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					
02/27/23	\$ 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	2022/2							
Period								
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 filling. If not, enter the system's ID	ess of the cable system on the last day of the counting period.	em. the accounting period should su	•	59			
	Verizon Virginia LLC							
				0625592022	2			
				062559 2022/2	<u> </u>			
	22001 Loudoun County Parkway							
	Ashburn, VA 20147							
С	INSTRUCTIONS: In line 1, give any business or trade names used to							
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	Terent from the address giv	en in space B.				
System	1 DENTIFICATION OF CABLE SYSTEM:							
	Verizon Fios TV (Silver Spring, MD) VHO 4							
	13101 Columbia Pike							
	2 (Number, street, rural route, apartment, or suite number) Silver Spring, MD 20904							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	munity served below and re	elist on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	HERNDON	VA						
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alla	MD	A	1				
	Alliance Gering	MD MD	B B	3				
	Germy	IVID	В	3				

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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062559 Verizon Virginia 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 fillings. 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. SUB GRP# CITY OR TOWN STATE CH LINE UP **HERNDON** VA AA 3 **First ABERDEEN** MD AC 5 Community ANDREWS AIR FORCE BASE 3 MD AA ANNAPOLIS MD AB 4 ANNE ARUNDEL COUNTY MD AΒ 4 3 ARLINGTON COUNTY VA AA See instructions for BARNESVILLE MD AA 3 additional information on alphabetization. 5 **BALTIMORE COUNTY** MD AC MD AC 5 **BEL AIR BERWYN HEIGHTS** MD AA 3 3 BLADENSBURG MD AA Add rows as necessary. **BOWIE** MD AA 3 **BRENTWOOD** AA 3 MD **BROOKEVILLE** 3 MD AA CAPITOL HEIGHTS AA 3 MD CHARLES COUNTY MD AA 3 CHEVERLY 3 MD AA **CHEVY CHASE** MD AA 3 **CHEVY CHASE SECTION FIVE** MD 3 AA 3 CHEVY CHASE SECTION THREE MD AA **CHEVY CHASE VIEW** MD AA 3 **CHEVY CHASE VILLAGE** MD AA 3 3 CLIFTON VA AA 3 COLLEGE PARK MD AA MD AA COLMAR MANOR 3 **COTTAGE CITY** MD AA 3 **CULPEPER VA** AA DISTRICT HEIGHTS MD AA 3 VA 3 **DUMFRIES** AA **EDMONSTON** MD AA 3 **FAIRFAX VA** AA 3 **FAIRFAX COUNTY** VA AA 3 **FAIRMOUNT HEIGHTS** MD AA 3 3 **FALLS CHURCH** VA AA **FOREST HEIGHTS** MD AA 3 3 **FORT BELVOIR VA** AA VA **FREDERICKSBURG** AD **GAITHERSBURG** MD AA 3 **GARRETT PARK** MD AA 3

