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						
8/30/23	\$ 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 Period	2023/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 062715								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Verizon Pennsylvania LLC								
	06271520231								
				062715 2023/1					
	22001 Loudoun County Parkway								
	Ashburn, VA 20147								
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of								
System	DENTIFICATION OF CABLE SYSTEM:	the system, it dille	erent nom the address give						
System	Verizon Fios TV (Philadelphia, PA) VHO 8								
	MAILING ADDRESS OF CABLE SYSTEM:								
	17 East Oregon Ave 2 (Number, street, rural route, apartment, or suite number)								
	Philadelphia. PA 19148								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN STATE								
First	AMBLER BORO PA								
Community	Below is a sample for reporting communities if you report multiple cha			1					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alliance	MD MD	A B	1 2					
	Gering	MD	В	3					
	- Coming	1110							

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: 062715 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# **AMBLER BORO** PA 5 **First ABINGTON TWP** PA Α 5 Community 5 **ALDAN BORO** PA Α 7 **ALLENTOWN BORO MONMOUTH** NJ C **ALLENTOWN CITY** PA Α 3 2 **ALLOWAY TWP SALEM** NJ Α See instructions for 2 DE Α ARDEN additional information on alphabetization. **ARDENCROFT** DE Α 2 2 **ARDENTOWN** DE Α 2 **ASTON TWP** PA Α **AUDUBON BORO CAMDEN** NJ Α 4 Add rows as necessary. 4 **AUDUBON PARK BORO CAMDEN** NJ Α 2 **AVONDALE BORO** PA Α **BARRINGTON BORO CAMDEN** NJ Α 4 **BEDMINSTER TWP** PA Α 5 **BELLEFONTE** DE Α 2 **BELLMAWR BORO CAMDEN** NJ Α 4 5 **BENSALEM TWP** PA Α **BERLIN BORO CAMDEN** 4 NJ Α **BERLIN TWP CAMDEN** NJ Α 4 2 **BETHEL TWP DELAWARE COUNTY** PA Α 2 **BIRMINGHAM TWP** PA Α **BORDENTOWN CITY BURLINGTON** NJ Α 4 **BORDENTOWN TWP BURLINGTON** NJ Α 4 5 **BRIDGEPORT BORO** PA Α **BRIDGETON CITY CUMBERLAND** 2 NJ Α **BRISTOL BORO** PA Α 5 5 **BRISTOL TWP** PA Α 2 **BROOKHAVEN BORO** PA Α 4 **BROOKLAWN BORO CAMDEN** NJ Α **BRYN ATHYN BORO** PA Α 5 **BUCKINGHAM TWP** PA Α 5 **BURLINGTON TWP BURLINGTON** NJ Α 4 3 **CALN TWP** PA Α **CAMDEN CITY CAMDEN** NJ Α 4 2 **CHADDS FORD TWP** PA Α **CHALFONT BORO** 5 PA

PA

PA

NJ

Α

Α

3 5

CHARLESTOWN TWP

CHERRY HILL TWP CAMDEN

CHELTENHAM TWP

		l _	
CHESILHURST BORO CAMDEN	NJ	A	4
CHESTER CITY	PA	Α	2
CHESTER HEIGHTS BORO	PA	Α	2
CHESTER TWP	PA	1	
		A	2
CHESTERFIELD TWP BURLINGTON	NJ	Α	4
CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	A	2
CLAYTON BORO GLOUCESTER	NJ	A	2
		_	
CLIFTON HEIGHTS BORO	PA	A	5
COATESVILLE CITY	PA	Α	3
COLLEGEVILLE BORO	PA	Α	5
COLLINGDALE BORO	PA	Α	4
COLLINGSWOOD BORO CAMDEN		1	
	NJ	A	4
CONCORD TWP	PA	A	2
CONSHOHOCKEN BORO	PA	Α	5
CORBIN CITY	NJ	Α	2
CRANBURY TWP MIDDLESEX	NJ	c	6
		1	
DARBY BORO	PA	Α	4
DARBY TWP	PA	Α	4
DEERFIELD TWP CUMBERLAND	NJ	Α	2
DELAWARE CITY	DE	A	2
		ł	
DEPTFORD TWP GLOUCESTER	NJ	<u>A</u>	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	E	1
DOWNINGTOWN BORO	PA	Α	3
DOYLESTOWN BORO	PA	A	5
		1	
DOYLESTOWN TWP	PA	Α	5
DUBLIN BORO	PA	Α	5
EAST AMWELL TWP HUNTERDON	NJ	С	6
EAST BRADFORD TWP	PA	Α	3
EAST BRANDYWINE TWP	PA	A	3
		1	
EAST CALN TWP	PA	A	3
EAST COVENTRY TWP	PA	A	3
EAST FALLOWFIELD TWP	PA	Α	2
EAST GOSHEN TWP	PA	A	3
EAST LANSDOWNE BORO	PA	Α	5
		1	3
EAST MARLBOROUGH TWP	PA	A	2
EAST NANTMEAL TWP	PA	Α	3
EAST NORRITON TWP	PA	Α	5
EAST PIKELAND TWP	PA	Α	3
		1	
EAST ROCKHILL TWP	PA	A	5
EAST VINCENT TWP	PA	A	3
EAST WHITELAND TWP	PA	Α	3
EAST WINDSOR TWP MERCER	NJ	В	4
EASTAMPTON TWP BURLINGTON	NJ	Ā	4
EASTTOWN TWP	PA		5
		A	
EDGMONT TWP	PA	Α	3
EGG HARBOR CITY	NJ	Α	2
ELK TWP GLOUCESTER	NJ	Α	2
ELSINBORO TWP SALEM	NJ	A	2
ELSMERE	DE	Ā	2
ESTELL MANOR CITY ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	NJ	Α	4
EWING TWP MERCER	NJ	В	5
FALLS TWP	PA	Α	5
FIELDSBORO BORO BURLINGTON	NJ	Â	4
		l <u>-</u>	
FOLCROFT BORO	PA	A	4
FORT DIX BURLINGTON	NJ	Α	4
FRANCONIA TWP	PA	Α	5

