This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

## SA3E Long Form

Return completed workbook by email to:

## coplicsoa@loc.gov

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

Period B Instr rate a sin LEC C INS nam	2021/2  ructions: Give the full legal name of the owner of the cable system. If title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner condu. If there were different owners during the accounting period, ngle statement of account and royalty fee payment covering to Check here if this is the system's first filing. If not, enter th GAL NAME OF OWNER/MAILING ADDRESS OF CABLE S Verizon Pennsylvania LLC  22001 Loudoun County Parkway Ashburn, VA 20147  TRUCTIONS: In line 1, give any business or trade names already appear in space B. In line 2, give the mailin IDENTIFICATION OF CABLE SYSTEM:	ucts the business of the cable system only the owner on the last day of the the entire accounting period. In system's ID number assigned by the YSTEM	n. e accounting period should s the Licensing Division.				
B Owner rate 1 a sin LEC C System	Give the full legal name of the owner of the cable system. If title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner condu <i>If there were different owners during the accounting period,</i> <i>ngle statement of account and royalty fee payment covering to</i> Check here if this is the system's first filing. If not, enter th GAL NAME OF OWNER/MAILING ADDRESS OF CABLE S Verizon Pennsylvania LLC 22001 Loudoun County Parkway Ashburn, VA 20147 TRUCTIONS: In line 1, give any business or trade names already appear in space B. In line 2, give the mailing	ucts the business of the cable system only the owner on the last day of the the entire accounting period. In system's ID number assigned by the YSTEM	n. e accounting period should s the Licensing Division.		920212 2021/2 these		
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C INS <sup>®</sup> nam	Ashburn, VA 20147 TRUCTIONS: In line 1, give any business or trade names already appear in space B. In line 2, give the mailing						
System	nes already appear in space B. In line 2, give the mailir						
System 1	IDENTIFICATION OF CABLE SYSTEM:				J.		
	Verizon Fios TV (Harrisburg, PA) VHO 14	1 Identification of cable system: 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)						
_	tructions: For complete space D instructions, see pag all communities.	e 1b. Identify only the frst comm	unity served below and re	elist on page	1b		
Served	CITY OR TOWN	STATE					
	CAMP HILL BORO	PA					
Community Be	elow is a sample for reporting communities if you repor	rt multiple channel line-ups in Sp	ace G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#		
Sample		MD	Α		1		
Allia Geri	ince	MD	BB		2 3		
			5		• •		

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-28-22

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		
Verizon Pennsylvania LLC			063009		
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	-	-	theses		
below the identified city or town.					
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 reledesignated by a number (based on your reporting from Part 9).	e column blank. If evant community	you report any sta with a subscriber o	tions group,		
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#		
CAMP HILL BORO	PA	Α		First	
CARROLL TWP	PA	A		Community	
CONEWAGO TWP	PA	A			
DERRY TWP	PA	Α			
DILLSBURG BORO	PA	Α			
EAST PENNSBORO TWP	PA	Α		See instructions for	
FAIRVIEW TWP	PA	A		additional information	
HAMPDEN TWP	PA	A		on alphabetization.	
HIGHSPIRE BORO	PA	A			
HUMMELSTOWN BORO	PA	A			
	PA	A		Add rows as necessary.	
	PA	A		,	
	PA	A			
LOWER PAXTON TWP	PA	<u>A</u>			
	PA DA	A			
	PA	A			
MIDDLESEX TWP MIDDLETOWN BORO	PA PA	A			
MODAGHAN TWP	PA PA	A			
MONROE TWP	PA	Ā			
NEW CUMBERLAND BORO	PA	Ā			
NORTH LONDONDERRY TWP	PA	A			
PALMYRA BORO	PA	Α			
PAXTANG BORO	PA	Α			
PENBROOK BORO	PA	A			
ROYALTON BORO	PA	A			
SHIREMANSTOWN BORO	PA	A			
SILVER SPRING TWP	PA	Α			
SOUTH HANOVER TWP	PA	A			
SOUTH LONDONDERRY TWP	PA	A			
STEELTON BORO	PA	A			
SUSQUEHANNA TWP	PA	A			
	PA DA	<u>A</u>			
UPPER ALLEN TWP	PA	A			
WEST HANOVER TWP	PA	A			
WORMLEYSBURG BORO	PA	A			