GLEN ECHO

3

AA

MD

ME	GLENARDEN	MD	AA	3
HIGHLAND BEACH	GREENBELT	MD	AA	3
HIGHLAND BEACH MD AB 4 HOWARD COUNTY MD AB 4 HYATTSVILLE MD AA 3 KENSINGTON MD AA 3 LAPLATA MD AA 3 LANDOVER HILLS MD AA 3 LAYTONSVILLE MD AA 3 LEESBURG VA AA 3 LOUDOUN COUNTY VA AA 3 MANASSAS VA AA 3 MANASSAS PARK VA AA 3 MANASSAS PARK VA AA 3 MONTGOMERY COUNTY MD AA 3 MONTGOMERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOENINGSIDE MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA <t< td=""><td>HARFORD COUNTY</td><td>MD</td><td>AC</td><td>5</td></t<>	HARFORD COUNTY	MD	AC	5
HOWARD COUNTY		MD	AB	4
AYATTSVILLE				
AUREL				3
AUREL				3
LAUREL MD AA 3 LAYTONSVILLE MD AA 3 LEESBURG VA AA 3 LOUDOUN COUNTY VA AA 3 MANASSAS VA AA 3 MANASSAS PARK VA AA 3 MARTIN'S ADDITIONS MD AA 3 MORTINGORERY COUNTY MD AA 3 MORTINGORIDE MD AA 3 MOUNT RAINIER MD AA 3 MOUNT RAINIER MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 NOCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD				3
LAUREL MD AA 3 LAYTONSVILLE MD AA 3 LEESBURG VA AA 3 LOUDOUN COUNTY VA AA 3 MANASSAS VA AA 3 MANASSAS PARK VA AA 3 MARTIN'S ADDITIONS MD AA 3 MORTINGORERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 MOUNT RAINIER MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 NORTH CHEVY CHASE MD AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE GEORGE'S COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD </td <td></td> <td></td> <td></td> <td>3</td>				3
LAYTONSVILLE MD AA 3 LEESBURG VA AA 3 LOUDOUN COUNTY VA AA 3 WANASSAS VA AA 3 WANASSAS PARK VA AA 3 WARTIN'S ADDITIONS MD AA 3 WONTGOMERY COUNTY MD AA 3 WOUNT RAINIER MD AA 3 WOUNT RAINIER MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 OCCOQUAN VA AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE GEORGE'S COUNTY VA AA 3 PRINCE WILLIAM COUNTY VA AA 3 ROCKVILLE MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SEAT PLEASANT MD	LANDOVER HILLS	MD	AA	3
LEESBURG VA AA 3 LOUDOUN COUNTY VA AA 3 MANASSAS VA AA 3 MANASSAS PARK VA AA 3 MARTIN'S ADDITIONS MD AA 3 MONTGOMERY COUNTY MD AA 3 MONTGOMERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 NORTH CHEVY CHASE MD AA 3 NORTH CHEVY CHASE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVE	LAUREL	MD	AA	3
LOUDOUN COUNTY VA AA 3 WANASSAS VA AA 3 WANASSAS PARK VA AA 3 WARTIN'S ADDITIONS MD AA 3 WONTGOMERY COUNTY MD AA 3 WORNINGSIDE MD AA 3 WOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 POOLESVILLE MD AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 PRINCE WILLIAM COUNTY VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD	LAYTONSVILLE	MD	AA	3
WANASSAS VA AA 3 WANASSAS PARK VA AA 3 WARTIN'S ADDITIONS MD AA 3 WONTIGOMERY COUNTY MD AA 3 WORNINGSIDE MD AA 3 WOUNT RAINIER MD AA 3 WEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 POCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 SEAT PLEASANT MD AA 3 SEAT PLEASANT MD AA 3 SPOTSYLVANIA COUNTY VA AA 2 STAFFORD COUNTY	LEESBURG	VA	AA	3
WANASSAS VA AA 3 WANASSAS PARK VA AA 3 WARTIN'S ADDITIONS MD AA 3 WONTIGOMERY COUNTY MD AA 3 WORNINGSIDE MD AA 3 WOUNT RAINIER MD AA 3 WEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 POCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 SEAT PLEASANT MD AA 3 SEAT PLEASANT MD AA 3 SPOTSYLVANIA COUNTY VA AA 2 STAFFORD COUNTY	LOUDOUN COUNTY	VA	AA	3
MANASSAS PARK VA AA 3 MARTIN'S ADDITIONS MD AA 3 MONTGOMERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 RIVERDALE PARK MD AA 3 RIVERDALE PARK MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SOMERSET MD AA 3 SOMERSETO COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD <td></td> <td></td> <td>ΔΔ</td> <td>3</td>			ΔΔ	3
MARTIN'S ADDITIONS MD AA 3 MONTGOMERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 OCCOQUAN VA AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 RIVERDALE PARK MD AA 3 RIVERDALE PARK MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 STAFFORD COUNTY VA AA <td></td> <td></td> <td></td> <td>3</td>				3
MONTGOMERY COUNTY MD AA 3 MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 OCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO <t< td=""><td></td><td></td><td></td><td>3</td></t<>				3
MORNINGSIDE MD AA 3 MOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 DCCCQUAN VA AA 3 PCOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SEAT PLEASANT MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD				3
MOUNT RAINIER MD AA 3 NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 DCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VASHINGTON DC				3
NEW CARROLLTON MD AA 3 NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 DCCOQUAN VA AA 3 PCOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UVERSITY PARK MD AA 3 UVENNA VA AA 3 VIENNA VA AA 3			AA	3
NORTH BRENTWOOD MD AA 3 NORTH CHEVY CHASE MD AA 3 DCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 JUNIVERSITY PARK MD AA 3 JUPPER MARLBORO MD AA 3 VIENNA VA AA 3	MOUNT RAINIER	MD	AA	3
NORTH CHEVY CHASE MD AA 3 OCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 WIENNA VA AA 3 WASHINGTON DC AA 3	NEW CARROLLTON	MD	AA	3
NORTH CHEVY CHASE MD AA 3 OCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 WIENNA VA AA 3 WASHINGTON DC AA 3	NORTH BRENTWOOD	MD	AA	3
OCCOQUAN VA AA 3 POOLESVILLE MD AA 3 PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3	NORTH CHEVY CHASE	MD	AA	3
PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				3
PRINCE GEORGE'S COUNTY MD AA 3 PRINCE WILLIAM COUNTY VA AA 3 QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				3
QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				3
QUANTICO MARINE BASE VA AA 3 RIVERDALE PARK MD AA 3 ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				3
RIVERDALE PARK ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 WENNA WASHINGTON MD AA 3 MA AA 3 MA MA MB MB MB MB MB MB MB MB				3
ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				
ROCKVILLE MD AA 3 SEAT PLEASANT MD AA 3 SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3	RIVERDALE PARK	MD	AA	3
SOMERSET MD AA 3 SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3	ROCKVILLE	MD	AA	3
SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3	SEAT PLEASANT	MD	AA	3
SPOTSYLVANIA COUNTY VA AD 1 STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3	SOMERSET	MD	AA	3
STAFFORD COUNTY VA AA 2 TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				
TAKOMA PARK MD AA 3 UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				2
UNIVERSITY PARK MD AA 3 UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				
UPPER MARLBORO MD AA 3 VIENNA VA AA 3 WASHINGTON DC AA 3				
VIENNA VA AA 3 WASHINGTON DC AA 3				
WASHINGTON DC AA 3				
		VA	AA	3
WASHINGTON GROVE MD AA 3		DC	AA	3
	WASHINGTON GROVE	MD	AA	3

Name

Legal Name of Owner of Cable System:

Verizon Virginia LLC

SYSTEM ID#

062559

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.