EDANICINI TAID OLONGOTED		_	
FRANKLIN TWP GLOUCESTER	NJ	Α	2
FRANKLIN TWP SOMERSET	NJ	С	6
GLASSBORO BORO GLOUCESTER	NJ	Α	2
GLENOLDEN BORO	PA	Α	4
GLOUCESTER CITY CAMDEN	NJ	Α	4
GLOUCESTER TWP CAMDEN	NJ	Α	4
GREEN LANE BORO	PA	A	
GREENWICH TWP CUMBERLAND			5
	NJ	A	2
HADDON HEIGHTS BORO CAMDEN	NJ	Α	4
HADDON TWP CAMDEN	NJ	Α	4
HADDONFIELD BORO CAMDEN	NJ	Α	4
HAINESPORT TWP BURLINGTON	NJ	Α	4
HAMILTON TWP ATLANTIC	NJ	Α	2
HAMILTON TWP MERCER	NJ	В	5
HARRISON GLOUCESTER	NJ	Ā	4
HATBORO BORO	PA	A	5
HATFIELD BORO	PA		
		A	5
HATFIELD TWP	PA	A	5
HAVERFORD TWP	PA	Α	5
HAYCOCK TWP	PA	Α	5
HIGHLAND TWP	PA	Α	2
HIGHTSTOWN BORO MERCER	NJ	В	4
HILLSBOROUGH TWP SOMERSET	NJ	C	6
HILLTOWN TWP	PA	Ä	5
HOPEWELL BORO MERCER	NJ	В	5
HOPEWELL TWP CUMBERLAND	NJ	Α	2
HOPEWELL TWP MERCER	NJ	В	5
HORSHAM TWP	PA	Α	5
HULMEVILLE BORO	PA	Α	5
IVYLAND BORO	PA	Α	5
JENKINTOWN BORO	PA	Α	5
KENNETT SQUARE BORO	PA	A	2
KENNETT TWP	PA	A	
KENT COUNTY			2
	DE	E	2
LANGHORNE BORO	PA	Α	5
LANGHORNE MANOR BORO	PA	Α	5
LANSDALE BORO	PA	Α	5
LANSDOWNE BORO	PA	Α	5
LAWNSIDE BORO CAMDEN	NJ	Α	4
LAWRENCE TWP MERCER	NJ	В	5
LEIPSIC	DE	Ē	2
LIMERICK TWP	PA	A	5
		E	
LITTLE CREEK	DE	_	2
LONDON GROVE TWP	PA	A	2
LONDONDERRY TWP CHESTER	PA	Α	2
LOWER ALLOWAYS CREEK TWP SALEM	NJ	Α	2
LOWER CHICHESTER TWP	PA	Α	2
LOWER FREDERICK TWP	PA	Α	5
LOWER GWYNEDD TWP	PA	Α	5
LOWER MAKEFIELD TWP	PA	A	5
LOWER MERION TWP	PA	Â	5
		_	
LOWER MORELAND TWP	PA	A	5
LOWER POTTSGROVE TWP	PA	Α	3
LOWER PROVIDENCE TWP	PA	Α	5
LOWER SALFORD TWP	PA	Α	5
LOWER SOUTHAMPTON TWP	PA	Α	5
LUMBERTON TWP BURLINGTON	NJ	Α	4
MALVERN BORO	PA	A	3
MANNINGTON TWP SALEM	NJ	Ä	2
III IIIII VILLIII	140		

	·		
MANSFIELD TWP BURLINGTON	NJ	Α	4
MANTUA TWP GLOUCESTER	NJ	Α	4
MAPLE SHADE TWP BURLINGTON	NJ	Α	4
MARCUS HOOK BORO	PA	Α	2
MARLBOROUGH TWP	PA	A	5
MARPLE TWP	PA	Â	5
MCGUIRE AIR FORCE BASE	NJ	Α	4
MEDFORD LAKES BORO BURLINGTON	NJ	Α	4
MEDFORD TWP BURLINGTON	NJ	Α	4
MEDIA BORO	PA	Α	4
MERCHANTVILLE BORO CAMDEN	NJ	Α	4
MIDDLE TWP CAPE MAY	NJ	Α	1
MIDDLETOWN	DE	Α	2
MIDDLETOWN TWP BUCKS COUNTY	PA	A	3
MIDDLETOWN TWP DELAWARE COUNTY	PA	Ä	2
		_	
MILFORD TWP	PA	A	5
MILLBOURNE BORO	PA	Α	5
MILLSTONE TWP MONMOUTH	NJ	С	6
MODENA BORO	PA	Α	2
MONROE TWP GLOUCESTER	NJ	Α	2
MONROE TWP MIDDLESEX	NJ	С	6
MONTGOMERY TWP	PA	Α	5
MONTGOMERY TWP SOMERSET	NJ	C	6
MORRISVILLE BORO	PA	A	
		_	5
MORTON BORO	PA	A	4
MOUNT EPHRAIM BORO CAMDEN	NJ	Α	4
MOUNT HOLLY TWP BURLINGTON	NJ	Α	4
MOUNT LAUREL TWP BURLINGTON	NJ	Α	4
MUNICIPALITY OF NORRISTOWN	PA	Α	5
NARBERTH BORO	PA	Α	5
NATIONAL PARK BORO GLOUCESTER	NJ	Α	4
NETHER PROVIDENCE TWP	PA	A	4
NEW BRITAIN BORO	PA	Ä	
NEW BRITAIN TWP	PA	_	5
		A	5
NEW CASTLE COUNTY	DE	Α	2
NEW GARDEN TWP	PA	Α	2
NEW HANOVER TWP	PA	Α	3
NEW HANOVER TWP BURLINGTON	NJ	Α	4
NEW HOPE BORO	PA	Α	5
NEW LONDON TWP	PA	Α	2
NEWARK	DE	Α	2
NEWLIN TWP	PA	A	2
NEWPORT	DE	Ā	2
NEWTOWN BORO	PA	_	5
		A	
NEWTOWN TWP BUCKS COUNTY	PA	A	5
NEWTOWN TWP DELWARE COUNTY	PA	Α	5
NORTH HANOVER TWP BURLINGTON	NJ	Α	4
NORTH WALES BORO	PA	Α	5
NORTHAMPTON TWP	PA	Α	5
NORWOOD BORO	PA	Α	4
OAKLYN BORO CAMDEN	NJ	A	4
ODESSA	DE	A	2
PARKESBURG BORO	PA	Â	2
PARKSIDE BORO	PA	A	2
PEMBERTON TWP BURLINGTON	NJ	Α	4
PENN TWP CHESTER	PA	Α	2
PENNDEL BORO	PA	Α	5
PENNINGTON BORO MERCER	NJ	В	5
PENNSAUKEN TWP CAMDEN	NJ	Α	4
		-	

PENNSBURY TWP	PA	Α	2
PERKASIE BORO	PA	Α	5
PERKIOMEN TWP	PA	Α	5
PHILADELPHIA CITY	PA	Α	5
PHOENIXVILLE BORO	PA	Ā	
			5
PINE HILL BORO CAMDEN	NJ	Α	4
PITMAN BORO GLOUCESTER	NJ	Α	4
PLAINSBORO TWP MIDDLESEX	NJ	С	6
PLUMSTEAD TWP	PA	Α	5
PLYMOUTH TWP	PA	Α	5
POCOPSON TWP	PA	A	L
			2
PRINCETON BORO MERCER	NJ	В	5
PRINCETON TWP MERCER	NJ	В	5
QUAKERTOWN BORO	PA	Α	5
QUINTON TWP SALEM	NJ	Α	2
RADNOR TWP	PA	Α	5
RICHLAND TWP	PA	Α	5
RICHLANDTOWN BORO	PA	A	5
RIDLEY PARK BORO	PA	Α	4
RIDLEY TWP	PA	Α	4
ROCKLEDGE BORO	PA	Α	5
ROCKY HILL BORO SOMERSET	NJ	С	6
ROOSEVELT BORO MONMOUTH	NJ	С	6
ROSE VALLEY BORO	PA	A	2
ROYERSFORD BORO			3
	PA	A	
RUNNEMEDE BORO CAMDEN	NJ	Α	4
RUTLEDGE BORO	PA	Α	4
SADSBURY TWP	PA	Α	2
SALEM CITY SALEM	NJ	Α	2
SALFORD TWP	PA	Α	5
SCHUYLKILL TWP	PA	Α	5
SCHWENKSVILLE BORO	PA	A	5
SELLERSVILLE BORO	PA	Ā	5
SHAMONG TWP BURLINGTON			
	NJ	A	4
SHARON HILL BORO	PA	Α	4
SHILOH BORO CUMBERLAND	NJ	Α	2
SILVERDALE BORO	PA	Α	5
SKIPPACK TWP	PA	Α	5
SOUDERTON BORO	PA	Α	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	С	6
SOUTH COATESVILLE BORO	PA	Ā	2
SOUTHAMPTON TWP BURLINGTON			
	NJ	A	4
SPRINGFIELD TWP	PA	Α	5
SPRINGFIELD TWP BURLINGTON	NJ	Α	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	Α	5
STOW CREEK TWP CUMBERLAND	NJ	Α	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	A	4
TAVISTOCK BORO CAMDEN	NJ	Ā	
TELFORD BORO BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	PA	Α	5
THORNBURY TWP CHESTER COUNTY	PA	Α	3
THORNBURY TWP DELAWARE COUNTY	PA	Α	3
TOWAMENCIN TWP	PA	Α	5
TOWNSEND	DE	Α	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	В	5
TRAINER BORO	PA	A	2
TRAPPE BORO	PA PA	_	5
		Α .	
TREDYFFRIN TWP	PA	Α	5

