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

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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 | | | | | |
| 2/27/24 | \$ | | | | |
| | 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

| A | ACCOUNTING PERIOD COVERED BY THIS STA 2023/2 | TEMENT: | | | | | | |
|---|--|--|--|-----------------|--|--|--|--|
| Accounting Period | | | | | | | | |
| 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 submine 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. 06301 | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE S' Verizon New York Inc. | YSTEM | | | | | | |
| | | | (| 06301020232 | | | | |
| | | | | 063010 2023/2 | | | | |
| | 22001 Loudoun County Parkway Ashburn, VA 20147 | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade nainames already appear in space B. In line 2, give the mail | | | | | | | |
| System | 1 Verizon Fios TV (Buffalo, NY) VHO 15 | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 548 Elmwood Ave (Wumber, street, rural route, apartment, or suite number Buffalo, NY 14222 (City, town, state, zip code) | | | | | | | |
| D | Instructions: For complete space D instructions, see page | 1b. Identify only the frst comm | unity served below and re | list on page 1b | | | | |
| Area | with all communities. | | | | | | | |
| Served | | STATE | | | | | | |
| First Community | AMHERST (TOWN) | NY | | | | | | |
| connanty | Below is a sample for reporting communities if you reporting CITY OR TOWN (SAMPLE) | rt multiple channel line-ups in S STATE | Space G. CH LINE UP | SUB GRP# | | | | |
| | Alda | MD | A | 1 | | | | |
| Sample | Alliance | MD | В | 2 | | | | |
| | Gering | MD | В | 3 | | | | |
| form in order to pro numbers. By provi search reports pre | Section 111 of title 17 of the United States Code authorizes the Copyrigh cess your statement of account. PII is any personal information that can b ding PII, you are agreeing to the routine use of it to establish and maintain pared for the public. The effect of not providing the PII requested is that it in of statements of account, and it may affect the legal sufficiency of the fing, | e used to identify or trace an individual a public record, which includes appear may delay processing of your statemen | , such as name, address and tele ing in the Offce's public indexes a t of account and its placement in | phone Ind in | | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that yc of system identification hereafter known as the "first community." Please use it as the first community on all

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be r below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up fi all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If y on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community v 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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

| CITY OR TOWN | STATE |
|--|-------|
| AMHERST (TOWN) | NY |
| BLASDELL (VILLAGE) | NY |
| HAMBURG (TOWN) | NY |
| HAMBURG (VILLAGE) | NY |
| KENMORE (VILLAGE) | NY |
| HAMBURG (VILLAGE) KENMORE (VILLAGE) LACKAWANNA CITY ORCHARD PARK (TOWN) | NY |
| ORCHARD PARK (TOWN) | NY |
| ORCHARD PARK (VILLAGE) | NY |
| TONAWANDA (ERIE) TOWN | NY |
| WEST SENECA (TOWN) | NY |
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ACCOUNTING PERIOD: 2023/2

| | SYSTEM ID# 063010 | |
|--|----------------------|--|
| ommunity unit" as within unincorpo ou list will serve as future filings. eported in parent | D Area Served | |
| or all), then either ′ou report any sta vith a subscriber o | | |
| e each community designated by a | | |
| CH LINE UP | SUB GRP# | |
| Α | | First |
| A | | Community |
| A | | |
| A | | |
| Α | | See instructions for |
| A | | additional information on alphabetization. |
| A | | |
| A | | |
| | | Add rows as necessary. |
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|--|---|----------------------|----------|-------------------------------------|---------|--------------|-------------|-----------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE | E SYSTEM: | | | | | | 3 | YSTEM ID# 063010 |
| | Verizon New York Inc. | | <u> </u> | | | | | | 003010 |
| E Secondary Transmission Service: Sub- scribers 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 | | | | | | | | |
| | printed in block 1 (for example, t with the number of subscribers a sufficient. | and rates, in the | | | | | tion of the | service is | |
| . I | BLC | OCK 1 NO. OF | | | | | BLOC | K 2 NO. OF | |
| ļ | CATEGORY OF SERVICE | SUBSCRIBE | | RATE | CATI | EGORY OF SER | VICE | NU. UF SUBSCRIBERS | RATE |
| | Residential: • Service to first set | 31 | 8,798 | \$ 42.24 | | | | | |
| ļ | Service to additional set(s) FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel Commercial | ſ | 582 | \$ 35.00 | | | | | |
| | Converter | l | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| ļ! | Non-residential | | ! | | | | | | |
| 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. | | | | | | | | |
| | | BLOO | CK 1 | | | | \square | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | GORY OF SER | | RATE | CATEGO | ORY OF SERVICE | RATE |
| | Continuing Services: • Pay cable | \$ 15.00 | | lation: Non-resid otel, hotel | ential | | See Tab | Attachment B | |
| | Pay cable—add'l channel Fire protection | | | ommercial ay cable | | | | | |
| | Burglar protection | | | ay cable ay cable-add'l ch | nannel | | | | |
| | Installation: Residential | | • Fire | re protection | | | | | |
| | First set Additional set(s) | \$ 99.00 \$ 60.00 | u | urglar protection services: | | | | | |
| | • FM radio (if separate rate) | | u - | econnect | | | | | |
| | • Converter | | | isconnect | | | | | |
| | | | | utlet relocation ove to new addr | ess | \$ 60.00 | | | |
| <u> </u> | <u> </u> | <u> </u> | L | | | | | | |