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	742,160	\$ 45.35	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel	***************************************		
Commercial	9,272	\$ 35.00	
Converter			
 Residential 			
Non-residential			

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 2					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	15.00	Motel, hotel		See Tab-Attachment B	
 Pay cable—add'l channel 			Commercial			
Fire protection			Pay cable			
•Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
• First set	\$	99.00	Burglar protection			
Additional set(s)	\$		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	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	65.00	N/A
Fios TV Test Drive	80.00	N/A
Your Fios TV	80.00	N/A
More Fios TV	100.00	N/A
The MostFios TV	120.00	N/A
Fios TV Mundo Total	120.00	N/A
Fios TV Mundo	100.00	N/A
Your Fios TV Spotlight Package	80.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD 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	139.99	Varies
MLS Direct Kick	89.00	N/A
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
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 additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
,	,	,
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	
	,,	, ,
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 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		69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subseque		34.99
Existing Outlet Connection (up to 3)	N/A up to \$100.00	89.99
Service Charge		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
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 Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum		N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Route		200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapte		90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Clie		N/A
Unreturned/Damaged STB Fios TV Or		115.00
Unreturned/Damaged STB Fios Svc U		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 Ser		N/A
Unreturned/Damaged STB Fios TV Or	ne 375.00	375.00

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast 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 ir 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 noncommercia 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 ex planation 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) WMDE 36 ı No Dover **WDCW** 50 No Washington See instructions for additional information WRC Ν 4 No Washington on alphabetization WTTG 5 No Washington **WDCA** 20 No Washington **WJLA** 7 N No Washington WJLA 24/7 News 8 Washington No **WUSA** 9 Ν No Washington 48 WDME MeTV No Washington WDCA Heroes & 20 I-M No Washington WZDC-CD 25 Yes 0 Washington WMPT 22 Ε Yes 0 Annapolis Ε 0 **WETA** 26 Yes Washington WDVM TV 25 No Hagerstwon WHUT 32 Washington Ε Yes Silver Spring 68 WJAL SonLife ı No WMDE-simulcast 36 No Dover I I WDCW-simulcas 51 No Washington 48 WRC-simulcast Ν No Washington WTTG-simulcast 36 No Washington WDCA-simulcast 35 Washington No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 5. BASIS OF 4. DISTANT? 6. LOCATION OF STATION 1. CALL CHANNEL **CARRIAGE** SIGN OF (Yes or No) NUMBER **STATION** (If Distant) WJLA-simulcast 39 Ν No Washington 8 WJLA 24/7 News-I No Washington See instructions for **WUSA-simulcast** 34 Ν No Washington additional information on alphabetization. WDME MeTV-sim 48 No Washington ı WZDC-CD-simulc 25 Yes Ε ı Washington WMPT-simulcast 42 Ε Yes Ε Annapolis Ε Ε WETA-simulcast 26 Yes Washington 25 I WDVM-simulcast No Hagerstwon WHUT-simulcast 32 Ε Yes Ε Washington 68 WJAL SonLife-sir ı No Silver Spring Cozi TV [WRC] 4 N-M No Washington **WUSA True Crim** No Washington 9 N-M WJLA Charge TV 7 N-M No Washington Washington WJLA CometTV 7 N-M No WDCA Movies! 35 I-M No Washington **WETA Kids** 26 E-M Yes 0 Washington **WJLA TBD TV** 7 N-M No Washington **WETA UK** 26 E-M Yes 0 Washington

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER **STATION** (If Distant) WMPT MPT2/Crea Yes 22 E-M 0 **Annapolis** WMPT NHK World 22 0 E-M Yes **Annapolis** See instructions for **WMPT PBS Kids** 22 E-M Yes 0 additional information **Annapolis** on alphabetization. Antenna TV (WDC 50 I-M No Washington WTTG Buzzr 36 No I-M Washington WTTG Start TV 36 I-M No Washington WHUT PBS Kids 32 E-M Yes 0 Washington WZDC-CD TeleXit 25 0 I-M Yes Washington **WETA World** 26 0 Washington E-M Yes WRC LX 4 N-M No Washington **WETA Metro HD** 26 E-M Yes Ε Washington

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifies 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WJLA 24/7 News	8	I	No		Washington
WBFF My Networ	45	I	No		Baltimore
WBFF	46	I	No		Baltimore
WBAL	11	N	No		Baltimore
WMAR	2	N	No		Baltimore
WJZ	13	N	No		Baltimore
WNUV	54	I	No		Baltimore
WRC	4	N	No		Washington
WTTG	5	I	No		Washington
WJLA	7	N	No		Washington
WUSA	9	N	No		Washington
WZDC-CD	25	I	Yes	0	Washington
WMPT	22	Е	Yes	0	Annapolis
WETA	26	Е	Yes	0	Washington
WHUT	32	Е	Yes	0	Washington
WJLA 24/7 News-	8	I	No		Washington
WBFF My Networ	45	I	No		Baltimore
WBFF-simulcast	45	I	No		Baltimore