				<u>.</u>
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L	 	<b>_</b>	 l	<u>ا</u>

Name	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:						S	YSTEM ID			
Name	Verizon Pennsylvania L	LC							06300			
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	pace E should on of television vay cable) in sp (June 30 or D b blocks in spay y transmission umber of billing ice at the rate harged for eac . (Example: "\$2 ounts allowed in space E, th to their subsc a: Where an in	cover a and rac pace F, ecembe ce E ca service gs in tha indicate th categ 20/mth" for adv. e form I ribers. ( dividua	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number at category (the ed—not the num gory of service. ). Summarize a ance payment. lists the catego Give the number I or organizatio	seconda by your s e facts yo se may b er of subs u can cor number of se Include b ny standa ries of se er of subs n is receir	ystem to subscrib u state must be the cribers to the cab mpute the number of persons or orga- ets receiving servi- oth the amount of ard rate variations condary transmiss cribers and rate fiv- ving service that f	ers. Give i nose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic or each lis alls under	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different				
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system h printed in block 1 (for example, ti with the number of subscribers a	once again und nas rate catego iers of services	ler "Ser ories foi s that in	vice to addition r secondary tra clude one or m	al set(s).' nsmissior ore secol	, n service that are ndary transmissio	different fr ns), list the	om those em, together				
	sufficient.	OCK 1	-		1		BLOC	2				
		NO. OF						NO. OF	RS RATE			
	CATEGORY OF SERVICE Residential: • Service to first set	SUBSCRIB	ERS <b>8,141</b>	RATE \$ 25.00	CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> </ul>											
	Commercial Converter • Residential • Non-residential		464	\$ 35.00								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrit hose services 'e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ins: you nished t usually he cabl stem fur je was i	ormation with re not offered in do not need to to nonsubscribe v billed. If any ra e system for ea mished or offer made or establ	spect to a combinat give rate ers. Rate ates are c uch of the ed during	ion with any seco e information conc information shoul harged on a varia applicable servic the accounting p	ndary trans ærning (1) d include b able per-pro æs listed. æriod that	smission services ooth the ogram basis, were not				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATECO	BLOCK 2 DRY OF SERVICE	( 2)     (1)     (1)     (2)			
	Continuing Services: • Pay cable	\$ 15.00	Install	ation: Non-res		RATE		Attachment B	RATE			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		•Pa	ommercial ly cable ly cable-add'l cl	nannel							
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$ 99.00 \$ 60.00	• Bu Other	e protection Irglar protectior <b>services:</b> econnect								
	• Converter		• Dis • Ou	sconnect utlet relocation ove to new add		\$ 60.00						

