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.

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

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pear in space B. In line 2, give the				
I OF CABLE SYSTEM: DS TV (Norfolk, VA) VHO 9	Ja			
ESS OF CABLE SYSTEM: vells Point Rd al route, apartment, or suite number) 23513 p code)				
	ee page 1b. Identify only the frst co	nmunity served below and r	relist on page	1b
es. N	STATE			
	VA			
	u report multiple channel line-ups in	Space G		
	STATE	CH LINE UP	SUB	GRP#
	MD	Α		1
	MD	В	2	2
	MD	В		3
)	BEACH	BEACH VA ble for reporting communities if you report multiple channel line-ups in N (SAMPLE) STATE MD MD MD MD	BEACH VA ble for reporting communities if you report multiple channel line-ups in Space G. N (SAMPLE) STATE MD A MD B MD B MD B	VA Dele for reporting communities if you report multiple channel line-ups in Space G. N (SAMPLE) STATE CH LINE UP SUB MD A C MD B C MD B C Of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/27/24

	FORM	SA3E.	PAGE	1b.
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ORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Verizon Virginia LLC			062717					
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 hom below the identified city or town.	e parks should be	e reported in pare	entheses					
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commun 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 b	e column blank. If levant community nity basis, associa a subscriber grou	f you report any s with a subscribe ate each commur	tations r group, nity with a					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
VIRGINIA BEACH	VA	Α		First				
CHESAPEAKE	VA	Â		Community				
HAMPTON	VA	A						
NEWPORT NEWS	VA	Α						
POQUOSON	VA	Α						
PORTSMOUTH	VA	Α		See instructions for				
YORK COUNTY	VA	Α		additional information				
				on alphabetization.				
				Add rows as necessary.				
				Add rows as necessary.				

Nome	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID			
Name	Verizon Virginia LLC								06271			
F	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND RAT	ES							
E	In General: The information in s			-								
_	system, that is, the retransmission			•	• •							
Secondary	about other services (including p	• • •			-		nose existi	ng on the				
Transmission	last day of the accounting period						lo avotom	brokon				
Service: Sub- scribers and	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											
Rates	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 serv			0,0				onal goa				
	Rate: Give the standard rate of	harged for eac	h categ	ory of service. In	clude bo	th the amount of	f the charg	e and the				
	unit in which it is generally billed				/ standar	d rate variations	s within a p	articular rate				
	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 ca					0,						
	first set" and would be counted of	once again und	er "Serv	vice to additional	set(s)."							
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, 1					•	,	•				
	with the number of subscribers a	and rates, in the	e right-h	and block. A two	- or three	e-word description	on of the s	ervice is				
	sufficient.	OCK 1					BL OC	K 2				
		NO. OF			BLOCK 2 NO. OF			NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:	-	1,745	¢ 42.24								
	 Service to first set Service to additional set(s) 	1	1,745	\$ 42.24								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		673	\$ 35.00								
	Converter			• • • • • • • • •								
	Residential											
	Non-residential											
				······								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES								
E	In General: Space F calls for ra	`	'			, ,						
F	not covered in space E, that is, t											
Services	service for a single fee. There a			0			0()					
Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary			usually	billed. If any face			ible per-pr	ograffi basis,				
ransmissions:	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.											
Rates	Block 2: List any services that	t your cable sy	stem fur	nished or offered	l during t	he accounting p	eriod 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.											
		BLO			05	DATE		BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERVI ation: Non-resid		RATE	CATEGO	DRY OF SERVICE	RATE			
	Pay cable	\$ 15.00		itel, hotel	ential		Soo Tab	Attachment B				
	Pay cable—add'l channel	φ 13.00		mmercial			See Tab	Attachment D				
	• Fire protection			y cable								
	•Burglar protection			y cable-add'l cha	nnel							
	Installation: Residential			e protection								
	• First set	\$ 99.00		rglar protection								
	Additional set(s)	\$ 60.00		services:								
	• FM radio (if separate rate)	÷		connect								
	,			sconnect								
	• Converter			SCOTTICCL								
	• Converter					\$ 60.00						
	• Converter		• Ou	tlet relocation	s	\$ 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	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	149.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A