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	
Verizon Virginia LLC 06	2559 Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifies 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-simulcast	59	N	No		Baltimore
WMAR-simulcast	52	N	No		Baltimore
WJZ-simulcast	38	N	No		Baltimore
WNUV-simulcast	40	I	No		Baltimore
WRC-simulcast	48	N	No		Washington
WTTG-simulcast	36	I	No		Washington
WJLA-simulcast	39	N	No		Washington
WUSA-simulcast	34	N	No		Washington
WZDC-CD-simulo	25	I	Yes	Е	Washington
WMPT-simulcast	42	E	Yes	Е	Annapolis
WETA-simulcast	26	E	Yes	Е	Washington
WHUT-simulcast	32	E	Yes	Е	Washington
WMAR Bounce T	52	N-M	No		Baltimore
WBAL Me TV	11	N-M	No		Baltimore
WUSA True Crimo	9	N-M	No		Washington
WJLA Charge TV	7	N-M	No		Washington
WMAR Grit TV	2	N-M	No		Baltimore
WJLA CometTV	7	N-M	No		Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
Cozi TV [WRC]	4	N-M	No		Washington
WNUV CometTV	40	I-M	No		Baltimore
WUTB TBD TV	24	I-M	No		Baltimore
WETA UK	26	E-M	Yes	0	Washington
WNUV Antenna T	40	I-M	No		Baltimore
WMPT MPT2/Crea	22	Е-М	Yes	0	Annapolis
WMPT NHK World	22	E-M	Yes	0	Annapolis
WMPT PBS Kids	22	Е-М	Yes	0	Annapolis
WJZ StartTV	38	N-M	No		Baltimore
WTTG Buzzr	36	I-M	No		Washington
WMAR ION Myste	2	N-M	No		Baltimore
WTTG Start TV	36	I-M	No		Washington
WHUT PBS Kids	32	Е-М	Yes	0	Washington
WZDC-CD TeleXit	25	I-M	Yes	0	Washington
WBFF-Stadium	46	I	No		Baltimore
WETA World	26	Е-М	Yes	0	Washington
WRC LX	4	N-M	No		Washington
WJZ Dabl	49	N-M	No		Washington

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# OG2550							
Verizon Virginia	a LLC				062559		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space C carried by your cable's FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Substitute Basis Substitute Substitu	G, identify every system during the consist of effect on the consist of explained the consist of	y television state accounting in June 24, 19 4), or 76.63 (4), or 76.63 (4), or 76.63 (5), or authors,	g period except general instruction is a network work. "N-M" (all educational), ce general instruction 4, you must contain your accounting period 14, you must contain you must contain the same as assigned to annel 4 in Wash tation is a network.), "N-M" (all educational), ce general instructional	(1) stations carried the carriage of certificity (2) and (4))]; as carried by your of the Special Statem of both on a substitution, see page (v) of the page of the television statington, D.C. This park station, an indefer network multiple of "E-M" (for noncetions located in the television statington, page of the television society of the televisions located in the televisions located in the televisions located in the television social television social televisions located in the television social television social televisions located in the television social television social televisions located in the television social television	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you itering "LAC" if your cable syster	G Primary Transmitters: Television	
				•	h which the station is identifec		
Note: If you are utilizing	ng multiple chai	•	•	•	ı channel line-up.		
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WETA METRO HE	26	E-M	Yes	E	Washington		
WETA Kids	26	E-M	Yes	0	Washington		
WJLA TBD TV	7	N-M	No		Washington		
WNUV Stadium	54	I-M	No		Washington		
				•			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBFF My Networ	45	I	No		Baltimore
WBFF	46	I	No		Baltimore
WBFF-Stadium	46	I	No		Baltimore
WBAL	11	N	No		Baltimore
WMAR	2	N	No		Baltimore
WJZ	13	N	No		Baltimore
WNUV	54	I	No		Baltimore
WZDC-CD	25	I	Yes	0	Washington
WMPT	22	E	Yes	0	Annapolis
WETA	26	E	Yes	0	Washington
WHUT	32	Е	Yes	0	Washington
WBFF My Networ	45	I	No		Baltimore
WBFF-simulcast	45	I	No		Baltimore
WBAL-simulcast	59	N	No		Baltimore
WMAR-simulcast	52	N	No		Baltimore
WJZ-simulcast	38	N	No		Baltimore
WNUV-simulcast	40	I	No		Baltimore
WZDC-CD-simulo	25	I	Yes	Е	Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AC									
1. CALL SIGN			6. LOCATION OF STATION						
WMPT-simulcast	42	E	Yes	Е	Annapolis				
WETA-simulcast	26	E	Yes	E	Washington				
WHUT-simulcast	32	E	Yes	E	Washington				
WMAR Bounce T	52	N-M	No		Baltimore				
WBAL ME TV	11	N-M	No		Baltimore				
WMAR Grit TV	2	N-M	No		Baltimore				
WNUV CometTV	40	I-M	No		Baltimore				
WUTB TBD TV	24	I-M	No		Baltimore				
WETA Kids	26	E-M	Yes	0	Washington				
WETA UK	26	E-M	Yes	0	Washington				
WNUV Antenna T	40	I-M	No		Baltimore				
WMPT MPT2/Crea	22	E-M	Yes	0	Annapolis				
WMPT NHK World	22	E-M	Yes	0	Annapolis				
WMPT PBS Kids	22	E-M	Yes	0	Annapolis				
WJZ StartTV	38	N-M	No		Baltimore				
WMAR ION Myste	2	N-M	No		Baltimore				
WHUT PBS Kids	32	E-M	Yes	0	Washington				
WZDC-CD TeleXit	25	I-M	Yes	0	Washington				

