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						
AMOUNT						
\$ 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	2023/2				
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	es of the cable syste on the last day of the unting period.	m. e accounting period should su		062716
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon Virginia LLC				
				062716	20232
				062716	2023/2
	22001 Loudoun County Parkway Ashburn, VA 20147				
С	INSTRUCTIONS: In line 1, give any business or trade names used to id				
	names already appear in space B. In line 2, give the mailing address of	f the system, if diff	ferent from the address give	en in space E	3.
System	1 Verizon Fios TV (Richmond, VA) VHO 9				
	MAILING ADDRESS OF CABLE SYSTEM:  3011 Hungary Spring Rd. (Number, street, rural route, apartment, or suite number) Richmond, VA 23228 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comi	munity served below and re	list on page	1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	RICHMOND	VA			
Community	Below is a sample for reporting communities if you report multiple cha			1	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G	· · · ·
Sample	Alda Alliance	MD MD	A B	1 2	
	Gering	MD	В	3	
	- Coming	IVID		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.

-ORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Verizon Virginia LLC			062716						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home 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 (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]					
RICHMOND	VA	A		First					
CHESTERFIELD COUNTY	VA	Α		Community					
HENRICO COUNTY	VA	Α							
POWHATAN COUNTY	VA	Α							
				See instructions for					
				additional information on alphabetization.					
				on alphabetization.					
				Add rows as necessary.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062716

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	•	BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	Ξ	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:							
<ul> <li>Service to first set</li> </ul>	74,001	\$ 42	2.24				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	1,011	\$ 35	.00				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
		<b>†</b>					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1								
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE								
		Installation: Non-residential						
\$	15.00	Motel, hotel			See Tab Attachment B			
		Commercial		ı				
		• Pay cable						
		<ul> <li>Pay cable-add'l channel</li> </ul>						
		Fire protection						
\$	99.00	Burglar protection						
\$	60.00	Other services:						
		Reconnect						
		Disconnect						
Outlet relocation		\$ 60.00						
		Move to new address						
	\$ \$ \$	RATE \$ 15.00 \$ 99.00 \$ 60.00	RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  Other services:  • Reconnect  • Disconnect  • Outlet relocation	RATE CATEGORY OF SERVICE RATE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  \$ 99.00  \$ 60.00  Cher services:  • Reconnect  • Disconnect  • Outlet relocation  \$ 60.00	RATE CATEGORY OF SERVICE RATE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  \$ 60.00  Cher services:  • Reconnect  • Disconnect  • Outlet relocation  \$ 60.00	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  \$ 99.00  \$ 60.00  Other services:  • Reconnect  • Disconnect  • Outlet relocation  \$ 60.00		

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	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 Custom TV Infotainment & Drama	64.99 64.99	N/A 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 On Demand Movies and Games	Varies	N/A
	Varies	Varies
On Demand Subscriptions	Varies Varies	Varies Varies
Pay Per View MLB Extra Innings	149.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
	10.00	10.00
Digital Adapter	12.00	11.99
Set-Top Box First two boxes (each) Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: Boxes 3-5 (each) Set-Top Box: 6+ boxes	0.00 No additional charg∈	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A

Residential	Commercial
	Rate
	\$15 rental.
	T - ,
•	\$18 rental,
•	99.99
	12.00
20.00	20.00
30.00	30.00
10.00	N/A
160.00	N/A
60.00	69.99
N/A	49.99
up to \$100	99.99
60.00	69.99
N/A	34.99
N/A	89.99
up to \$100.00	120.00/55.00
Free	No Charge
N/A	25.00
N/A	15.00
N/A	No Charge
25.00	N/A
50.00	50.00
up to \$100	N/A
50.00	N/A
50.00	29.99
24.99	24.99
15.00	14.99
100.00	N/A
175.00	up to 175.00
200.00	200.00
70.00	70.00
90.00	90.00
160.00	160.00
115.00	N/A
115.00	115.00
210.00	210.00
190.00	190.00
90.00	N/A
260.00	260.00
375.00	N/A
375.00	375.00
	160.00 60.00 N/A up to \$100 60.00 N/A N/A up to \$100.00 Free N/A N/A 25.00 50.00 up to \$100 50.00 24.99 15.00 100.00 175.00 200.00 70.00 90.00 115.00 210.00 115.00 210.00 190.00 375.00