TRENTON CITY MEDGED	NI I	_	
TRENTON CITY MERCER	NJ	В	5
TRUMBAUERSVILLE BORO	PA	Α	5
TULLYTOWN BORO	PA	Α	5
UPLAND BORO	PA	Α	2
UPPER CHICHESTER TWP	PA	Α	2
UPPER DARBY TWP	PA	Α	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	Α	2
UPPER DUBLIN TWP	PA	Α	5
UPPER FREDERICK TWP	PA	Α	5
UPPER FREEHOLD TWP MONMOUTH	NJ	С	7
UPPER GWYNEDD TWP	PA	A	5
UPPER MAKEFIELD TWP	PA	Ā	5
UPPER MERION TWP	PA	Â	5
UPPER MORELAND TWP	PA	A	5
UPPER OXFORD TWP	PA	Α	2
UPPER POTTSGROVE TWP	PA	Α	3
UPPER PROVIDENCE TWP DELAWARE	PA	Α	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	Α	5
UPPER SALFORD TWP	PA	Α	5
UPPER SOUTHAMPTON TWP	PA	Α	5
UPPER UWCHLAN TWP	PA	Α	3
UWCHLAN TWP	PA	Α	3
VALLEY TWP	PA	Α	2
VINELAND CITY CUMBERLAND	NJ	Α	2
VOORHEES TWP CAMDEN	NJ	A	4
WALLACE TWP	PA	A	3
WARMINSTER TWP	PA	Ä	5
WARRINGTON TWP (BUCKS)	PA	A	5
WARWICK TWP (BUCKS)	PA	A	3
WASHINGTON TWP GLOUCESTER	NJ	A	4
WATERFORD TWP CAMDEN	NJ	Α	4
WEST BRADFORD TWP	PA	Α	3
WEST BRANDYWINE TWP	PA	Α	3
WEST CALN TWP	PA	Α	2
WEST CHESTER BORO	PA	Α	3
WEST CONSHOHOCKEN BORO	PA	Α	5
WEST DEPTFORD TWP GLOUCESTER	NJ	Α	4
WEST GOSHEN TWP	PA	Α	3
WEST GROVE BORO	PA	Α	2
WEST MARLBOROUGH TWP	PA	A	2
WEST NANTMEAL TWP	PA	A	3
WEST NORRITON TWP	PA	Â	5
WEST PIKELAND TWP	PA	_	3
		A	
WEST POCKULL TWP	PA	A	3
WEST ROCKHILL TWP	PA	A	5
WEST VINCENT TWP	PA	Α	3
WEST WHITELAND TWP	PA	A	3
WEST WINDSOR TWP MERCER	NJ	В	4
WESTAMPTON TWP BURLINGTON	NJ	Α	4
WESTTOWN TWP	PA	Α	3
WEYMOUTH TWP ATLANTIC	NJ	Α	2
WHITEMARSH TWP	PA	Α	5
WHITPAIN TWP	PA	Α	5
WILLINGBORO TWP BURLINGTON	NJ	A	5
WILLISTOWN TWP	PA	A	3
WINSLOW TWP CAMDEN	NJ	Â	4
WOODBURY CITY GLOUCESTER	NJ	Â	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	_	4
WOODBURY REIGHTS BORD GLOUCESTER WOODLAND TWP BURLINGTON		Α Λ	
WOODLAND IWF DUKLINGTON	NJ	Α	4

WOODLYNNE BORO CAMDEN	NJ	Α	4
WORCESTER TWP	PA	A	5
WRIGHTSTOWN BORO BURLINGTON	NJ	Α	4
WRIGHTSTOWN TWP	PA	Α	5
WYOMING	DE	E	1
YARDLEY BORO	PA	Α	5
YEADON BORO	PA	Α	5
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FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062715 Verizon Pennsylvania LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the **Transmission** 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. BLOCK 1 BLOCK 2 NO. OF NO OF CATEGORY OF SERVICE SUBSCRIBERS **RATE** CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 481,228 40.12 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 9,250 Commercial 35.00 Converter Residential Non-residential 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 F 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 **Services** Other Than 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. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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. CATEGORY OF SERVICE 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 60.00 Other services: Additional set(s)

· Move to new address

60.00

Reconnect

 Disconnect Outlet relocation

• FM radio (if separate rate)

Converter

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	70.00	N/A
Fios TV Test Drive	85.00	N/A
Your Fios TV	85.00	N/A
More Fios TV	109.00	N/A
The MostFios TV	129.00	N/A
Fios TV Mundo Total	129.00	N/A
Fios TV Mundo	109.00	N/A
Your Fios TV Spotlight Package	85.00	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
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Showtime Starz	15.00	15.00
* **·· =	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package Internaltional Language Packages	N/A Varies	34.99 Varies
International Premium Channels		
On Demand Movies and Games	Varies	N/A
	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	139.99	Varies Varies
NBA League Pass	149.99	
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
· ·		·
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$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	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	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 Rou	iter 100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One M	ini 115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE SIGN CHANNEL OF NUMBER **STATION** (If Distant) **WDPN** 2 No Wilmington **KYW** 3 Ν Philadelphia No See instructions for additional information on **WACP** 4 ı No **Atlantic City** alphabetization. **WPVI** 6 Ν No Philadelphia **WCAU** 10 Ν No Philadelphia **WHYY** 12 Ε Yes 0 Wilmington **WTXF** 29 No Philadelphia ı **WUVP** 65 I No Vineland **WFMZ** 69 I No Allentown **WPSG** Ī 57 No Philadelphia **WPHL** 17 I No **Philadelphia WPPX** 61 I No Wilmington **WMCN** 44 ı No **Atlantic City WNJT** Ε 0 **Trenton** 52 Yes **WTVE** 25 No Reading I **WWSI** 62 I No **Atlantic City WPPT** Philadelphia 35 Ε Yes 0 **WLVT** Ε 0 39 Yes Allentown

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 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) WPVI Localish HD 6 N-M No **Philadelphia** WDPN-simulcast 2 No Wilmington See instructions for additional information on **KYW-simulcast** 26 Ν No **Philadelphia** alphabetization. **WACP-simulcast** 4 No **Atlantic City** ı WPVI-simulcast 64 Ν No Philadelphia 67 Ν Philadelphia WCAU-simulcast No WHYY-simulcast 55 Ε Yes Ε Wilmington WTXF-simulcast 42 I No Philadelphia Vineland **WUVP-simulcast** 65 I No Ī WFMZ-simulcast 69 No **Allentown** WPSG-simulcast 32 ı No **Philadelphia** WPHL-simulcast 54 I No Philadelphia **WPPX-simulcast** 61 I No Wilmington **Atlantic City WMCN-simulcast** 44 ı No **WNJT-simulcast** 52 Ε Yes Ε **Trenton** WTVE-simulcast 25 I No Reading 62 **WWSI-simulcast** I No **Atlantic City** 39 Ε **WLVT-simulcast** Yes Ε **Allentown**