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

					SYSTEM ID#	4
LEGAL NAME OF OWN		SIEM:				Name
-					005003	<b>,</b>
Verizon Pennsy PRIMARY TRANSMITTE In General: In space G carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bass Substitute program bass Substitute Basis S basis under specific FC • Do not list the station station was carried of • List the station here, at basis. For further in in the paper SA 3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy: Column 3: Indicate educational station, by (for independent multic For the meaning of the: Column 4: If the stat planation of local servic Column 5: If you has cable system carried th carried the distant stati For the retransmissi	RS: TELEVISIO 6, identify every ystem during th ons in effect or .61(e)(2) and (is, as explaine tations: With r .C rules, regula here in space only on a subsi and also in spa formation conc m. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case v entering the le ast), "E" (for no se terms, see p tion is outside ce area, see p ave entered "Ye en distant static on on a part-tir ion of a distant	v television state accounting a June 24, 199 4), or 76.63 (r d in the next prespect to any ations, or auth G—but do listitute basis. Accelled in the state arring substitute basis. Accelled in the state arring substitutes are station accelled at the state of the FCC has a station. Whether the state of the local server and a state of the local server and t	period, except 81, permitting th eferring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over t be reported in the assassigned to annel 4 in Wash station is a network), "N-M" ( I educational), on e general instruct 4, you must cor accounting period ause of lack of a eam that is not s	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a s carried by your of ne Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat- nington, D.C. This or tetwork multico or "E-M" (for nonce ctions located in t distant"), enter "Ya ions located in th- mplete column 5, od. Indicate by en activated channel subject to a royalt	<b>O63009</b> s and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" pomercial educational multicast). he paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject	Name
the cable system and a tion "E" (exempt). For s explanation of these th	a primary transi simulcasts, also ree categories	mitter or an as o enter "E". If , see page (v)	ssociation repre you carried the ) of the general i	senting the prima channel on any o instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licenced by the	
the cable system and a tion "E" (exempt). For s explanation of these the <b>Column 6:</b> Give the	e primary transi simulcasts, also ree categories e location of ea canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the ) of the general i or U.S. stations, e the name of th	senting the prima channel on any o instructions locate list the communit ne community with	ry 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 n which the station is identifed.	
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the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizing 1. CALL SIGN	a primary transu simulcasts, also ree categories. a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nel line-ups, <b>CHANN</b> 3. TYPE OF STATION	ssociation repre you carried the of the general is rr U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any o instructions locate list the communit ne community with space G for each <b>A</b> 5. BASIS OF CARRIAGE	ry 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 n which the station is identifed. channel line-up. 6. LOCATION OF STATION	See instructions for
the cable system and a tion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizing 1. CALL SIGN WHP	a primary transu simulcasts, also ree categories, location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER 21	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b>	ssociation repre you carried the of the general is r U.S. stations, e the name of th use a separate <b>EL LINE-UP</b> 4. DISTANT? (Yes or No) <b>No</b>	senting the prima channel on any o instructions locate list the communit ne community with space G for each <b>A</b> 5. BASIS OF CARRIAGE	ry 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 n which the station is identifed. channel line-up. 6. LOCATION OF STATION Harrisburg	
the cable system and a tion "E" (exempt). For s explanation of these the <b>Column 6:</b> Give the FCC. For Mexican or C <b>Note:</b> If you are utilizing 1. CALL SIGN WHP WITF WPMT	a primary transu simulcasts, also ree categories, location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 21 33	mitter or an as penter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, <b>CHANN</b> 3. TYPE OF STATION <b>N</b> E	ssociation repre you carried the of the general is rr U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	senting the prima channel on any o instructions locate list the communit ne community with space G for each <b>A</b> 5. BASIS OF CARRIAGE	ry 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 n which the station is identifed. channel line-up. 6. LOCATION OF STATION Harrisburg Harrisburg	
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# FORM SA3E. PAGE 3.

LEGAL NAME OF OWN						
Warizon Danne-					SYSTEM ID#	Name
Verizon Pennsy	ylvania LLC				063009	
PRIMARY TRANSMITTE	RS: TELEVISIO	)N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas <b>Substitute Basis S</b> basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo <b>Column 1:</b> List eace each multicast stream cast stream as "WETA WETA-simulcast). <b>Column 2:</b> Give the its community of licens on which your cable sy <b>Column 3:</b> Indicate educational station, by (for independent multic For the meaning of the <b>Column 4:</b> If the stat planation of local servi <b>Column 5:</b> If you has cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C	system during the ions in effect of a file)(2) and ( sis, as explained tations: With CC rules, regulations: With CC rules, regulations: With CC rules, regulation here in space only on a subs and also in space formation concorrect the station's call associated with t-2". Simulcast e channel number (stem carried the in each case with the in each case w	he accounting n June 24, 19 4), or 76.63 (r ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not I h a station ac streams musi- ber the FCC h e, WRC is Ch ne station. whether the sta ter "N" (for n oncommercia page (v) of the the local ser age (v) of the the local ser age (v) of the the local ser age (v) of the the local ser an or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report originatio cording to its ow t be reported in has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" ( I educational), c e general instruct 4, you must con accounting peri- ause of lack of a seam that is not s ine 30, 2009, be ssociation repre- you carried the ) of the general or U.S. stations, e the name of th	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a s carried by your of ne Special Statem d both on a substi- ons, see page (v) of n program service ver-the-air designa column 1 (list eace the television stat- nington, D.C. This ork station, an inde- for network multic or "E-M" (for non- ctions located in th mplete column 5, od. Indicate by en activated channel subject to a royalt stween a cable sy seenting the prima channel on any o instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry 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 n which the station is licensed.	G Primary Transmitters: Television
Note: If you are utilizin	ig multiple char	nnei line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	Α		4
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE				-
	NUMBER	OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-
WILLE PRO NIOS	NUMBER	STATION	(Yes or No)			
	33	STATION E-M	(Yes or No)	CARRIAGE	Harrisburg	
WITF PBS Kids WXBU TBD Netwo WHLZ Song and S	33 15	STATION	(Yes or No)	CARRIAGE		

