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. 063009								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Verizon Pennsylvania LLC								
				06300920231					
				063009 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	П П эрасе В.					
System	Verizon Fios TV (Harrisburg, PA) VHO 14								
	MAILING ADDRESS OF CABLE SYSTEM:								
	210 Pine Street								
	2 (Number, street, rural route, apartment, or suite number) Harrisburg, PA 17101								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	CAMP HILL BORO	PA							
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063009 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# **CAMP HILL BORO** PA **First CARROLL TWP** PA Α Community **CONEWAGO TWP** PA Α **DERRY TWP** PA Α **DILLSBURG BORO** PA Α **EAST PENNSBORO TWP** PA Α See instructions for **FAIRVIEW TWP** PA Α additional information on alphabetization. **HAMPDEN TWP** PA Α HIGHSPIRE BORO PA Α **HUMMELSTOWN BORO** PA Α **LEMOYNE BORO** PA Α Add rows as necessary. LONDONDERRY TWP DAUPHIN PA Α **LOWER ALLEN TWP** PA Α **LOWER PAXTON TWP** PA Α **LOWER SWATARA TWP** PA Α **MECHANICSBURG BORO** PA Α MIDDLESEX TWP PA Α MIDDLETOWN BORO PA Α MONAGHAN TWP PA Α **MONROE TWP** PA Α **NEW CUMBERLAND BORO** PA Α NORTH LONDONDERRY TWP PA Α **PALMYRA BORO** PA Α **PAXTANG BORO** PA Α PENBROOK BORO PA Α **ROYALTON BORO** PA Α SHIREMANSTOWN BORO PA Α SILVER SPRING TWP PA Α SOUTH HANOVER TWP PA Α SOUTH LONDONDERRY TWP PA Α STEELTON BORO PA Α SUSQUEHANNA TWP PA Α **SWATARA TWP** PA Α **UPPER ALLEN TWP** PA Α WEST HANOVER TWP PA Α **WORMLEYSBURG BORO** PA Α

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FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063009 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 32,357 40.12 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 420 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) • FM radio (if separate rate) Reconnect Converter Disconnect

Outlet relocation

· Move to new address

60.00

Category of Service	Residential Rate	Commercial Rate
Block 1	45.00	45.00
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

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

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNE		STEM:			SYSTEM ID#	Namo		
Verizon Pennsy					063009			
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 regulation	ons in effect or	n June 24, 19	81, permitting th	ne carriage of cert	ain network programs [sections			
76.59(d)(2) and (4), 76 substitute program bas	. , . ,	,	-	i1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:		
				s carried by your	cable system on a substitute program	Television		
basis under specifc FC				ne Snecial Statem	ent and Program Log)—if the			
station was carried	•		st it iii space i (ti	ie opeciai otatem	ent and Program Log/—ii the			
1		,			tute basis and also on some other of the general instructions located			
in the paper SA3 for		crining substi	tate basis statio	ms, see page (v)	of the general mondonone recated			
		-			es such as HBO, ESPN, etc. Identify attion. For example, report multi-			
			•	•	th stream separately; for example			
WETA-simulcast).	channel numb	her the ECC h	nas assigned to	the television stat	ion for broadcasting over-the-air in			
1			-		may be different from the channel			
on which your cable sy			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	east), "I" (for independent), "I-M"			
(for independent multic For the meaning of the	,, (,,	`	ommercial educational multicast).			
					es". If not, enter "No". For an ex-			
planation of local service	· ·	0 ()	0		• •			
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your								
cable system carried th	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.							
carried the distant stati	on on a part-tii							
carried the distant stati For the retransmissi	on on a part-tii ion of a distant	multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing			
carried the distant stati For the retransmissi of a written agreement the cable system and a	on on a part-tii ion of a distant entered into oi a primary trans	: multicast str n or before Ju mitter or an a	eam that is not a une 30, 2009, be association repre	subject to a royalt etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing ry transmitter, enter the designa-			
carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	on on a part-tii ion of a distant entered into on a primary trans simulcasts, also ree categories	multicast str n or before Ju mitter or an a o enter "E". If , see page (v	eam that is not a une 30, 2009, be association repre- you carried the of the general	subject to a royalt etween a cable sy- esenting the prima channel on any o instructions locate	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form.			
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İΤ	LEGAL NAME OF OWN		etem.			SYSTEM ID	#
	Verizon Pennsy		STEM:			06300s	l Namo l
PR	IMARY TRANSMITTE	RS: TELEVISIO	N				
cai FC 76	ried by your cable s C rules and regulati 59(d)(2) and (4), 76 ostitute program bas	ystem during the ons in effect or .61(e)(2) and (sis, as explaine	ne accounting 1 June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrine carriage of cer 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
eacas WE its on edi (fo Foi pla cal cal cal cal cal	sis under specifc FC on the station was carried ist the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream as "WETA ETA-simulcast). Column 2: Give the community of licens which your cable sy Column 3: Indicate cuational station, by a independent multicate the meaning of the Column 4: If the stanation of local service Column 5: If you have the community of the system carried the distant statisfor the retransmiss a written agreement acable system and a meter (exempt). For stanation of these the Column 6: Give the col	cc rules, regular here in space only on a subsum and also in space formation concern. In the station's call associated with e-2". Simulcast e channel numbers of the station in each case we entering the least), "E" (for noise terms, see part of the distant station on a part-time ion of a distant entered into on a primary trans simulcasts, also ree categories e location of ea	ations, or auth G—but do list titute basis. In the state of the station acts are the FCC has been stated as the station. In a station acts are among the station. In a station acts are among the station. In a station acts are the FCC has been station. In the local serion age (v) of the local serion acts are the station and uring the me basis been multicast station or before Jumitter or an acceptage (v) of the station. For see page (v) ch station.	norizations: It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), of the general instructive area, (i.e. "general instruct	ne Special Staten d both on a subst ns, see page (v) n program service er-the-air design column 1 (list each the television state nington, D.C. This bork station, an ind for network multi- or "E-M" (for none ctions located in the mplete column 5, od. Indicate by en activated channel subject to a royal etween a cable sy esenting the prime channel on any of instructions locat list the communi	stating the basis on which your ntering "LAC" if your cable system	Television
No	te: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	n channel line-up.	
			CHANN	EL LINE-UP	Α		
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	
W	ITF PBS Kids	33	E-M	No		Harrisburg	
W	XBU TBD Netwo	15	I-M	No		Lancaster	See instructions for
w	HLZ Song and S	19	l	No		Harrisburg	additional information on
	HTM Laff	10	N-M	No		Harrisburg	···· alphabetization.

