STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α		COUNTING PERIOD COVERED BY THIS STAT	EMENT			
Accounting Period		2023/1				
B Owner	rate	Tructions: Give the full legal name of the owner of the cable system. If title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner condu <i>If there were different owners during the accounting period, of</i> <i>ingle statement of account and royalty fee payment covering tu</i> Check here if this is the system's first filing. If not, enter the	cts the business of the cable sy only the owner on the last day o he entire accounting period.	stem. f the accounting period should su		062717
	L	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE S	SYSTEM			
		Verizon Virginia LLC				
					06271	720231
					062717	2023/1
		22001 Loudoun County Parkway Ashburn, VA 20147				
С		TRUCTIONS: In line 1, give any business or trade nan nes already appear in space B. In line 2, give the mailir				
System	1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Norfolk, VA) VHO 9a				
	2	MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number)				
		Norfolk, VA 23513				
_	+	(City, town, state, zip code)				
D		tructions: For complete space D instructions, see page	e 1b. Identify only the frst col	mmunity served below and re	list on page	3 1D
Area Served	Wit	n all communities. CITY OR TOWN	STATE			
First		VIRGINIA BEACH	VA			
Community	E	elow is a sample for reporting communities if you repor	t multiple channel line-ups ir	n Space G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	B GRP#
Sample	Alc	a	MD	A		1
		ance	MD	В		2
	Ge	ing	MD	B		3
form in order to pro numbers. By provi search reports pre	ocess ding P pared	tion 111 of title 17 of the United States Code authorizes the Copyright rour statement of account. PII is any personal information that can be I, you are agreeing to the routine use of it to establish and maintain a pro for the public. The effect of not providing the PII requested is that it ma ments of account, and it may affect the legal sufficiency of the filing, a c	used to identify or trace an individua public record, which includes appear y delay processing of your statemen	, such as name, address and telepho ing in the Offce's public indexes and i t of account and its placement in the	ne	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/30/23

FORM	SA3F	PAGE	1b

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC			SYSTEM ID# 062717	
Instructions: List each separate community served by the cable system. A "com in FCC rules: "a separate and distinct community or municipal entity (including ur areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). of system identification hereafter known as the "first community." Please use it as	nincorporated communitie The frst community that y	es within unincorpo you list will serve a	as defined prated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mob	-	-	theses	Gerveu
below the identified city or town. If all communities receive the same complement of television broadcast stations all communities with the channel line-up "A" in the appropriate column below or le on a partially distant or partially permitted basis in the DSE Schedule, associate e designated by a number (based on your reporting from Part 9).	eave the column blank. If	you report any sta	tions	
When reporting the carriage of television broadcast stations on a community-by- channel line-up designated by an alpha-letter(s) (based on your Space G reportin (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	ng) and a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
VIRGINIA BEACH	VA	Α		First
CHESAPEAKE	VA	A		Community
		A		
NEWPORT NEWS POQUOSON	VA VA	A		
PORTSMOUTH	VA	A		See instructions for
YORK COUNTY	VA	A		additional information
				Add rows as necessary

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11			
1			
			I

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						:	SYSTEM ID# 062717
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, the system set of the system).	pace E should on of television bay cable) in sp (June 30 or E n blocks in spa y transmission umber of billing rice at the rate charged for eac . (Example: "\$; counts allowed t in space E, the to their subsc e: Where an ir should be cou- able service to once again unc has rate categ iers of service	and rappace F, becemb ce E ca service gs in that indicate ch catego 20/mth" for advise form cribers. addition ler "Ser ories fo s that ir	all categories of dio broadcasts not here. All th er 31, as the c all for the numb e. In general, yo at category (the ed—not the numb gory of service.). Summarize a ance payment lists the categor Give the numb al or organization a subscriber in hal sets would vice to addition r secondary tra- nclude one or n	of seconda by your s he facts you ase may be er of subsourced by can con- enumber of se include be any standa or is receinn he ach ap be include hal set(s).'	vystem to subscri u state must be be). scribers to the ca mpute the number of persons or orgets receiving service the amount of ard rate variation condary transmission scribers and rate ving service that plicable category of in the count ur n service that are ndary transmission	bers. Give those exist ble system er of subsc ganizations vice). of the charg s within a p ssion servio for each lis falls under c. Example: nder "Servio e different f ons), list th	information ing on the , broken ribers in charged ge and the particular rate ce that cable sted category r different c a residential ce to the rom those em, together	062717
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	wo- or thr	ee-word descript	ion of the s	Service is	
	BL	OCK 1					BLOC		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE		EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		LING					SUBSCIUBLING	
	Service to first set	7	6,189	\$ 40.12					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		722	\$ 35.00					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities furn nit in which it is rate column. te charged by t your cable sy separate charge	ber) info that are ons: you nished usually the cab stem fu ge was	primation with r e not offered in i do not need t to nonsubscrib / billed. If any r le system for e rnished or offe made or estab	espect to combinat o give rate ers. Rate ates are c ach of the red during	ion with any seco information con information shou harged on a vari applicable servi the accounting	ondary tran icerning (1) ild include able per-pi ces listed. period that	ismission) services both the rogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SEF		RATE	CATEGO	ORY OF SERVIC	E RATE
	Continuing Services:			ation: Non-re	sidential				
	• Pay cable	\$ 15.00		otel, hotel			See Tab	Attachment B	
	Pay cable—add'l channel		•	ommercial					
	Fire protection		•	iy cable w cable add'l a	honnal				
	•Burglar protection Installation: Residential		•	y cable-add'l c	nannei				
	• First set	\$ 00.00		e protection	`				
	Additional set(s)	\$ 99.00 \$ 60.00	•	rglar protection services:	I				
	• FM radio (if separate rate)	φ ου.υυ	•	services: econnect					
	• Converter		•	sconnect					
			•	Itlet relocation		\$ 60.00			
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Move to new address