Name	LEGAL NAME OF			EM:				SYSTEM ID# 063009
H Primary Transmitters: Radio	all-band basis of Special Instruc- receivable if (1) on the basis of For detailed infe located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	t every radio s whose signals ctions Concer ) it is carried b monitoring, to ormation about aper SA3 form dentify the call State whether t f the radio stat this by placing Give the station	tation ca were "ge rning Al y the sys be recei- t the the n. sign of e he static ion's sig g a chec n's locati	arried on a separate and discre enerally receivable" by your ca <b>I-Band FM Carriage:</b> Under C stem whenever it is received at ived at the headend, with the s copyright Office regulations of each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which th the community with which the	ble system durin copyright Office re t the system's he system's FM ante on this point, see ed by the cable s e station is licens	g the account egulations, an adend, and (2 enna, during c page (vi) of th system as a se sed by the FC	ing peric FM sigr () it can I ertain st ne gener eparate a	d. nal is generally be expected, ated intervals. al instructions and discrete
		I	1	1	1		1	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
				I		I		]

	ACCO	UNTING	PERIOD:	2021/2
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LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:			:	SYSTEM ID#	
Verizon Pennsylvania	LLC					063009	Name
SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG	ì			
							I
In General: In space I, identi substitute basis during the ad							
explanation of the programm	ing that mus	t be included in	n this log, see page (v) of th	e general inst	ructions located in the p	aper SA3 form.	Substitute
1. SPECIAL STATEMENT							Carriage Special
<ul> <li>During the accounting per proadcast by a distant stat</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonne	twork television progra <b>Yes</b>	m XNo	Statement a
Note: If your answer is "No"		est of this pag	e blank. If vour answer is '	'Yes." vou mι			Program L
og in block 2.			,	, <b>, , , , , , , , , ,</b>			
2. LOG OF SUBSTITUTE			ta lina. Llas abbraviations	whorever per	aible if their meaning i	•	
<b>In General:</b> List each subst clear. If you need more spa				wherever pos	sible, il their meaning i	5	
<b>Column 1:</b> Give the title operiod, was broadcast by a			sion program (substitute p			ation	
under certain FCC rules, re							
SA3 form for futher informa titles, for example, "I Love L				"basketball"	List specific program		
Column 2: If the program	n was broad	cast live, enter	"Yes." Otherwise enter "N				
			sting the substitute progra to community to which the		need by the ECC or in		
he case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is ider	ntified).		
Column 5: Give the mon irst. Example: for May 7 giv		vhen your syst	em carried the substitute p	orogram. Use	numerals, with the mo	nth	
Column 6: State the time	es when the		gram was carried by your o			ely	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be		
•	er "R" if the I	isted program	was substituted for progra	mming that y	our system was require	ed	
to delete under FCC rules a		ons in effect du					
to delete under FCC rules a gram was substituted for pro	ogramming	ons in effect du					
	ogramming	ons in effect du		under FCC r	ules and regulations in		
to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	ogramming	ons in effect du	em was permitted to delete	under FCC r		7. REASON	
o delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	UBSTITUT	ons in effect du that your syste E PROGRAM 3. STATION'S	em was permitted to delete	under FCC r WHE CARR 5. MONTH	Ules and regulations in EN SUBSTITUTE IAGE OCCURRED 6. TIMES		
to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976. S	Ogramming UBSTITUT	ons in effect du that your syste E PROGRAM	em was permitted to delete	under FCC r WHE CARR	ules and regulations in EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
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### ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:						SYSTEM ID#	
Nume	Verizon Pen	nsylvania LL	.C						063009	
J		s space ties in v	vith column 5 of spac vated channel capac							
Part-Time Carriage Log	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. <b>Column 1 (Call sign):</b> Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. <b>Column 2 (Dates and hours of carriage):</b> For each station, list the dates and hours when part-time carriage oc- curred 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 elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation fapp." 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."									
			DATES	AND HOURS (	DF F	ART-TIME CAR	RIAGE			
	CALL SIGN	WHEN				CALL SIGN	WHEN			
		DATE	HOUR FROM	5 TO			DATE	FROM	OURS TO	
			-							
									_	
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	SA3E. PAGE 7.						
	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
Verizon Pennsylvania LLC 063009							
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.       10,341,066.76         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)							
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>							
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line	÷1 OT				
•	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en	tered on line 2	in block				
	iow. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered o	n line				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	10,341,066.76				
	This is your minimum fee.	\$	110,028.95				
2 Block 3	<ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>In 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</li> <li>Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE</li> </ul>	d?					
	schedule. If none, enter zero						
	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	\$	110,028.95	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. 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	\$	725.00	additional fees. Division for the			
	<b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here	\$	110,753.95	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)						