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 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) WGTW-simulcast 48 No **Burlington** Cozi TV [WCAU] 10 N-M Philadelphia No See instructions for additional information on WFMZ Accuweath 69 I-M No **Allentown** alphabetization. WPHL Antenna T 17 I-M No Philadelphia **WPVI ThisTV** 6 N-M No Philadelphia **WPHL Grit** 17 Philadelphia I-M No **WPHL Comet** 17 I-M No Philadelphia WTXF Movies! 42 I-M No Philadelphia 2 WDPN Heroes & I I-M No Wilmington **WLVT Create** 39 0 E-M Yes Allentown WHYY Ykids 12 E-M Yes 0 Wilmington WHYY Y2 12 E-M Yes 0 Wilmington 0 **WNJT NHK World** 52 E-M Yes **Trenton WLVT France 24** 0 Allentown 39 E-M Yes **WPPT World** 35 E-M Yes 0 Philadelphia **WDPN Retro Telev** 2 I-M No Wilmington 62 **WWSI** exitos TV I-M No **Atlantic City KYW StartTV** 26 N-M Philadelphia No

	LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	N			
	Verizon Pennsy	Ivania LLC				062715	Name			
PR	MARY TRANSMITTE	RS: TELEVISIO	N							
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										
sub	ubstitute 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									
bas	asis under specifc FCC rules, regulations, or authorizations:									
	 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 									
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.										
ead	ch multicast stream	associated with	n a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example				
	ETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in				
on	which your cable sy	stem carried th	ne station.			may be different from the channel ependent station, or a noncommercial				
edı (foi Foi	ucational station, by rindependent multion the meaning of the	entering the le cast), "E" (for no se terms, see	tter "N" (for n oncommercia page (v) of th	etwork), "N-M" (Il educational), c e general instru	for network multion or "E-M" (for nonco ctions located in t	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-				
pla	nation of local servi	ce area, see pa	age (v) of the	general instruct	tions located in th					
cat	ole system carried th	ne distant statio	on during the	accounting perio	od. Indicate by en	tering "LAC" if your cable system				
		ion of a distant	multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject				
the	cable system and a	a primary trans	mitter or an a	ssociation repre	esenting the prima	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further				
						ed in the paper SA3 form. y to which the station is licensed by the				
FC	C. For Mexican or C	Canadian statio	ns, if any, giv	e the name of th	ne community witl	n which the station is identifed.				
NO	te: If you are utilizin	g munipie char	•	•	•	спаппетше-ир.				
_				EL LINE-UP			-			
l	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				
W	UVP True Crime	65	I-M	No		Vineland				
W	UVP Bounce TV	65	I-M	No		Vineland	See instructions for			
W	GTW	48	l	No		Burlington	additional information on alphabetization.			
W	TXF Buzzr	42	I-M	No		Philadelphia	aipiiabetization.			
W	ВРН	60	l	Yes	0	Allentown				
K١	/W Dabl	3	N	No		Philadelphia				
W	CAU LX	10	N	No		Philadelphia				
W	BPH-simulcast	60	l	Yes	Е	Allentown				
W	TXF The Grio	29	l	No		Philadelphia	.			
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ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE SIGN CHANNEL OF NUMBER **STATION** (If Distant) **WDPN** 2 No Wilmington I **WCBS** 2 Ν **New York** No **KYW** 3 Ν No **Philadelphia WNBC** 4 Ν No **New York WNYW** 5 ı No **New York** WPVI 6 Philadelphia N No **WABC** 7 Ν No **New York WWOR** 9 I No **Secaucus** 10 Philadelphia **WCAU** Ν No **WPIX** 11 ı No **New York WHYY** 12 Ε No Wilmington **WTXF** 29 I No Philadelphia **WUVP Vineland** 65 ı No **WFMZ Allentown** 69 ı No

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

Philadelphia

Philadelphia

Wilmington

Atlantic City

WPSG

WPHL

WPPX

WMCN

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No

No

No

No

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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
WNJT	52	E	No		Trenton
WNET	13	E	No		Newark
WTVE	25	I	No		Reading
WWSI	62	ı	No		Atlantic City
WPPT	35	Е	No		Philadelphia
WLVT	39	Е	Yes	0	Allentown
WACP	4	I	No		Atlantic City
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WPIX-simulcast	33	I	No		New York
WCBS-simulcast	56	N	No		New York
KYW-simulcast	26	N	No		Philadelphia
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WPVI-simulcast	64	N	No		Philadelphia
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WCAU-simulcast	67	N	No		Philadelphia

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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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		CHANN	EL LINE-UP	В	
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
WHYY-simulcast	55	Е	No		Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	ı	No		Philadelphia
WPPX-simulcast	61	ı	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WNJT-simulcast	52	Е	No		Trenton
WTVE-simulcast	25	ı	No		Reading
WACP-simulcast	4	ı	No		Atlantic City
WWSI-simulcast	62	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	Е	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WPHL Antenna T\	17	I-M	No		Philadelphia
WFMZ AccuWeath	69	I-M	No		Allentown
WPVI ThisTV	6	N-M	No		Philadelphia
WPHL Grit	17	I-M	No		Philadelphia

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		CHANN	EL LINE-UP	В	
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
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	Yes	0	Allentown
WHYY Ykids	12	E-M	No		Wilmington
WHYY Y2	12	E-M	No		Wilmington
WNJT NHK World	52	E-M	No		Trenton
WLVT France 24	39	E-M	Yes	0	Allentown
WPPT World	35	E-M	No		Philadelphia
WDPN Retro Tele	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WPIX Grit	33	I-M	No		New York
WNYW Catchy Co	44	I-M	No		New York

WNYW Movies!

44

I-M

No

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

New York

	ER OF CABLE SYS	STEM:			SYSTEM ID#	A1
Verizon Pennsy	Ivania LLC				062715	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	ystem during th	ne accounting	g period, except	(1) stations carrie	and low power television stations) and only on a part-time basis under	G
•	.61(e)(2) and (4), or 76.63 (r	referring to 76.6	•	ain network programs [sections and (2) certain stations carried on a	Primary Transmitte
	tations: With r	espect to any	distant stations	s carried by your o	cable system on a substitute program	Televisio
Do not list the station station was carried	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
List the station here, a basis. For further in	and also in spa formation conc	ice I, if the sta			tute basis and also on some other of the general instructions located	
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each multicast stream	associated with	n a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-	
WETA-simulcast).			·	,		
					ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	stem carried th	e station.			,	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
•	,		,.	•	ommercial educational multicast).	
For the meaning of the Column 4: If the sta					es". If not, enter "No". For an ex-	
olanation of local service					e paper SA3 form. stating the basis on which your	
					tering "LAC" if your cable system	
carried the distant stati	•				capacity.	
				SUDIACT TO 2 POMAILS	v navment herause it is the subject	
		n or before Ju	ıne 30, 2009, be	etween a cable sys	y payment because it is the subject stem or an association representing	
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ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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		CHANN	EL LINE-UP	С	
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
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	62	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WLNY	55	I	No		River Head
WPIX	11	I	No		New York
WNJU	47	N	No		Linden
WNET	13	Е	No		Newark
WFUT	67	I	No		Smithtown
WMBC	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	Е	Yes	0	Garden City
WNJN	50	Е	Yes	0	Montclair
WNYE	25	Е	No		New York
WPXN	31	I	No		New York

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 channel

on which your cable system carried the station. **Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. **Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	С	
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
WXTV	41	I	No		Paterson
WABC Localish H	45	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WNET-simulcast	13	E	No		Newark
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	62	I	No		Kingston
WJLP-simulcast	33	I	No		Middletown Twp
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	55	I	No		River Head
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	47	N	No		Linden
WFUT-simulcast	67	I	No		Smithtown
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	Е	Yes	Е	Garden City
WNJN-simulcast	51	Е	Yes	Е	Montclair