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

063009

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

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2023/1	
LEGAL NAME OF OWNER OF		EM:				S	SYSTEM ID#	Name	
Verizon Pennsylvania	LLC						063009	Name	
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					ı	
In General: In space I, identi substitute basis during the ac explanation of the programmi	counting per	riod, under spe	cific present and former FCC	rules, regulat	tions, or aut	norizátions. F	or a further	Substitute	
1. SPECIAL STATEMENT				J				Carriage:	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mus	st complete			Program Log	
2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subst				vherever poss	sible, if thei	meaning is			
clear. If you need more spa			al pages. sion program (substitute pi	ogram) that	during the :	accounting			
period, was broadcast by a							on		
under certain FCC rules, re									
SA3 form for futher informatitiles, for example, "I Love L				"basketball".	List specifi	c program			
			"Yes." Otherwise enter "N	0."					
			sting the substitute program						
the case of Mexican or Can			e community to which the s			FCC or, in			
Column 5: Give the mon	th and day	when your syst	em carried the substitute p	rogram. Use	numerals, \	vith the mont	:h		
first. Example: for May 7 giv									
to the nearest five minutes.			gram was carried by your c ed by a system from 6:01:1				/		
stated as "6:00–6:30 p.m."	<u> Ехатіріс.</u> а	program ourn	od by d bystom nom o.o i.i	o p.m. to 0.20	5.00 p.m. 5	louid bo			
			was substituted for program						
to delete under FCC rules a gram was substituted for pro									
effect on October 19, 1976.		inat your oyoto	m was permitted to delete		1100 and 108	julutionio ini			
				\\\\\\\	N CUDOT	TUTE		-	
S	UBSTITUT	E PROGRAM	1		EN SUBST IAGE OCC		7. REASON		
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	ı	TIMES	FOR DELETION		
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_ то			
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ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 6.

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

DATES AND HOURS OF PART-TIME CARRIAGE								
CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED		
O'ALL GIGIT	DATE	FROM HC	OURS TO		OALL GIGIT	DATE	FROM	OURS TO
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LEGA	SASE. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# izon Pennsylvania LLC 063009	Mana
GR Inst all a (as pag	Company of the general instructions. Gross receipts from subscribers for secondary transmission service (s) during the accounting period. Grant transmission service (s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Grant transmission service (s) service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) servi	K Gross Receipts
• Con • Con • If you fee • If you accompany	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule to many this form and attach the schedule to your statement of account.	L Copyright Royalty Fee
bloc If pa 3 be	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below. And the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block blow. But 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 13,181,595.48	
Block 2	DISTANT 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. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.	
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 \$ Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	
	Line 3. Add lines 1 and 2 and enter here \$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	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	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	

ACCOUNTING PERIOD: 2023/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 063009						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	22						
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	526						
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		e 703-447-0209						
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number) Ashburn, VA 20147 (City, town, state, zip)							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg	ulations.)						
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 identified in line 1 of space.	e B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as on 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 contains 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)] 	ned herein						
	/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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com							
	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#	Nome
Verizon Pennsylvania LLC	063009	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pure. For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for semade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below\$	system for the basic em shall not include sub- suant to section 119."	Special Statement Concerning Gross Receipts Exclusion
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	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
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)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For f contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	urther assistance 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 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 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.