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama			
Verizon Virgini	a LLC				062559	Name			
PRIMARY TRANSMITTERS: TELEVISION									
carried by your cable s	system during t	he accounting	g period except	(1) stations carrie	is and low power television stations) ad only on a part-time basis under tain network programs [sections	G			
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 substitute program basis, as explained in the next paragraph									
Substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
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									
			st it in space i (tr	ie Special Staten	nent 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.									
		sign. Do not	report originatio	n program servic	es such as HBO, ESPN, etc. Identif				
			•	•	ation. For example, report multi				
WETA-simulcast).	A-2". Simulcast	streams mus	t be reported in	column 1 (list eac	ch stream separately; for example				
Column 2: Give the			-		ition for broadcasting over-the-air ir				
its community of licens on which your cable sy		•	annel 4 in Wash	nington, D.C. This	s may be different from the channe				
Column 3: Indicate	e in each case	whether the s			lependent station, or a noncommercia				
-	-	•	,	•	cast), "I" (for independent), "I-M commercial educational multicast)				
For the meaning of the	,, ,		,,	`	,				
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex				
planation of local servi					ne paper SA3 form , stating the basis on which you				
					ntering "LAC" if your cable syster				
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity				
					ty payment because it is the subjec ystem or an association representin				
•					ary transmitter, enter the designa				
` ' '			•	•	other basis, enter "O." For a furthe				
					red in the paper SA3 form ty to which the station is licensed by the				
					th which the station is identifec				
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for eacl	n channel line-up.				
		CHANN	EL LINE-UP	AC					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
WETA World	26	E-M	Yes	0	Washington				
WJZ Dabl	49	N-M	No		Washington				
WETA METRO HE	26	E-M	Yes	E	Washington				
WNUV Stadium	54	I-M	No		Washington				
				•					
				•					
				•					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifies 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMDE	36	I	No		Dover
WDCW	50	I	No		Washington
WRC	4	N	No		Washington
WTTG	5	I	No		Washington
WDCA	20	I	No		Washington
WJLA	7	N	No		Washington
WJLA 24/7 News	8	I	No		Washington
WUSA	9	N	No		Washington
WRLH TBD TV	35	I-M	No		Richmond
WRLH	35	I	No		Richmond
WDME MeTV	48	I	No		Washington
WTVR	6	N	No		Richmond
WDCA Heroes &	20	I-M	No		Washington
WZDC-CD	25	I	Yes	0	Washington
WMPT	22	E	Yes	0	Annapolis
WETA	26	E	Yes	0	Washington
WDVM TV	25	I	No		Hagerstwon
WHUT	32	Е	Yes	0	Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AD									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WJAL SonLife	68	I	No		Silver Spring					
WMDE-simulcast	36	I	No		Dover					
WDCW-simulcast	51	I	No		Washington					
WRC-simulcast	48	N	No		Washington					
WTTG-simulcast	36	I	No		Washington					
WJLA-simulcast	39	N	No		Washington					
WDCA-simulcast	35	I	No		Washington					
WDME MeTV-sim	48	I	No		Washington					
WJLA 24/7 News-	8	I	No		Washington					
WUSA-simulcast	34	N	No		Washington					
WRLH-simulcast	35	I	No		Richmond					
WETA METRO HE	26	E-M	Yes	E	Washington					
WTVR-simulcast	6	N	No		Richmond					
WZDC-CD-simulo	25	I	No		Washington					
WMPT-simulcast	42	Е	Yes	Е	Annapolis					
WETA-simulcast	26	Е	Yes	Е	Washington					
WDVM-simulcast	25	I	No		Hagerstwon					
WHUT-simulcast	32	Е	Yes	E	Washington					

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe 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 identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WJAL SonLife-si	68	I	No		Silver Spring
Cozi TV [WRC]	4	N-M	No		Washington
WUSA True Crim	9	N-M	No		Washington
WJLA Charge TV	7	N-M	No		Washington
WTVR 6 Xtra	6	N-M	No		Richmond
WJLA CometTV	7	N-M	No		Washington
WDCA Movies!	35	I-M	No		Washington
WRLH CometTV	35	I-M	No		Richmond
WETA Kids	26	E-M	Yes	0	Washington
WRLH Charge TV	35	I-M	No		Richmond
WETA UK	26	E-M	Yes	0	Washington
WJLA TBD TV	7	N-M	No		Washington
WMPT MPT2/Crea	22	E-M	Yes	0	Annapolis
WMPT NHK World	22	Е-М	Yes	0	Annapolis
WMPT PBS Kids	22	Е-М	Yes	0	Annapolis
Antenna TV [WD0	50	I-M	No		Washington
WTTG Buzzr	36	I-M	No		Washington
WTTG Start TV	36	I-M	No		Washington