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Namo
Verizon Virginia	a LLC				062716	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during to ions in effect of 6.61(e)(2) and (sis, as explaine stations: With	he accounting n June 24, 19 (4), or 76.63 ( ed in the next respect to an	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations	(1) stations carrie ne carriage of cert (1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servi	here in space only on a substand also in spafformation concern. h station's call associated with associated with a channel number. For example, stem carried the in each case of entering the lecast), "E" (for noise terms, see lation is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside ce area, see property of the substant is outside the substant is	G—but do listitute basis. ace I, if the stateming substitute basis. Sign. Do not have a station active action. Whether the setter "N" (for noncommercial page (v) of the tage (v) of the age (v) of the statemina to the statemina	ation was carried tute basis station report origination coording to its over the reported in mass assigned to hannel 4 in Wash tation is a network tation is a network of the deducational), of the general instructive area, (i.e. "or general instruction was carried to the coordinate of the coordinate	d both on a substins, see page (v) on program service rer-the-air designate column 1 (list each the television state in the television state in the television, D.C. This ork station, an indefor network multipor "E-M" (for noncontions located in the distant"), enter "Yeitons located in the	es". If not, enter "No". For an ex-	
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LEGAL NAME OF OWN		SIEM:			SYSTEM ID# 062716	Namo
Verizon Virginia					062716	
PRIMARY TRANSMITTE						
carried by your cable s FCC rules and regulation	ystem during to ons in effect or	he accounting n June 24, 19	g period, except 981, permitting th	: (1) stations carrie	s and low power television stations) ed only on a part-time basis under cain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program bas	is, as explaine	d in the next	paragraph.			Transmitters:
			-	s carried by your o	cable system on a substitute program	Television
basis under specifc FC • Do not list the station				ne Special Statem	ent and Program Log)—if the	
station was carried	•					
	formation cond				tute basis and also on some other of the general instructions located	
Column 1: List each	h station's call				es such as HBO, ESPN, etc. Identify	
					ition. For example, report multi- h stream separately; for example	
WETA-simulcast).	-2 . Simulcast	sireams mus	t be reported in	column i (list eac	n stream separately, 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	
Column 3: Indicate	in each case v	whether the s			ependent station, or a noncommercial	
, ,	U	`	,,	`	cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form.	
			•	•	es". If not, enter "No". For an ex-	
planation of local service Column 5: If you ha	•	- , ,	-		e paper SA3 form. stating the basis on which your	
cable system carried th	ne distant statio	on during the	accounting period	od. Indicate by en	tering "LAC" if your cable system	
	on on a nort tir		ause of lack of a	activated channel	canacity	
	•				•	
For the retransmissi	ion of a distant	multicast str	eam that is not s	subject to a royalty	y payment because it is the subject stem or an association representing	
of a written agreement the cable system and a	ion of a distant entered into o a primary trans	multicast str n or before Ju mitter or an a	eam that is not s une 30, 2009, be association repre	subject to a royalty etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing rry transmitter, enter the designa-	
For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s	ion of a distant entered into o a primary trans simulcasts, also	multicast str n or before Ju mitter or an a o enter "E". If	eam that is not sune 30, 2009, be association repre you carried the	subject to a royalty etween a cable sy esenting the prima channel on any o	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further	
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**ACCOUNTING PERIOD: 2023/2** FORM SA3E. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062716 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the progra	m	
log in block 2.  2. LOG OF SUBSTITUTE							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	nce, please a of every no distant statingulations, of tion. Do not ucy" or "NE may broad sign of the static adian static and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach addition nnetwork telev ion and that your authorization at use general of the BA Basketball: deast live, entestation broadcaph's location (thous, if any, the when your sysesubstitute program carrilisted program ons in effect du	al pages. ision program (substitute par cable system substitute s. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." In "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	orogram) that and for the program. Instruction "basketball" No." station is lice station is ide program. Use cable system 15 p.m. to 6:24 amming that yel; enter the le	during the accounting gramming of another states on slocated in the paper. List specific program ensed by the FCC or, in ntified).  List the times accurate 28:30 p.m. should be your system was require tter "P" if the listed pro	nth aly	
Check on October 15, 1570.	•					1	
	LIBSTITLIT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
							1

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6

ACCOUNTING P	'EKIUD: 2023/2							ŗ	OKIVI	SAJE. PAGE 6.	
Name	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						S	YSTEM ID#	
Name	Verizon Virg	ginia LLC								062716	
J Part-Time Carriage Log	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-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 column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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."										
			DATE	S AND HOURS	OE E	DART TIME CAE	PRIACE				
			DATE	3 AND HOURS		ART-TIME CAL	ITIAGE				
	CALL SIGN	WHEN	I CARRIAGE OCC		1	CALL SIGN	WHEN	CARRIAGE O			
		DATE	HOU FROM	TO			DATE	FROM	OURS	TO	
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:  rizon Virginia LLC	SYSTEM ID# 062716	Name	
Inst all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount yamounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to cole (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service	K 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.  • If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.				
<ul> <li>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.</li> <li>If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</li> </ul>				
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.			
This is your minimum fee.  Block  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	0.00		
	Line 3. Add lines 1 and 2 and enter	\$ -		
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.	\$ 335,578.60	Cable systems submitting additional deposits under	
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	9.00 \$ 725.00	Section 111(d)(7) should contact the Licensing additional fees.	
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 336,303.60	Division for the appropriate form for submitting the additional fees.	
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form for more information.)	ee page (i) of the		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Virginia LLC  SYSTEM  062	1 ID# 2716			
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  34				
	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  410				
N Individual to					
Be Contacted for Further Information	Name Patrick Merrick Telephone 703-447-0209				
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)  Ashburn, VA 20147				
	(City, town, state, zip)  Email				
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 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				
	<ul> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> </ul>				
	[18 U.S.C., Section 1001(1986)]				
	/s/ Brandon N. Egren				
	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: Brandon N. Egren				
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)				
	Date: February 28, 2024				

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 th 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 telephon 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 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 t 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062716	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 instructions 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	basic clude sub- n 119." s in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
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.	rpayment.	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	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(intere	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce 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 the filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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