTOWN BORO	PA	Α		
SILVER SPRING TWP	PA	Α		
SOUTH HANOVER TWP	PA	Α		
SOUTH LONDONDERRY TWP	PA	Α		
STEELTON BORO	PA	A		
SUSQUEHANNA TWP	PA	A		
SWATARA TWP	PA	A		
UPPER ALLEN TWP	PA			
	•	A A		
WEST HANOVER TWP	PA	Α		
WORMLEYSBURG BORO	PA	Α		

	•

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

063009

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE				
Residential:							
 Service to first set 	46,442	\$ 12.99					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	474	\$ 25.00					
Converter							
 Residential 							
Non-residential							
		.	a				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1						
F	RATE	RATE	CATEGORY OF SERVICE	RATE		
		Installation: Non-residential				
\$	15.00	Motel, hotel		See Tab Attachment B		
		Commercial				
		• Pay cable				
		Pay cable-add'l channel				
		Fire protection				
\$	99.00	Burglar protection				
\$		Other services:				
		Reconnect				
		Disconnect				
		Outlet relocation	\$ 65.00			
		Move to new address				
	\$ \$ \$	\$ 15.00 \$ 99.00	RATE CATEGORY OF SERVICE Installation: Non-residential	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection \$ 65.00 Other services: • Reconnect • Disconnect • Outlet relocation \$ 65.00	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential	

Category of Service	Residential Rate	Commercial Rate
Block 1	4= 00	45.00
Pay Cable	15.00	15.00
Pay Cable - add'l Channel	00.00	00.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation Block 2	65.00	69.99
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00 40.00
	64.99	80.00
Custom TV Kids & Pop 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 TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	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
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies

	Residential	Commercial
Category of Service	Rate	Rate
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box	12.00	11.99
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	19.99
HD Digital DVR	N/A	16.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
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	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE SY	YSTEM:			SYSTEM ID#	
Verizon Pennsy	lvania LLC				063009	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of List the station here, a basis. For further infinithe paper SA3 for	ystem during to consin effect or consin effect or considerations: With a C rules, regulations in space only on a substand also in space formation concim.	he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement both on a substitute, see page (v) of	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located	G Primary Transmitters: Television
each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licension which your cable sy	associated with 2". Simulcast channel numble. For example stem carried the	h a station ac streams must ber the FCC h e, WRC is Chan ne station.	cording to its over the reported in conas assigned to annel 4 in Wash	er-the-air designa column 1 (list eac the television stat nington, D.C. This	es such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha	entering the le ast), "E" (for no se terms, see ation is outside se area, see pa ave entered "Yo	etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column	etwork), "N-M" (I educational), c e general instruct vice area, (i.e. "c general instruct 4, you must cor	for network multion "E-M" (for noncontions located in the distant"), enter "Yoions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
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RS: TELEVISION	ON				
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C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with associated with a channel number. For example, stem carried the in each case where the cast, "E" (for note that is the case of the	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not a station ac streams must ber the FCC he, WRC is Chhe station. Whether the station. Whether the station ac page (v) of the the local serial page (v) of the tes" in column on during the me basis becat multicast stream or before Jumitter or an ac o enter "E". If a, see page (v) ch station. Foons, if any, given as the station.	tit in space I (the ation was carried tute basis station report origination cording to its own to be reported in the assassigned to annel 4 in Wash tation is a network), "N-M" (I educational), cording to its own to accounting period assassion of lack of a seam that is not some 30, 2009, be ssociation repression of the general or U.S. stations, the the name of the tation station is a network of the general or U.S. stations, the the name of the station is a network of the station is a network of the general or U.S. stations, the the name of the station is a network of the station is a	de Special Statemed both on a substins, see page (v) of a program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multiper "E-M" (for noncetions located in the thinglete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy essenting the prima channel on any of instructions located list the community with the community with the community with the community of the prima community with the community with the community with the community of the prima community with the community	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel espendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the th which the station is identifed.	
g manapic ona	•	•	•	onamic me up.	
2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	_
23	I-M	No		York	
33	E-M	No		Harrisburg	See instructions for
15	I-M	No		Lancaster	additional information on alphabetization.
	1-14			Lancaster	
	rivania LLC RS: TELEVISIO G, identify every ystem during the consin effect on the consin effect of the consistency of the consiste	ystem during the accounting ons in effect on June 24, 19.61(e)(2) and (4), or 76.63 (is, as explained in the next tations: With respect to any C rules, regulations, or authhere in space G—but do lisonly on a substitute basis. and also in space I, if the station concerning substirm. In station's call sign. Do not neassociated with a station acce.". Simulcast streams must channel number the FCC he. For example, WRC is Chestem carried the station. in each case whether the sign entering the letter "N" (for neast), "E" (for noncommercia set erms, see page (v) of the acce area, see page (v) of the acceptance of a distant multicast streams as imulcasts, also enter "E". If ree categories, see page (v) of the acceptance of a distant multicast streams as a simulcasts, also enter "E". If ree categories, see page (v) of the acceptance of a distant multicast streams as a simulcasts, also enter "E". If ree categories, see page (v) of the acceptance of a distant multicast streams and acceptance of a distant multicast streams	RS: TELEVISION G, identify every television station (including ystem during the accounting period, except ons in effect on June 24, 1981, permitting the .61(e)(2) and (4), or 76.63 (referring to 76.6 is, as explained in the next paragraph. tations: With respect to any distant stations: C rules, regulations, or authorizations: here in space G—but do list it in space I (the only on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station in the station's call sign. Do not report origination associated with a station according to its owner. The channel number the FCC has assigned to be expected in the station. The channel number the FCC has assigned to be expected in the station. The channel number the station is a network entering the letter "N" (for network), "N-M" (the station is a network entering the letter "N" (for network), "N-M" (the station is outside the local service area, (i.e. "Concerned accounting perion on a part-time basis because of lack of a station of a distant multicast stream that is not sentered into on or before June 30, 2009, but a primary transmitter or an association repressimulcasts, also enter "E". If you carried the ree categories, see page (v) of the general instruction of a distant multicast stream that is not sentered into on or before June 30, 2009, but a primary transmitter or an association repressimulcasts, also enter "E". If you carried the ree categories, see page (v) of the general elecation of each station. For U.S. stations, canadian stations, if any, give the name of the ground station of the station of the station. CHANNEL LINE-UP 2. B'CAST CHANNEL CHANNEL OF NUMBER The No 33 E-M NO 15 1-M NO 15 1-M NO	Res: TELEVISION 6, identify every television station (including translator station: system during the accounting period, except (1) stations carriers ons in effect on June 24, 1981, permitting the carriage of cert .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; is, as explained in the next paragraph. tations: With respect to any distant stations carried by your of Crules, regulations, or authorizations: here in space G—but do list it in space I (the Special Statem only on a substitute basis. and also in space I, if the station was carried both on a substitute basis station's call sign. Do not report origination program service associated with a station according to its over-the-air designate. 2". Simulcast streams must be reported in column 1 (list each end of the station is a network station, an indicentering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial), or "E-M" (for noncommercial)	RES. TELEVISION 6, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs (sections 6.1(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph. tattons: With respect to any distant stations carried by your cable system on a substitute program C rules, regulations, or authorizations: here in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m. in station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-22. Simulcast streams must be reported in column 1 (list each stream separately; for example reported in column 1 (list each stream separately; for example reported the station. In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" ast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form. See area, see page (v) of the general instructions located in the paper SA3 form. See entered "Yes" in column 4, you must complete column 5, stating the basis on which your the distant multicast stream that is not subject to a royally payment because it is the subject entered into on or before June 30, 2009, between a cable system or an association representing primary transmitter, and a