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CARLE SY	STEM:			SYSTEM ID#	
	Verizon Virginia LLC 062559					Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify						
cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	a-2". Simulcast e channel numbee. For example extem carried the	streams must ber the FCC he, WRC is Ch he station	t be reported in nas assigned to annel 4 in Wash	column 1 (list eac the television stat nington, D.C. This	tion. For example, report multi h stream separately; for example ion for broadcasting over-the-air ir may be different from the channe	
educational station, by (for independent multion For the meaning of the Column 4: If the st	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for n oncommercia page (v) of th the local ser	etwork), "N-M" (al educational), c e general instru vice area, (i.e. "d	(for network multion or "E-M" (for nonco ctions located in the distant"), enter "Ye	es". If not, enter "No". For an ex	
planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin						
tion "E" (exempt). For explanation of these th Column 6: Give the	simulcasts, also ree categories e location of ea Canadian station	o enter "E". If s, see page (v ach station. Fo ons, if any, giv	you carried the) of the general or U.S. stations, re the name of the	channel on any o instructions locate list the community he community with	ry transmitter, enter the designa ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the n which the station is identifec channel line-up.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WHUT PBS Kids	32	E-M	Yes	0	Washington	
WZDC-CD TeleXit	25	I-M	Yes	0	Washington	
WETA World	26	E-M	Yes	0	Washington	
WRC LX	4	N-M	No	•	Washington	
				•		

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062559 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 S/D LOCATION OF STATION

TORWOADE. FACE 5.						ACCOUNTING	T LINIOD. 2022/2		
LEGAL NAME OF OWNER OF Verizon Virginia LLC	CABLE SYS	STEM:			S	YSTEM ID# 062559	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO)G					
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
broadcast by a distant sta					☐ Yes	·	Program Log		
Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram			
log in block 2. 2. LOG OF SUBSTITUT	E PROGR	AMS							
In General: List each subs	stitute progr	ram on a separ		s wherever p	ossible, if their meaning	is			
clear. If you need more spa			nal pages. vision program (substitute	nrogram) th	at during the accounting	n			
period, was broadcast by a	a distant sta	ation and that y	our cable system substitu	ted for the pr	ogramming of another s	tation			
under certain FCC rules, re SA3 form for futher information									
titles, for example, "I Love				oi basketba	ii . List specific program	1			
			er "Yes." Otherwise enter						
			casting the substitute prog the community to which th		icensed by the FCC or, i	n			
the case of Mexican or Ca						41-			
first. Example: for May 7 gi		y wnen your sy	stem carried the substitut	e program. U	ise numerais, with the m	ionin			
Column 6: State the time	nes when th		ogram was carried by you			ately			
to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. should be				
Column 7: Enter the let			m was substituted for prog						
to delete under FCC rules gram was substituted for p									
effect on October 19, 1976	•	g maryour oyo	, , , , , , , , , , , , , , , , , , ,		o				
				WHE	EN SUBSTITUTE				
S	UBSTITUT	TE PROGRAM	1		IAGE OCCURRED	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
	100 01 110	CALL STORY	i. Civilient's Eddythein	7445 5741	_				
					<u> </u>				
					<u> </u>				
					<u> </u>				
					_				

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

	1									/OTE::
Name									STEM ID# 062559	
J Part-Time Carriage Log	In General: Thi time carriage de hours your syste Column 1 (O column 5 of spa Column 2 (D curred during th Give the mont "4/10." State the start television statio "app." Example	lumn 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage ocdiduring the accounting period. It the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give ." It the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the sion station's broadcast day, you may give an approximate ending hour, followed by the abbreviation Example: "12:30 a.m.— 3:15 a.m. app." may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.—								
			DAT	ES AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	CARRIAGE OC	CURRED		CALL SIGN	WHEN	CARRIAGE O	CCUF	RRED
	CALL SIGN	DATE	HC FROM	OURS TO		CALL SIGN	DATE	FROM	OURS	S TO
				_					_	
				_					_	
					•					
					•					
				_					_	
				_					_	
				_					_	
				_					_	
									-=	
				_	•				_	
									_	
				_					_	
				_					_	
	i	i	i .		1	i .	i	i .		

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
Ver	izon Virginia LLC			062559	Name		
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transm te this a	ission service mount, see	K Gross Receipts		
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount	308,367,763.23 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.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e ente	red on li	ine 1 of			
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entere	d on line	e 2 in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	entered	d on line			
	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.		064 perd	cent of the			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	308,367,763.23			
	Enter the result here. This is your minimum fee.	\$		3,281,033.00			
	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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	nn 4, y iod?	ou mus	t check			
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	2,428,170.96			
	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	\$		2,428,170.96			
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 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	r	\$	3,281,033.00	Cable systems submitting additional		
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	•		0.00	deposits under Section 111(d)(7) should contact the Licensing		
	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	\$		3,281,758.00	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) o	f the			

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062559								
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television by to its subscribers and (2) the cable system's total number of activated channels, during the accounting p									
Channels	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	565								
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)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright C	ffice 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 in line 1 of space B and that the owner is not a corporation or partnership; or	the cable system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identi in line 1 of space B.	fed as owner of the cable system								
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fac are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fai [18 U.S.C., Section 1001(1986)] 									
	/s/ Christy K. Reyes									
	Enter an electronic signature on the line above using an "/s/" signature to certify this state (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place yo button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's I	our cursor in the box and press the "F2"								
	Typed or printed name: Christy K. Reyes									
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)									
	Date: February 28, 2023									

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 the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon Virginia LLC	062559	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cab service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions properties of the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for	le system for the basic stem shall not include sub- ursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
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 Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late property for an explanation of interest assessment, see page (viii) of the general instructions in the page.		Q
Line 1 Enter the amount of late payment or underpayment	v	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
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 . Fo 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 lat	e.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number 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 Offce to collect the personally identifying information (PII) requested on the 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.