ACCOUNTING PERIO	DD: 2021/2									FORM SA3	E. PAGE 8.
Name	LEGAL NAME OF OWNER	OF CABLE S	SYSTEM:							SYS	STEM ID#
	Verizon Pennsylva	ania LLC	<b>;</b>								063009
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       21         system carried television broadcast stations       21										
		le system	activated channel n carried television s	n broadcast sta						526	
N Individual to											
Be Contacted for Further Information	Name <b>Patrick</b>	Merric	:k					Telepho	ne <b>703-44</b>	7-0209	
	Address 22001 I (Number, st	Loudou treet, rural	In County Pa route, apartment, or s	u <b>rkway</b> suite number)							
	Ashbui (City, town,										
	Email	patric	k.merrick@ve	rizon.com			Fax (optio	onal)			
0	CERTIFICATION (Thi	is statem	ent of account mu	ust be certifed a	and signed in	accordance	e with Copy	right Office re	egulations.)		
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or										
	(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 in line 1 of s		n officer (if a corpo	pration) or a part	tner (if a partne	ership) of the	e legal entity	identifed as o	wner of the ca	ble system	
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>										
		Х	/s/ Christy H	K. Reyes							
		(e.g., /s/	electronic signatur John Smith). Befo hen type /s/ and yo	ore entering the fi	irst forward slas	sh of the /s/ s	signature, pla	ace your cursor			
		Typed	or printed name:	Christy K.	. Reyes						
		Title:	Assistant Se (Title of offic	ecretary, Ve ial position held in			ia LLC				
		Date:	February 28, 20	22							
Privacy Act Notice:	Section 111 of title 17 of	the Unite	d States Code auth	orizes the Copyr	right Offce to co	ollect the pers	sonally ident	ifying information	on (PII) reques	ted 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.

	TEM ID# 063009	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	ıb-	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest charge	,	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origina filing.	al	
Owner Address		
First community served Accounting period ID number		

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials				
	Worksheet							
		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					
		C	Phone call/Date/Contact					
Space B Owner								
	Letter sent	C	Information received					
		C	Phone call/Date/Contact					
Space D Area Served								
	Letter sent	C	Information received					
		C	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Letter sent	C	Information received					
and Rates		Γ	Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	Letter sent	Ľ	Information received					
		[	Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Accepted	[	Phone call/Date/Contact					

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑ Letter sent		
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 Fee
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	
	Phone call/Date/Contact	