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:			;	063009	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that vour cable system	carried on a	l
substitute basis during the acexplanation of the programm	ccounting pe ling that mus	eriod, under spe st be included ir	ecific present and former FC n this log, see page (v) of the	C rules, regula	ations, or authorizations.	For a further	Substitute
SPECIAL STATEMENT During the accounting per broadcast by a distant state	iod, did you			s, any nonnet	twork television prograr	n X No	Carriage: Special Statement and
Note: If your answer is "No log in block 2.		rest of this pag	ge blank. If your answer is	'Yes," you mu		•	Program Log
2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional network televition and that your authorizational truse general of the secondary of the secon	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the leti	during the accounting ramming of another stans located in the paper List specific program nsed by the FCC or, in tiffied). numerals, with the more List the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	tion nth ely	
	ELIBSTITI IT	E PROGRAM	<u> </u>	1 1	EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					<u> </u>		
					_		
					<u> </u>		
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon Pennsylvania LLC
SYSTEM ID#
063009

J

Part-Time Carriage Log

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."

		DAT	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN CARRIAGE OCCURRED			
	HOURS DATE FROM TO				DATE	DATE FROM		TO		
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nama	
Ve	rizon Pennsylvania LLC			063009	Name	
Ins all a (as pag	IROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of a mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see age (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 12,593,241.50					
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.	(A	mount of gro	ss receipts)		
• Cor • Cor • If your fee • If you	RIGHT ROYALTY FEE (actions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations, our system did not carry any distant television stations, leave block 3 blank. Enter the art from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee	
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	e entered	d on line 1	of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered o	on line 2 ir	n block		
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	uld be er	ntered on	line		
	block 4 below. MINIMUM FEE: All cable systems with comiannual gross receipts of \$527,600 or more	aro rogi	uirod to p	av at		
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K 12,593,241.50					
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.					
	This is your minimum fee.	\$		133,992.09		
Block 2						
Block	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	_ ;	\$	-		
	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	_\$	S	133,992.09	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.	r		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 the Licensing	
	Line 4. FILING FEE	_\$	3	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	\$		134,717.09	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	e (i) of the			

Name		STEM ID#			
1401110	Verizon Pennsylvania LLC	063009			
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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)				
for Further Information	Name Brad Wright Telephone 972-444-5553				
	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number)				
	Irving, TX 75015-2092 (City, town, state, zip)				
	Email brad.wright@verizon.com Fax (optional) 877-875-8841				
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.				
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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/ Veronica C. Glennon				
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.				
	Typed or printed name: Veronica C. Glennon				
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)				
	Date: August 29, 2018				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency 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	063009		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shat scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instead paper SA3 form.	n for the basic Ill not include sub- o section 119."	Special Statement Concerning Gross Receipts Exclusion	
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?			
X NO			
YES. Enter the total here and list the satellite carrier(s) below			
Name Mailing Address Mailing Address			
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		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	days		
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)	nterest 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.			
** 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 Copyri please list below the owner, address, first community served, accounting period, and ID number as giving.	-		
Owner Address			
First community served			
Accounting period ID number			
ID HUHDOI			

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

	YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
19								\$ 0.00
20								\$ 0.00
21								\$ 0.00
22								\$ 0.00
23								\$ 0.00
24								\$ 0.00
25								\$ 0.00
26								\$ 0.00
27								\$ 0.00
28								\$ 0.00
29								\$ 0.00
30								\$ 0.00
31								\$ 0.00
32								\$ 0.00
33								\$ 0.00
34								\$ 0.00
35								\$ 0.00
36								\$ 0.00
37								\$ 0.00
38								\$ 0.00
39								\$ 0.00
40								\$ 0.00
41								\$ 0.00
42								\$ 0.00
43								\$ 0.00
44								\$ 0.00
45								\$ 0.00
46								\$ 0.00
47								\$ 0.00
48								\$ 0.00
49								\$ 0.00
50								\$ 0.00

FILING FEES \$ 8,700.00 ROYALTY FEES \$ 13,601,439.83 INTEREST FEES \$ 0.00 TOTAL FEES \$ 13,610,139.83

Privacy Act Notice: Sections 111 and 119 of title 17, United States Code, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.