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
North Control of the	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts
 Each of the second, third, and fourth DSEs 0.701% of gross receipts
 The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

Santa Rosa	Stations A and C 35 mile zone	
	Fairvale	
Rapid City		
,-	Bodega Bay	
\ an	ns B, D, d E le zone	

Distant Stations Carried		Identification o	f Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497,20	Base rate fee	\$1,907,71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSL SCHLDULL. FAC	E II. (CONTINUED)									
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#				
	Verizon Virginia LLC 0625									
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:							
	 Add the DSEs of each station. 									
	Enter the sum here and in line 1	of part 5 of this	schedule.		4.75					
	Instructions:					<u>.</u>				
2	In the column headed "Call S	ign": list the call	signs of all distant stations	s identified by t	he letter "O" in column 5					
	of space G (page 3).			- "4 0" 5						
Computation of DSEs for	In the column headed "DSE": mercial educational station, give			= as "1.0"; for (each network or noncom-					
Category "O"	mercial educational station, give		o. CATEGORY "O" STATION	IS: DSE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Otations	WMPT	0.250	OALL OIGIV	DOL	OALL GIGIT	DOL				
	WETA	0.250								
	WHUT	0.250								
	WETA Kids	0.250								
Add rows as	WETA UK	0.250								
necessary.	WMPT MPT2/Create HD	0.250								
Remember to copy	WMPT NHK World	0.250								
all formula into new	WMPT PBS Kids	0.250								
rows.	WHUT PBS Kids	0.250								
	WZDC-CD	1.000								
	WZDC-CD TeleXitos	1.000								
	WETA World	0.250								
	WETA METRO HD	0.250								
			100000000000000000000000000000000000000							
										
I		I		L		L				

Name	Verizon Virg	inia LLC					•	8YSTEM ID# 062559
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-of Column 6	st the call sign of all distated: For each station, give to correspond with the information: For each station, give to it is Divide the figure in colurat least to the third deciration and independents.	he number of ho mation given in he total number umn 2 by the figu mal point. This is station, give the lumn 4 by the fig	ours your cable system space J. Calculate or of hours that the stature in column 3, and g s the "basis of carriag "type-value" as "1.0." gure in column 5, and	n carried the stat one DSE for each or product of the control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	tion during the accounting the accounting the station. Her the air during the accounting the accounting the accounting the accounting the station. The column 6 Round to not account to account to account the account	ounting period. his figure must ucational station,	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE!	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		_	SE
			÷		=	x	=	
						x		
			÷ -			x x	=	
			÷ ÷			<u>X</u>	<u>=</u>	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC Sof each station. m here and in line 2 of p		edule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: If at your option. Column 3: If Column 4: If the space I is the spa	e the call sign of each stood by your system in substood on October 19, 1976 (ne or more live, nonnetwestern each station give the This figure should correstenter the number of days Divide the figure in colum This is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the ir is in the calendar in 2 by the figure	gram that your system e letter "P" in column ring that optional carri nonnetwork program nformation in space I. year: 365, except in e in column 3, and give	was permitted to for space I); and age (as shown by s carried in substance I leap year.	o delete under FCC rule the word "Yes" in column titution for programs tha	2 of t were deleted ss than the third	rm).
		SU		BASIS STATION		ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷	=
							÷ -	
							<u>.</u>	
		-	-	=			÷	=
		-	-	=			÷	=
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		edule,		0.0	0	
5		R OF DSEs: Give the ams applicable to your system		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	e the total	
Total Number	1. Number of	f DSEs from part 2 ●					4.75	
of DSEs	2. Number of	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number of	f DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	R OF DSEs					•	4.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 062559	Name
Instructions: Block In block A: If your answer if schedule. If your answer if the schedule.	'Yes," leave the re	emainder of _l		7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	f the	6
			BLOCK A: T	ELEVISION M	ARKETS				Computation of 3.75 Fee
	1981?	schedule—l	•	iller markets as de				gulations in	5
			CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	s of distant si and regulati ne DSE Sche	tations listed in ons prior to Ju edule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r	of this schedule Further explana	e that your sys ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathered instructions for E Carried pursua *F A station pre	ules and regued pursuant on as define all education distation (76. or DSE scheoant to individuously carrium of the station of	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goods asis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s une 25, 1981	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WMPT	BASIS	0.25	SIGN WMPT NH	BASIS M	0.25	SIGN WETA Wo	BASIS	0.25	-
WETA	C	0.25	WMPT PB	.	0.25	WLIAWO	141	0.23	
WHUT	C	0.25	WHUT PB		0.25				
WFTA Kids			WZDC-CD		1.00				
WETA UK	M	0.25	WZDC-CD	M	1.00				
WMPT MPT		0.25	WETA ME	M	0.25				
								4.75	
		Е	BLOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			n <u>. </u>		
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			ı r		
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.	n		
Line 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	ce L (page 7))		0.00	