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial

educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	С	
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
WNYE-simulcast	25	Е	No		New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	41	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No		New York
WNJU TeleXitos	47	N-M	No		Newton
Antenna TV [WPI)	33	I-M	No		Linden
WABC ThisTV	45	N-M	No		New York
WLIW Create	21	E-M	Yes	0	Garden City
WNET Thirteen Pl	13	E-M	No		Newark
WLIW World	21	E-M	Yes	0	Garden City
WXTV Bounce TV	41	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton
WNYW The Grio	44	I-M	No		New York
WNJN NHK World	50	E-M	Yes	0	Montclair
WCBS StartTV	56	N-M	No		New York
WJLP Laff	33	I-M	No		Middletown Twp
WJLP ION Myster	33	I-M	No		Middletown Twp
WWOR Buzzr	38	I-M	No		Secaucus

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 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:

Television

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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	С	
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
WWOR Heroes &	38	I-M	No	(Secaucus
WPIX Grit	33	I-M			New York
WPXN Bounce TV	31	I	No		New York
WNYW Catchy Co	44	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WFUT getTV	67	I-M	No		Smithtown
WLIW All Arts	21	E-M	Yes	0	Garden City
WLIW All Arts-sim	21	E-M	Yes	Е	Garden City
WNBC LX	4	N-M	No		New York
WCBS Dabl	2	N-M	No		New York
NHK World HD	50	E-M	Yes	Е	Montclair
WPIX Rewind	33	I-M	No		New York
WZME MeTV Plus	43	I	No		Bridgeport

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D 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) WMDT CW 47 I No Salisbury **WBOC FOX** 21 ı No Salisbury **WBOC** 16 Ν No Salisbury WMDT ABC 47 Ν No Salisbury **WBAL** 11 Ν No **Baltimore WDPB** Ε Seaford 64 No WBOC-LD Telemu 42 No Georgetown I WGDV-LD 32 I No Salisbury **WMPT** 22 Ε No **Annapolis** WMDT CW-simuld 47 ı No Salisbury **WBOC-simulcast** 16 Ν No Salisbury **WBOC FOX-simul** 21 I No Salisbury WMDT ABC-simul 47 Ν No Salisbury

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Baltimore

Salisbury

Baltimore

Salisbury

Georgetown

Ν

I

ı

N-M

I-M

No

No

No

No

No

59

42

32

11

47

WBAL-simulcast

WBOC-LD Telemu

WGDV-simulcast

WBAL Me TV

WMDT Me TV

LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	Ne				
Verizon Pennsy	Ivania LLC				062715	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
					and low power television stations) d only on a part-time basis under	G				
	nd regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
•				•	and (2) certain stations carried on a	Primary				
substitute program bas						Transmitte				
Substitute Basis S basis under specifc FC				s carried by your o	cable system on a substitute program	Televisio				
·	-			ne Special Statem	ent and Program Log)—if the					
station was carried	•		- 4 :	-l l4l4%	tota basis and also an association					
	•				tute basis and also on some other of the general instructions located					
in the paper SA3 for		g -a		, 222 page (1) 2	u.o gonorai mon aousino rocaroa					
		-		. •	s such as HBO, ESPN, etc. Identify					
			•	•	tion. For example, report multi- h stream separately; for example					
WETA-simulcast).	-Z . Simulcast	Sireams mus	t be reported in	column i (list eac	in stream separatery, for example					
			-		ion for broadcasting over-the-air in					
its community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel					
			tation is a netwo	ork station, an inde	ependent station, or a noncommercial					
educational station, by	entering the le	etter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"					
•	,		, .	•	ommercial educational multicast).					
For the meaning of the Column 4: If the sta					he paper SA3 form. es". If not, enter "No". For an ex-					
planation of local service			•	,						
					stating the basis on which your					
cable system carried th carried the distant stati		_		•	tering "LAC" if your cable system					
	•				y payment because it is the subject					
•				•	stem or an association representing					
•			-		ry transmitter, enter the designa- ther basis, enter "O." For a further					
, , ,			•	•	ed in the paper SA3 form.					
Column 6: Give the	location of ea	ch station. Fo	or U.S. stations,	list the community	y to which the station is licensed by the					
		, ,, ,		,	which the station is identifed.					
Note: If you are utilizing	g munipie chai	• •	•	•	спаппет ппе-ир.					
		I	EL LINE-UP							
	2. B'CAST	3. TYPE	4. DISTANT?		6. LOCATION OF STATION					
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)						
WBOC Antenna T	16	N-M	No	(II Distant)	Salisbury					
WGDV Bounce TV	32	I-M	No		Salisbury					
WGDV Heroes & I	32	I-M	No		Salisbury					
WRDE-LD	4	N	No		Salisbury					
WRDE-Cozi	4	N-M	No		Salisbury					
WRDE-LD-simulca	4	N-M	No		Salisbury					
WDPB PBS HD	64	E-M	No		Seaford					
WMPT PBS HD	22	E-M	No		Annapolis					
WBOC Delmarva	42	ı	No		Georgetown					
		-								

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062715 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	E	
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
WMAR	2	N	No		Baltimore
KYW	3	N	No		Philadelphia
WBOC	16	N	No		Salisbury
WBOC FOX	21	ı	No		Salisbury
WPVI	6	N	No		Philadelphia
WMDT CW	47	I	No		Salisbury
WCAU	10	N	No		Philadelphia
WBAL	11	N	No		Baltimore
WHYY	12	E	Yes	0	Wilmington
WTXF	29	l	No		Philadelphia
WUVP	65	l	No		Vineland
WFMZ	69	l	No		Allentown
WPSG	57	l	No		Philadelphia
WPHL	17	ı	No		Philadelphia
WPPX	61	l	No		Wilmington
WMCN	44	I	No		Atlantic City
WMDT ABC	47	N	No		Salisbury
WNJT	52	E	Yes	0	Trenton

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) SIGN CHANNEL OF CARRIAGE (If Distant) NUMBER **STATION WTVE** 25 I No Reading **WWSI Atlantic City** 62 ı No **WPPT** 35 Ε Yes 0 **Philadelphia WLVT** 39 Ε Yes 0 Allentown Wilmington **WDPN** 2 ı No **WACP** 4 ı No **Atlantic City** WPVI Localish HD 6 N-M No **Philadelphia** WDPN-simulcast 2 I No Wilmington WMAR-simulcast 52 Ν No **Baltimore KYW-simulcast** Ν 26 No **Philadelphia WBOC-simulcast** 16 Ν No Salisbury WBOC FOX-simul 21 I No Salisbury Ν WPVI-simulcast 64 No Philadelphia

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Ε

Salisbury

Philadelphia

Wilmington Philadelphia

Vineland

WMDT CW-simuld

WCAU-simulcast

WHYY-simulcast

WTXF-simulcast

WUVP-simulcast

47

67

55

42

65

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N

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I

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No

No

Yes

No

No

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant) NUMBER **STATION** WFMZ-simulcast 69 I No Allentown **WPSG-simulcast** 32 Philadelphia ı No WPHL-simulcast 54 ı No **Philadelphia** WPPX-simulcast 61 I No Wilmington WMCN-simulcast 44 ı No **Atlantic City** WMDT ABC-simul 47 Ν No Salisbury **WNJT-simulcast** 52 Ε Yes Ε **Trenton** WTVE-simulcast 25 I No Reading **WWSI-simulcast** 62 **Atlantic City** I No **WACP-simulcast** 4 ı No **Atlantic City** WLVT-simulcast 39 Ε Yes Ε **Allentown** Cozi TV [WCAU] 10 N-M No Philadelphia **WMAR Grit TV** 52 N-M No **Baltimore** WMDT Me TV 47 I-M No Salisbury