FORM SA3E. PAGE 2.

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	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	, Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	139.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00

Attachment B - Section F, Other Services

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
-		
Fios Wireless Router	\$18 rental, \$299.99 purchase	\$15 rental, \$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 Router	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 Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB 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

Verizon Virginia	ER OF CABLE SY A LLC	STEM:			SYSTEM ID# 062717	Name
PRIMARY TRANSMITTE		N				
In General: In space G carried by your cable si FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried of • List the station here, a basis. For further inf in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the	G, identify ever ystem during t ons in effect or .61(e)(2) and (is, as explaine tations: With C rules, regular here in space only on a subs and also in spa formation conc rm. h station's call associated witi -2". Simulcast	y television st he accounting n June 24, 19 4), or 76.63 (in din the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not in h a station ac streams mus ber the FCC h	g period, except 81, permitting th referring to 76.6 paragraph. y distant station: norizations: t it in space I (th ation was carrie tute basis statio report originatio cording to its ov t be reported in mas assigned to	(1) stations carri- ne carriage of cer- i1(e)(2) and (4))]; s carried by your ne Special Staten d both on a subst ms, see page (v) n program service ver-the-air design column 1 (list eac the television sta	as and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example titon for broadcasting over-the-air in s may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati	entering the le cast), "E" (for n se terms, see ation is outside ce area, see p ave entered "Y ne distant statio on on a part-tii	etter "N" (for n oncommercia page (v) of th the local ser age (v) of the es" in column on during the me basis beca t multicast stru	etwork), "N-M" (al educational), c e general instru vice area, (i.e. " general instrucc 4, you must co accounting peri ause of lack of a eam that is not	(for network multion or "E-M" (for nonco- loctions located in distant"), enter "Y tions located in the mplete column 5, od. Indicate by er activated channel	Yes". If not, enter "No". For an ex- ne paper SA3 form. , stating the basis on which your ntering "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ch station. Fo ns, if any, giv	ssociation repre- you carried the) of the general or U.S. stations, re the name of the	esenting the prima channel on any c instructions locat list the communi he community wit	ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ted in the paper SA3 form. ty to which the station is licensed by the th which the station is identifed.	
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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
Verizon Virginia	a LLC				062717	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	, he accounting	g period, except	(1) stations carri	is and low power television stations) ed only on a part-time basis under	G
					tain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	d in the next	paragraph.			Transmitters:
Substitute Basis S basis under specifc FC				s carried by your	cable system on a substitute program	Television
•				he Special Staten	nent and Program Log)—if the	
station was carried			ation was carrie	d both on a subst	titute basis and also on some other	
	•				of the general instructions located	
in the paper SA3 fo		sian Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify	
		•			ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list ead	ch stream separately; for example	
,	e channel num	ber the FCC h	nas assigned to	the television sta	tion for broadcasting over-the-air in	
,		,	annel 4 in Wasl	hington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	lependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of th	e general instru	ictions located in		
Column 4: If the sta	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha					e paper SA3 form. , stating the basis on which your	
cable system carried th	he distant stati	on during the	accounting peri	od. Indicate by er	ntering "LAC" if your cable system	
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For the retransmiss of a written agreement	ion of a distant entered into o	: multicast str n or before Ju	eam that is not a une 30, 2009, be	subject to a royal etween a cable sy	ty payment because it is the subject stem or an association representing	
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ACCOUNTING FLAT	00. 2020, 2							FORM SASE. FAGE 4.			
Nama	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	M:				SYSTEM ID#			
Name	Verizon Virg	inia LLC						062717			
		•									
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	Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally			
Transmitters:				tem whenever it is received a							
Radio				ved at the headend, with the s							
	For detailed info	ormation about	t the the	Copyright Office regulations of	on this point, see	page (vi) of th	e genera	al instructions			
	located in the p	aper SA3 form	ı.								
	Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.										
				nal was electronically process	ed by the cable s	ystem as a se	parate a	ind discrete			
				c mark in the "S/D" column.							
				on (the community to which th			or, in t د	ne case of			
	Iviexican or Can	ladian stations	, ir any, '	the community with which the	station is identifie	ea).					
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
	CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN	ANIOITIN	3/D	LOCATION OF STATION			
						<u> </u>					
						<u> </u>					

LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#	
Verizon Virginia LLC						062717	Name
SUBSTITUTE CARRIAGE							
							1
In General: In space I, identi							I
substitute basis during the ac explanation of the programmi							Substitute
1. SPECIAL STATEMENT				general moto			Carriage:
During the accounting peri				, any nonnet	work television progra	m	Special Statement and
broadcast by a distant stat					Yes		Program Log
Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the progra	am	
log in block 2. 2. LOG OF SUBSTITUTE		MS					
In General: List each subst			te line. Use abbreviations v	herever pos	sible, if their meaning	is	
clear. If you need more space	ce, please a	ttach additiona	al pages.		-		
period, was broadcast by a			sion program (substitute pr ur cable system substituted				
under certain FCC rules, reg	gulations, or	r authorizations	s. See page (vi) of the gene	eral instructio	ns located in the pape		
SA3 form for futher informat titles, for example, "I Love L				"basketball".	List specific program		
Column 2: If the program	n was broad	cast live, enter	"Yes." Otherwise enter "N				
			sting the substitute prograr e community to which the s		used by the ECC or in		
the case of Mexican or Can						1	
		when your syst	em carried the substitute p	rogram. Use	numerals, with the mo	onth	
first. Example: for May 7 giv Column 6: State the time		substitute prog	gram was carried by your c	able system.	List the times accurat	ely	
to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:28	8:30 p.m. should be		
stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for program	nming that ve	our system was requir	ed	
to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period;	enter the lett	ter "P" if the listed pro		
gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC ru	ules and regulations ir	1	
				1			
		E PROGRAM			EN SUBSTITUTE	7. REASON	
	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
					_		
					_		

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2023/1

ACCOUNTING PERIOD: 2023/1

FORM SA3E. PAGE 6.

	PERIOD: 2023/1									A3E. PAGE 6.
Name	LEGAL NAME OF C	OWNER OF CABLE JINIA LLC	SYSTEM:						SYS	STEM ID# 062717
J Part-Time Carriage Log	time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	is space ties in v ue to lack of acti em carried that call sign): Give ace G. Dates and hours he accounting pe th and day when ting and ending on's broadcast d :: "12:30 a.m.– 3	the carriage occur times of carriage to ay, you may give au	uired ase a whos the d ls, w rter h ding	d to complete thi attach additional se basis of carrie dates and hours with the month fir nour. In any case hour, followed b	Is log giving the I pages. age you identifie when part-time st. Example: for where carriage by the abbreviati	total dates and d by "LAC" in carriage oc- April 10 give e ran to the end on			
			DATE	S AND HOURS	OF F	PART-TIME CAF	RIAGE			
		WHEN	N CARRIAGE OCC	URRED			WHEN	N CARRIAGE (OCCURR	ED
	CALL SIGN	DATE	HOU FROM	IRS TO]	CALL SIGN	DATE	FROM	HOURS	то
		DATE	-		1		DATE		_	
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name		
Ver	rizon Virginia LLC			062717	Name		
Inst all a (as	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)						
ІМР	during the accounting period. PORTANT: You must complete a statement in space P concerning gross re	ceipts.	\$ (Amount of	31,465,983.99 gross receipts)			
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate t ck 3 below.	ee should be e	entered on line	1 of			
 If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. 							
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge block 4 below.	amount should	d be entered on	line			
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	- Г	\$	31,465,983.99			
	Enter the result here. This is your minimum fee.		\$	334,798.07			
Block 2	 bistant Television stations carried: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. bid your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4. 						
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, sect 4, or part 9, block A of the DSE schedule. If none, enter zero	ion 3 or	\$				
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DS schedule. If none, enter zero	E		0.00			
	Line 3. Add lines 1 and 2 and enter here	[\$	-			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the m from block 1 or the sum of the base rate fee / 3.75 fee from block whichever is larger		\$	334,798.07	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from ((block D, section 3 or 4) or part 9 (block B) of the DSE schedule. I zero.	•		0.00	submitting additional deposits under		
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD Add Lines 1, 2 and 3 of block 4 and enter total here		\$	335,523.07	form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)						

FORM SA3E. PAGE 7.

(-						FOR	M SA3E. PAGE 8.		
Name	LEGAL NAME O	F OWNER OF CABLE S	SYSTEM:					SYSTEM ID# 062717		
M Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
N Individual to										
Be Contacted for Further Information	Name	Patrick Merric	:k			Te	elephone 703-447-0209)		
		22001 Loudor Number, street, rural r								
		Ashburn, VA 20147 (City, town, state, zip)								
	Email	patric	k.merrick@v	erizon.com		Fax (optional)				
0	CERTIFICAT	TION (This statem	ent of account m	nust be certifed and	l signed in accorda	ance with Copyright Off	fice regulations.)			
Certifcation	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. 									
	 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						
		(e.g., /s	/ John Smith). Be	fore entering the firs	forward slash of the		ent. r cursor in the box and press th tus compatibility settings.	າe "F2"		
		Typed	or printed name	Christy K. F	Reyes					
		Title:			zon Virginia L					
		Date:	August 28, 202	23						

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 sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062717	Name
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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 or	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 suffciency of the fling, a determination that would be made by a court of law.