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Virginia LLC 062559 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC SYSTEM ID# 062559	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1) \$ C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name			SYSTEM ID# 062559
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the Syndicated		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$ \bigseleft\ \text{\$\text{\$\text{page 7}\$}} \\ \$ \bigseleft\ \$\text{\$\tex{	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	rour cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	L	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BEGORD: NOTATIVILET BIOTAIN GIATION OF BASETIVITE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

	AME OF OWNER OF CABLE SYSTEM: On Virginia LLC	SYSTEM ID# 062559	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fe
	C. Multiply line B by 3.000 and enter here >		base Rate Fe
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >	_	
	G. Add lines A, C, and F. This is your base rate fee	<u> </u>	
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
MPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi _l Space G.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat		Computatio
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta	ike advantage of	of
nis exc	clusion, you must:		Base Rate F
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deteri Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
nust al	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block are, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, an
	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant	t station vou	Permitted Stations
•	to that community.	o.a.i.o you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis- ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide	te that a cable	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
	section:		
Give t	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant bers in the group.	to all of the	
If:			
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave fithis schedule; or,	ve it in parts 2, 3,	
2) any _l	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave 6 of this schedule.	it in block B,	
Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen-	eral instructions	
• Comp page. I DSEs f	wite a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou or that group's complement of stations and total gross receipts from the subscribers in that group). You do no tual calculations on the form.	p (that is, the total	

Mauss	LEGAL NAME OF OWNER OF CABLE SYSTEM:	TEM ID
Name	Verizon Virginia LLC	06255
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that 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.	

LEGAL NAME OF OWNER Verizon Virginia LL		E SYSTEM:				S	YSTEM ID# 062559	Name	
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP			
	FIRST	SUBSCRIBER GROU	>		SECOND	SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
WMPT	0.25			WMPT	0.25			Base Rate Fe	
WMPT MPT2/Creat	0.25	-		WMPT MPT2/Crea	0.25	-		and	
WMPT NHK World	0.25	-		WMPT NHK World		-		Syndicated	
WMPT PBS Kids	0.25			WMPT PBS Kids	0.25			Exclusivity	
WETA	0.25							Surcharge	
WETA Kids	0.25							for	
WETA UK	0.25							Partially	
WHUT	0.25							Distant	
WHUT PBS Kids	0.25							Stations	
WETA World	0.25							Stations	
WETA Metro HD	0.25	-							
WEIA WELLO FID	0.23								
Total DSEs			2.75	Total DSEs			1.00		
Gross Receipts First Gr	oup	\$ 6,164,	098.78	Gross Receipts Second	d Group	\$ 4,5	72,154.75		
Base Rate Fee First Gro	-		204.09	Base Rate Fee Second	•		48,647.73		
	THIRD	SUBSCRIBER GROUI			FOURTH	SUBSCRIBER GRO			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WZDC-CD	1.00				
				WZDC-CD TeleXite	1.00				
		-				-			
		-				-			
Total DSEs			0.00	Total DSEs			2.00		
Gross Receipts Third G	roup	\$ 202,228,	049.76	Gross Receipts Fourth	Group	\$ 50,2	06,958.88		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$ 8	86,152.82		
Base Rate Fee: Add the Enter here and in block			ber group	as shown in the boxes ab	oove.	\$ 2,4	28,170.96		

LEGAL NAME OF OWNER Verizon Virginia LL		E SYSTEM:				S	YSTEM ID# 062559	Name
BL		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	_			9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	of
WZDC-CD	1.00							Base Rate Fee
WZDC-CD TeleXito	1.00							and
WETA	0.25							Syndicated
WETA Kids	0.25		•					Exclusivity
WETA UK	0.25							Surcharge
WHUT	0.25							for
WHUT PBS Kids WETA World	0.25							Partially
WETA WORLD	0.25 0.25							Distant Stations
WEIAWEIROND	0.23					-		Stations
Total DSEs			3.75	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 45,196	,501.06	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$ 1,352	,166.32	Base Rate Fee Seco	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						H		
			•			H		
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWN Verizon Virginia		LE SYSTEM:				S	YSTEM ID# 062559	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
						-		Syndicated
								Exclusivity Surcharge
						-		for Partially
						-		Distant
								Stations
Total DSEs			0.00	Total DCFa			0.00	
Gross Receipts First	Group	s 6,164	,098.78	Total DSEs Gross Receipts Sec	and Group	\$ 4,5	72,154.75	
Cross resolpts rills	Огоир	 		Cross ressipts cost	ona Group	<u> </u>		
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 202,228		Gross Receipts Four	rth Group	\$ 50,2	06,958.88	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$	0.00	

	062559					LE SYSTEM:	ER OF CABL	Verizon Virginia I
				TE FEES FOR EACH				E
9		SUBSCRIBER GRO	SIXTH		JP 0	SUBSCRIBER GROU	FIFTH	
Computat	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusive Surcharg								
for								
Partially								
Distant		··· -			•			
Stations								
					•			
					•			
					•			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	,501.06	\$ 45,196,	Group	ross Receipts First (
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First (
	UP	SUBSCRIBER GRO	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
	0.00			Total DSEs	0.00			otal DSEs
		CALL SIGN				CALL SIGN		CALL SIGN Cotal DSEs Gross Receipts Third