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Philadelphia

Philadelphia

Philadelphia

Allentown

WPHL Antenna T

WFMZ AccuWeath

WPVI ThisTV

WPHL Grit

17

69

6

17

I-M

I-M

N-M

I-M

No

No

No

No

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 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) **WPHL Comet** 17 I-M No **Philadelphia** WTXF Movies! 42 I-M Philadelphia No WDPN Heroes & I 2 I-M No Wilmington **WLVT Create** 39 E-M No Allentown WHYY Ykids 12 E-M Yes 0 Wilmington WHYY Y2 12 Yes 0 Wilmington E-M WNJT NHK World 52 E-M Yes 0 **Trenton WLVT France 24** 39 E-M Yes 0 Allentown 0 Philadelphia **WPPT World** 35 E-M Yes 16 WBOC Antenna T N-M No Salisbury

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Wilmington

Atlantic City Philadelphia

Vineland

Vineland

Philadelphia

Burlington

Allentown

WDPN Retro Telev

WUVP True Crime

WUVP Bounce TV

WWSI exitos TV

KYW StartTV

WTXF Buzzr

WGTW TBN

WBPH

2

62

26

65

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I-M

I-M

N-M

I-M

I-M

I-M

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No

No

No

No

No

No

No

Yes

Verizon Pennsylvania LLC 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 Primary	FORM SA3E. PAGE 3. LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	
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 76.50(f)(2) and (4), 76.51(e)(2) and (4), 76.51(e)(2) and (4), 76.51(e)(2) and (4), 76.51(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, as explained in the next paragraph. To not list the station here in space G—but do list it in space (1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (9) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entiring the letter 1" (for network), "N-M" (for retwork multicast), "E' (for network multicast), "For nexample program ser			OTEWI.				Name
Garried 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), 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: 10 not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2": Simulcast streams must be reported in column 1 (list each stream separately, for example wetr-a-minutest). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Since we whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the pager SA3 form. Column 3: Indicate in each case whether the station is an etwork station, an independent station, or a noncommercial educational multicast). For an explanation of local service area, see page (v) of the general instructions located in the pager SA3 form. Column 4: If the station is outside the local servi	PRIMARY TRANSMITTE	RS: TELEVISIO	N				
CHANNEL LINE-UP E 1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION CHANNEL NUMBER STATION STATION STATION STATION STATION CHANNEL NUMBER STATION Philadelphia Philadelphia STATION STATION STATION STATION STATION STATION STATION Philadelphia STATION	In General: In space Coarried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Subasis under specific FC Do not list the station station was carried to List the station here, a basis. For further into in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the cable system carried the cable system and attion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. For Mexican or Column 6: Give the FCC.	s, identify even the system during the system data system da	y television standard accounting in June 24, 19 4), or 76.63 (ind in the next respect to any ations, or authors, or authors, accelling in June 19 6 but do listitute basis. In the standard accelling substitute basis. In a station accelling substitute in a station accent in a station accent in a station. In the station. In the local serion accent in a column and unring the me basis becard in the local serion or before June 19 6 multicast strain or before June 19 7 multicast strain or befor	g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations orizations: It it in space I (the ation was carriectute basis station report origination cording to its own to be reported in the assistance of assistance of a sassigned to annel 4 in Wash tation is a network of the general instruvice area, (i.e., "general instructive accounting periause of lack of a seam that is not seam th	(1) stations carried be carriage of cert 1(e)(2) and (4))]; as a carried by your one Special Statem d both on a substitute, see page (v) on program service rer-the-air designate column 1 (list each the television stathington, D.C. This book station, an indefor network multicor "E-M" (for noncontions located in the distant"), enter "Yestions located in the inplete column 5, od. Indicate by enactivated channel subject to a royalty stewen a cable systematical in the community with the c	and only on a part-time basis under alin network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tition. For example, report multish stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. Stating the basis on which your tering "LAC" if your cable system capacity. The yayment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form.	Primary Transmitters:
1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION CHANNEL NUMBER STATION CHANNEL NUMBER STATION Philadelphia WYW Dabl STATION STATION Philadelphia WBPH-simulcast STATION STATION STATION STATION STATION Philadelphia WBPH-simulcast STATION STATION STATION STATION STATION STATION Philadelphia STATION STATION Philadelphia	,	-	• •	•	•		
SIGN CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) WCAU LX 10 N No Philadelphia KYW Dabl 3 N No Philadelphia WBPH-simulcast 60 I Yes E Allentown WGTW-simulcast 48 I No Burlington WTXF The Grio 29 I No Philadelphia	4 CALL	2 P'CAST		Ī		6 LOCATION OF STATION	
WCAU LX 10 N No Philadelphia KYW Dabl 3 N No Philadelphia WBPH-simulcast 60 I Yes E Allentown WGTW-simulcast 48 I No Burlington WTXF The Grio 29 I No Philadelphia						6. LOCATION OF STATION	
KYW Dabl 3 N No Philadelphia WBPH-simulcast 60 I Yes E Allentown WGTW-simulcast 48 I No Burlington WTXF The Grio 29 I No Philadelphia		NUMBER	STATION	` ′	(If Distant)		
WBPH-simulcast 60 I Yes E Allentown WGTW-simulcast 48 I No Burlington WTXF The Grio 29 I No Philadelphia	WCAU LX	10	N	No		Philadelphia	
WGTW-simulcast 48 I No Burlington WTXF The Grio 29 I No Philadelphia	KYW Dabl	3	N	No		Philadelphia	
WTXF The Grio 29 I No Philadelphia	WBPH-simulcast	60	ı	Yes	E	Allentown	
	WGTW-simulcast	48	I	No		Burlington	
WBOC Delmarva 42 I No Georgetown	WTXF The Grio	29	I	No		Philadelphia	
	WBOC Delmarva	42	I	No		Georgetown	
	WBOC Dellilatva	42		NO		Georgetown	
						I I	

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062715

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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
						ļ 	

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2023/1			
LEGAL NAME OF OWNER OF O		EM:					S	YSTEM ID#	Name			
Verizon Pennsylvania I	LLC							062715	Name			
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG						1			
substitute basis during the ac	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 peri	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?											
Note: If your answer is "No"	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2.												
period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canc Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progrance, please a cof every nor distant static gulations, or ion. Do not ucy" or "NB. a was broad sign of the s dcast statio adian station th and day we "5/7." as when the Example: a cor "R" if the lond regulation of the sum of the sum of the sumple of the sum of t	m on a separate attach additional anetwork television and that your authorizations to use general control and that your authorizations to asketball: cast live, enter attation broadcan's location (the location) and the location of the loca	al pages. sion program (substitute par cable system substitute par cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute programe community to which the sem carried the substitute param was carried by your coded by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, of the program instruction "basketball". o." o. station is licer tation is ident rogram. Use able system. 5 p.m. to 6:28 mming that you enter the lett under FCC ru	during the ramming on solocated List specionsed by the tified). numerals, List the tir 8:30 p.m. sour systemmer "P" if the lies and results and result	e acco of ano I in the e FCC , with mes a sshould n was se liste egulat	unting ther station pagram C or, in the month ccurately d be required ed pro ions in	h				
s	UBSTITUT	E PROGRAM			EN SUBS [®]			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. FROM	TIME	s TO	DELETION				
						_						
l												
						_						
						_						
												

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 6.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Pennsylvania LLC 062715 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