Category of Service	Residential Rate	Commercial Rate
	\$18 rental,	\$15 rental,
Fios Wireless Router	•	\$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 Fios TV+	90.00	N/A
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	STEM:			#SYSTEM ID 062717	Name
					002717	
carried by your cable s	G, identify ever	y television st he accounting	g period, except	t (1) stations carri	as and low power television stations) ied only on a part-time basis under tain network programs [sections	G
		, ,	-	61(e)(2) and (4))];	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute program	Transmitters: Television
pasis under specifc FC			-			relevielen
 Do not list the station station was carried 	•		t it in space I (th	ne Special Statem	nent and Program Log)—if the	
List the station here,	and also in spa formation conc	ace I, if the sta			titute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			e e	•	ation. For example, report multi- ch stream separately; for example	
			•		ition for broadcasting over-the-air in s may be different from the channel	
on which your cable sy	stem carried th	ne station.		0		
					lependent station, or a noncommercial	
	-	,	,	•	icast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	se terms, see	page (v) of th	e general instru	ctions located in	the paper SA3 form.	
Column 4: If the sta planation of local servi					′es". If not, enter "No". For an ex- ne paper SA3 form.	
					, stating the basis on which your	
•		-		•	ntering "LAC" if your cable system	
carried the distant stati For the retransmiss					ty payment because it is the subject	
					ystem or an association representing	
of a written agreement the cable system and a	entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable sy esenting the prima	ystem or an association representing ary transmitter, enter the designa-	
of a written agreement the cable system and a tion "E" (exempt). For s	entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable sy esenting the prima channel on any c	ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further	
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	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
Verizon Virginia	a LLC				062717	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN				
					ns and low power television stations)	G
					ied only on a part-time basis under rtain network programs [sections	0
•				•	and (2) certain stations carried on a	Primary
substitute program bas	<i>'</i>					Transmitters:
Substitute Basis S basis under specifc FC				s carried by your	cable system on a substitute program	Television
				ne Special Staten	nent and Program Log)—if the	
station was carried						
	formation cond				titute basis and also on some other of the general instructions located	
		sign. Do not r	report originatio	n program servic	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi-	
cast stream as "WETA· NETA-simulcast).	-2". Simulcast	streams must	be reported in	column 1 (list ead	ch stream separately; for example	
,	e channel num	per the FCC h	as assigned to	the television sta	ation for broadcasting over-the-air in	
•	•		annel 4 in Wasł	nington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station an inc	dependent station, or a noncommercial	
					icast), "I" (for independent), "I-M"	
(for independent multic	cast), "E ["] (for n	oncommercia	l educational), o	or "E-M" (for none	commercial educational multicast).	
For the meaning of the Column 4: If the sta					the paper SA3 form. ⁄es". If not, enter "No". For an ex-	
planation of local service						
•			•	-	, stating the basis on which your	
cable system carried th carried the distant stati		-		-	ntering "LAC" if your cable system	
	•				ty payment because it is the subject	
				subject to a regar	ty payment because it is the subject	
-			ine 30, 2009, be	etween a cable s	stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ine 30, 2009, be ssociation repre	etween a cable s esenting the prima	ystem or an association representing ary transmitter, enter the designa-	
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	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	EM:				SYSTEM ID#		
Name	Verizon Virg							062717		
H Primary Transmitters: Radio	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. 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 identified).									
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
						1		T		

FORM SA3E. PAGE 5.	ACCOUNTING	PERIOD: 2023/2
LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L	0G	
In General: In space I, identify every nonnetwork television program broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) o form.	by a distant station that your cable system carried on a r FCC rules, regulations, or authorizations. For a further	Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE		Carriage:
• During the accounting period, did your cable system carry, on a substitute broadcast by a distant station?	basis, any nonnetwork television program	Special Statement and Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2.	r is "Yes," you must complete the program	
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitut period, was broadcast by a distant station and that your cable system substituted recrtain FCC rules, regulations, or authorizations. See page (vi) of the SA3 form for futher information. Do not use general categories like "movies" titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute procolumn 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which a Column 5: Give the month and day when your system carried the substitut first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by yo to the nearest five minutes. Example: a program carried by a system from 6: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was permitted to de 	ate program) that, during the accounting ituted for the programming of another station general instructions located in the paper ", or "basketball". List specific program er "No." ogram. the station is licensed by the FCC or, in the station is identified). ute program. Use numerals, with the month our cable system. List the times accurately :01:15 p.m. to 6:28:30 p.m. should be ogramming that your system was required priod; enter the letter "P" if the listed pro	
effect on October 19, 1976.	C C	
SUBSTITUTE PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON	
1. TITLE OF PROGRAM 2. LIVE? Yes or No 3. STATION'S CALL SIGN 4. STATION'S LOCATION	5. MONTH 6. TIMES DELETION	

FORM	SA3E. PAGE 7.		
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Namo
Ver	izon Virginia LLC	062717	Name
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount yo mounts (gross receipts) paid to your cable system by subscribers for the system's second identifed in space E) during the accounting period. For a further explanation of how to cor e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission service	K Gross Receipts
Instru Con Con If you fee If you accord	(RIGHT ROYALTY FEE Inctions : Use the blocks in this space L to determine the royalty fee you owe: applete block 1, showing your minimum fee. applete block 2, showing whether your system carried any distant television stations. aur system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. aur system did carry any distant television stations, you must complete the applicable parts companying 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 fee should be explored.	s of the DSE Schedule	L Copyright Royalty Fee
	k 3 below.		
3 be ▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en clow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.		
1	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 is system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K	\$ 30,807,665.97	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 327,793.57	
2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and con 	4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	<u> </u>	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	
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 	\$ 327,793.57	Cable systems submitting
	(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	<u> </u>	additional deposits under Section 111(d)(7)
	(Interest Worksheet)	0.00	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	328,518.57	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee page (i) of the	200110101010001

Name	LEGAL NAME OF C		E SYSTEM:							SY	/STEM ID# 062717			
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.m12:00 p.m." 													
	DATES AND HOURS OF PART-TIME CARRIAGE													
	CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED							
		DATE	FROM	IOURS	то			DATE	FROM	HOURS	то			
				_										
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ACCOUNTING PERIOD: 2023/2

ACCOUNTING PERIO		FORM SA3E. PAGE 8								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717								
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	1. Enter the total number of channels on which the cable 35 system carried television broadcast stations 35									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	409								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Patrick Merrick Telephone 7	03-447-0209								
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number) Ashburn, VA 20147									
	(City, town, state, zip) Email Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	tions.)								
O 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 identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed 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/ 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compat									
	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	a: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information									

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 telephoi 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 sufficiency of the filing, a determination that would be made by a court of lav

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
Name Mailing Address	
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 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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 Convright Office to collect the personally identifying information (PII) requested of	

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.