		DAT	ES AI	ND HOURS	OF F	PART-TIME CAR	RRIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN CARRIAGE OCCURRED			
	DATE	HO FROM	URS	ТО		O/ IEE GIGIT	DATE	FROM	HOURS	S TO
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	AL NAME (OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		
		ennsylvania LLC		062715	Name	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)						
IMP	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 198,712,839.89 (Amount of gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.						
١- ١	art 8 or p ck 3 belo	art 9, block A, of the DSE schedule was completed, the base rate fee should be w.	entere	ed on line 1 of		
	art 6 of th elow.	ne DSE schedule was completed, the amount from line 7 of block C should be en	ntered	on line 2 in block		
	art 7 or p block 4	art 9, block B, of the DSE schedule was completed, the surcharge amount shou below.	ld be e	entered on line		
Block 1	least the	JM FEE: All cable systems with semiannual gross receipts of \$527,600 or more en inimum fee, regardless of whether they carried any distant stations. This fee s gross receipts for the accounting period.		64 percent of the		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.					
		2,114,304.62				
Block 2	space ("Yes" in • Did yo	IT TELEVISION STATIONS CARRIED: Your answer here must agree with the in So. If, in space G, you identifed any stations as "distant" by stating "Yes" in column this block. Under the carry any distant television stations during the accounting perions—Complete the DSE schedule. No—Leave block 3 below blank and control to the carry and	n 4, yc d?	ou must check		
Block 3	Line 1.	BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 1,321,566.89		
	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	\$	1,321,566.89		
Block 4		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		\$ 2,114,304.62	Cable systems	
	Line 2.	SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under	
	Line 3.	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact	
	Line 4.	FILING FEE		\$ 725.00	the Licensing 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					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)					

ACCOUNTING PERIOD: 2023/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Patrick Merrick Telephone 703-447-0209									
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number) Ashburn, VA (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 Office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	X /s/ Christy K. Reyes									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Christy K. Reyes									
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)									
	Date: August 28, 2023									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon Pennsylvania LLC	062715	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_	
x 0	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in t 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical 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 account (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
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 G 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 particular 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, in 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 been 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),(c),(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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or
 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 in 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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) 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						
Stations B, D, and E 35 mile zone							

	Distant Stations Carried		Identification of		
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	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

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)

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE	11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABLI	E SYSTEM:			S	YSTEM ID#						
1	Verizon Pennsylvania L	LC				062715						
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	١.		<u></u>	5.00							
2	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 If space G (page 3). In the column headed "DSF": for each independent station, give the DSF as "1.0", for each network or noncom-											
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"					T							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WHYY	0.250										
	WHYY Ykids	0.250										
	WHYY Y2	0.250										
	WNJT	0.250										
Add rows as	WNJT NHK World	0.250										
necessary.	WPPT	0.250										
Remember to copy all	WPPT World	0.250										
formula into new	WLVT	0.250										
rows.	WLVT Create	0.250										
	WLVT France 24	0.250										
	WLIW	0.250										
	WLIW Create	0.250										
	WLIW World	0.250										
	WNJN	0.250										
	WNJN NHK World	0.250										
	WLIW All Arts WBPH	0.250										
	WDPN	1.000										
				 								
												
												
				 								
				 								
												
				 								
				†								
				†								
				†····								
				†								
				t								

Name		OWNER OF CABLE SYSTEM:						S	94875 OG 2715
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	capacity st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the properties of the column of t	ne number of he nation given in the total number mn 2 by the figural point. This is tation, give the furn 4 by the f	nours your cable system space J. Calculate only or of hours that the static gure in column 3, and git is the "basis of carriage to "type-value" as "1.0." I gure in column 5, and git igure in column 5, and git i	carried the station one DSE for each on broadcast over the result in divalue" for the state of each network on the result in the state of each network one of the result in the state of each network one of the result in the res	on during the ach station. r the air during ecimals in coluation. or noncomme	the accountion 4. This figure is a contract the contract of th	ng period. gure must onal station, than the	
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTAT	ION OF DSI	Ξs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEN	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	GE	5. TYPE VALUE		;E
			÷		=	x x		=	
			÷		=	x		=	
			÷		= =	X		=	
			÷		=	X X			
			÷		=	x x		=	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each stated by your system in substited on October 19, 1976 (as one or more live, nonnetwoes a corresponded to the figure should corresponded to the figure in column of the station's DSE (tution for a pro- as shown by the rk programs du- number of live pond with the in in the calenda in 2 by the figur For more infor	gram that your system e letter "P" in column 7 uring that optional carria, nonnetwork programs information in space I. Ir year: 365, except in a re in column 3, and give mation on rounding, sen	was permitted to of space I); and ge (as shown by the carried in substite leap year. The the result in column page (viii) of the page (viii) of the column permitted to the result in column page (viii) of the column permitted to the result in column page (viii) of the column permitted to the page (viii) of the column permitted to of space (viii) of space (viii) of the column permitted to of space (viii) of space (vi	delete under F he word "Yes" in tution for progra umn 4. Round to e general instru	CC rules and column 2 of ams that were no less that actions in the	e deleted an the third	
				-BASIS STATION	I I				T .
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DA' IN YEA	YS	1. CALL SIGN	2. NUMI OF PROC	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷ -		=
		-	-	=			÷		=
				=			÷		=
		-	÷				÷ ÷		=
	Add the DSEs	s OF SUBSTITUTE-BASIS of each station. um here and in line 3 of pa			▶		0.00		
5		ER OF DSEs: Give the am sapplicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them	to provide the	e total	
Total Number	1. Number	of DSEs from part 2 ●			·	-		5.00	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				-		0.00	
	TOTAL NUMBE	ER OF DSEs							5.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/1

LEGAL NAME OF OV		YSTEM:					S	YSTEM ID# 062715	Name
Instructions: Block In block A: • If your answer if "'schedule.			art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	, (page 16) of the	3	6
If your answer if "I	No," complete bloc	cks B and C		EL EL MOLONIA	ADVETO				Computation of
	1981?	schedule—D	najor and smalle	ELEVISION MA r markets as defin ETE THE REMAI	ed under sec		Crules and regula	ations in	Computation of 3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	of distant st and regulation of DSE Sche	ations listed in pons prior to June dule. (Note: The	part 2, 3, and 4 of to e 25, 1981. For furt e letter M below ref	this schedule ther explanati	that your systen	stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursue *F A station pre	les and regued pursuant in as defined al educational station (76. r DSE schedant to individually carried in the station when the station wield in the station when the station w	lations cited belto the FCC marked in 76.5(kk) (76 all station [76.59 65) (see paragralule). Lual waiver of FC and on a part-time vithin grade-B co	e or substitute basi ontour, [76.59(d)(5	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] andfathered stat e 25, 1981	.63(a) referring to 61(e)(1) ions in the		
Column 3:	*(Note: For those this schedule to c	e stations ide determine the	entified by the le	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	omplete the wor			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHYY	C	0.25	WPPT Wor		0.25	WLIW Worl	M	0.25	
WHYY Ykid	М	0.25	WLVT	С	0.25	WNJN	С	0.25	
WHYY Y2	М	0.25	WLVT Crea	М	0.25	WNJN NHK	М	0.25	
WNJT	С	0.25	WLVT Fran	М	0.25	WLIW All A	М	0.25	
WNJT NHK	М	0.25	WLIW	С	0.25	WBPH	М	1.00	
WPPT	С	0.25	WLIW Crea	М	0.25				
								5.00	
								3.00	
		E	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the									
Line 3: Subtract li (If zero, le				of DSEs subject of this schedule		ate.			
Line 4: Enter gros	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially permited/
Line 5: Multiply lir	•						х		partially nonpermitted carriage?
Line 6: Enter tota) blook 2	1 /n 7\			0.00	If yes, see part 9 instructions.
Line 7: Multiply lir	ie o by line 5 an	u enter her	e and on line 2	:, ыоск з, space	∟ (page /)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC SYSTEM ID# 062715								YSTEM ID# 062715		
BLOCK A: TELEVISION MARKETS (CONTINUED)										
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6	
									Computation o	
									3.73 Fee	
		I.	Ш				1	<u> </u>	1	

Name	Verizon Pennsylvania LLC SYSTEM ID# 062715												
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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.												
		PERMITT	ED DSE FOR S	TATIONS CARRIE	D ON A PART-T	IME AND SUBST	ITUTE BASIS						
	1. CALL	2. PRIC)R 3. A	CCOUNTING	4. BASIS O	F 5. F	PRESENT	6. PER	RMITTED				
	SIGN	DSE		PERIOD	CARRIAGE		DSE		SE				
7 Computation of the	Instructions: Block A must be completed. In block A: 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.												
Syndicated			BLO	CK A: MAJOR	TELEVISION N	MARKET							
Exclusivity	• 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?												
Surcharge	l <u> </u>	-	•	ijor television mark	_		rules in effect Jur	ne 24, 1981	?				
	X Yes—Complete	blocks B and	C.		No—Prod	ceed to part 8							
	BLOCK B: C	arriage of VHF	/Grade B Conto	ur Stations	BLOCK C: Computation of Exempt DSEs								
	BLOCK B: Carriage of VHF/Grade B Contour Stations 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 or in part, over the cable system? Was any station listed in block B of part 7 carried in any commity served by the cable system prior to March 31, 1972? (reference or in part, over the cable system?												
	Yes—List each sta	ation below with	its appropriate per	mitted DSE	Yes—List	each station below	with its appropriate	permitted E	OSE				
	X No—Enter zero ai	nd proceed to pa	art 8.		X No—Enter	r zero and proceed	to part 8.						
	CALL SIGN	DOE	CALL SIGN	DSE		SN DSE		N I	DSE				
	CALL SIGN	DSE	CALL SIGN	DGE	CALL SIG	DOE	CALL SIG		DOL				
			TOTAL DSEs	0.00			TOTAL DS	Ec	0.00				
	I		TOTAL DOES	0.00	II .		LOTAL DO		0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC SYSTEM ID# 062715	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC									
	`									
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	\$ \$ wever, if block A of part 9. Leave block B below of your subscribers ion of a station's "local S g period? ections. E RATE FEE							
		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	<u></u> .							
8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located 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.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
		Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete part 9 of this schedule. No—Complete the following sections.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 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							
	l									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/1

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. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here	J 0 L 0 0.			7.0000	· · · · · · · · · · · · · · · · · · ·
If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. 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. Multiply line B by 3.000 and enter here 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 F. Multiply line B and enter here P. Multiply line D by line E and enter here	LEGAL N	AME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
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. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here	Veriz	on Pennsylvania LLC		062715	Name
A. Enter 0.01064 of gross receipts (the amount in section 1) B. Enter 0.00701 of gross receipts (the amount in section 1) Computation of Base Rate Fee C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here	Section	If the figure in section 2 is more than 4.000, compute your base	ate fee here and leave section 3 blank		
A. Enter 0.01004 of gross receipts (the amount in section 1) B. Enter 0.00701 of gross receipts (the amount in section 1) S Computation of Base Rate Fee C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here	4				0
B. Enter 0.00701 of gross receipts (the amount in section 1) S Computation of Base Rate Fee C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here		A. Enter 0.01064 of gross receipts			0
(the amount in section 1) S Of Base Rate Fee C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here		(the amount in section 1)	<u>▶</u> \$		
C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here		B. Enter 0.00701 of gross receipts			Computation
C. Multiply line B by 3.000 and enter here 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 F. Multiply line D by line E and enter here		(the amount in section 1)	▶ \$	<u>—</u>	
(the amount in section 1) \$ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here F. Multiply line D by line E and enter here \$		C. Multiply line B by 3.000 and enter here	> \$		Base Rate Fee
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here F. Multiply line D by line E and enter here		D. Enter 0.00330 of gross receipts			
(the figure in section 2) and enter here F. Multiply line D by line E and enter here \$		(the amount in section 1)	 ▶ <u>\$</u>		
F. Multiply line D by line E and enter here		E. Subtract 4.000 from total DSEs			
		(the figure in section 2) and enter here	>	<u> </u>	
G Add lines A. C. and F. This is your base rate fee		F. Multiply line D by line E and enter here	>	\$	
		G. Add lines A, C, and F. This is your base rate fee.			
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00			•	\$ 0.00	
	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 F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	> \$	*		

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 Pennsylvar		SYSTEM:				S	YSTEM ID# 062715	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р	SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WHYY	0.25			WNJT	0.25			Base Rate Fee
WHYY Ykids	0.25			WNJT NHK World	0.25			and
WHYY Y2	0.25			WLVT	0.25			Syndicated
WNJT	0.25			WLVT Create	0.25			Exclusivity
WNJT NHK World	0.25			WLVT France 24	0.25			Surcharge
WPPT	0.25		•	WBPH	1.00			for
WPPT World	0.25							Partially
WLVT	0.25							Distant
WLVT Create	0.25							Stations
WLVT France 24	0.25							
WBPH	1.00							
						-		
				-				
Total DSEs			3.50	Total DSEs			2.25	
Gross Receipts First Gro	up	\$ 693,	533.35	Gross Receipts Second	Group	\$ 36,07	76,226.56	
Base Rate Fee First Gro	•	\$ 19,	533.37	Base Rate Fee Second	•	\$ 69	99,968.99	
COMMUNITY/ AREA	THIND	SUBSCRIBER GROUP	0	COMMUNITY/ AREA	FOORTH	SUBSCRIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNJT	0.25			WLVT	0.25			
WNJT NHK World	0.25			WLVT Create	0.25			
				WLVT France 24	0.25			
				WBPH	1.00			
Total DSEs			0.50	Total DSEs			1.75	
Gross Receipts Third Group \$ 18,868,040.21			040.21	Gross Receipts Fourth Group \$ 28,548,873.19			18,873.19	
Base Rate Fee Third Group \$ 100,377.97			377.97	Base Rate Fee Fourth Group \$ 453,855.71		53,855.71		
Base Rate Fee: Add the Enter here and in block 3			oer group a	s shown in the boxes abo	ve.	s 1,32	21,566.89	

LEGAL NAME OF OWNER Verizon Pennsylva		SYSTEM:				S	062715	Naı
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				Compu	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
				WLIW	0.25			Base R
				WLIW Create	0.25			an
				WLIW World	0.25			Syndi
				WLIW All Arts	0.25			Exclu
								Surch
								fo
								Part
								Dist
								Stati
	<u> </u>							
	<u>.</u>							
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts First Gro	oup	s 111,526	6,672.41	Gross Receipts Second	l Group	\$ 1,5	93,104.69	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second	•		16,950.63	
5	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25			WNJT	0.25			
NLIW Create	0.25			WNJT NHK World	0.25			
VLIW World	0.25			WPPT	0.25			
WNJN	0.25			WPPT World	0.25			
WNJN NHK World	0.25			WLVT	0.25	-		
NLIW All Arts	0.25			WLVT Create	0.25			
	<u> </u>			WLVT France 24	0.25			
				WBPH	1.00			
	ļ							
	<u> </u>							
otal DSEs			1.50	Total DSEs			2.75	
Gross Receipts Third Group \$ 152,541.72			Gross Receipts Fourth Group \$ 1,253,847.76					
Page Date Fee Third O	oup.		, 457 70	Page Pote Fee Feerest	Croun		20 722 52	
Base Rate Fee Third Gr	oup	\$	2,157.70	Base Rate Fee Fourth	Group	\$	28,722.52	
Bass Bar E 1999	.							
Base Rate Fee: Add the Enter here and in block (riber group a	as shown in the boxes abo	ve.	\$		
	-,o 1, 3p	(Pago 1)				T		