| 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 |

ACCOUNTING PERIOD: 2023/2

| LEGAL NAME OF OWNE | ROFCARIESY | STEM | | | SYSTEM ID# | |
|--|--|--|---|---|--|---|
| Verizon New Yo | | STEW. | | | 063010 | Name |
| PRIMARY TRANSMITTEI | - | N | | | | |
| | | | ation (including | translator stations | and low power television stations) | |
| carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Sta | ystem during th ons in effect or .61(e)(2) and (iis, as explaine ations: With res | he accounting n June 24, 19 4), or 76.63 (d in the next spect to any o | g period, excep 081, permitting the referring to 76.6 paragraph. distant stations of | t (1) stations carri he carriage of cer 51(e)(2) and (4))]; | ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a ble system on a substitute program | G Primary Transmitters: Television |
| station was carried | here in space only on a subs | G—but do lis titute basis. | st it in space I (th | | ent and Program Log)—if the | |
| basis. For further in in the paper SA3 for | formation conc | erning substi | itute basis static | ons, see page (v) o | itute basis and also on some other of the general instructions located | |
| each multicast stream | associated with | h a station ac | cording to its ov | /er-the-air designa | s such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example | |
| WETA-simulcast). | | | • | , | ion for broadcasting over-the-air in | |
| on which your cable sy | stem carried th | ne station. | | 0 | may be different from the channel | |
| (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha | east), "E" (for no se terms, see p tion is outside ce area, see pa ve entered "Ye ne distant statio | oncommercia page (v) of th the local serv age (v) of the es" in column on during the | al educational), o le general instru vice area, (i.e. "o general instruc 4, you must cor accounting peri | or "E-M" (for nonc ictions located in t distant"), enter "Ye tions located in th nplete column 5, iod. Indicate by er | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system | |
| For the retransmissi | • | multicast str | com that is not | subject to a royalt | v payment because it is the subject | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C | ion of a distant entered into or a primary trans simulcasts, also ree categories location of eac canadian statio | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv | une 30, 2009, but association repre- you carried the or of the general r U.S. stations, ve the name of t | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit | y payment because it is the subject stem or an association representing any transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. v to which the station is licensed by the h which the station is identifed. channel line-up. | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C | ion of a distant entered into or a primary trans simulcasts, also ree categories location of eac canadian statio | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv anel line-ups, | une 30, 2009, but association repre- you carried the or of the general r U.S. stations, ve the name of t | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. v to which the station is licensed by the h which the station is identifed. | - |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C | ion of a distant entered into or a primary trans simulcasts, also ree categories location of eac canadian statio | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv anel line-ups, | une 30, 2009, b association repre- you carried the of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. v to which the station is licensed by the h which the station is identifed. | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nel line-ups, CHANN 3. TYPE OF | une 30, 2009, b association repre- you carried the of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. v to which the station is licensed by the h which the station is identifed. channel line-up. | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION | une 30, 2009, bi association repre- you carried the c) of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. v to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION | - - - |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | une 30, 2009, b association repre- you carried the of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. 7 to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo Buffalo | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 4 | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | une 30, 2009, bi association repre- you carried the of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo | |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB WBBZ Me TV WUTV | ion of a distant entered into or a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 4 67 | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | une 30, 2009, bi association repre- you carried the y) of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo Buffalo Springville | additional information |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB WBBZ Me TV WUTV WKBW | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 4 67 29 | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N I I | une 30, 2009, bi association repre- you carried the tr) of the general r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. 7 to which the station is licensed by the h which the station is identifed. 7 channel line-up. 6. LOCATION OF STATION 8 Buffalo 8 Buffalo 8 Springville 8 Buffalo | additional information |
| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB WBBZ Me TV WUTV WKBW WNYO | ion of a distant entered into of a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 4 67 29 7 | n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N I I | une 30, 2009, bi association repre- you carried the you carried the r U.S. stations, ve the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo Buffalo Buffalo Buffalo Buffalo | additional information |
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| of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WGRZ WIVB WBZ Me TV WUTV WKBW WNYO WPXJ WNED WNYO WPXJ WNED WNED PBS Kids WNLO WNYB WGRZ-simulcast WIVB-simulcast | ion of a distant entered into or a primary trans simulcasts, also ree categories location of eac canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 2 4 67 29 7 49 51 17 17 23 26 33 67 39 14 | n or before Jumitter or an a conter "E". If , see page (v ch station. Foons, if any, givenel line-ups, CHANN 3. TYPE OF STATION N I I I I I I I I I I I I I I I I I | une 30, 2009, bussociation repre- you carried the you carried the of the general r U.S. stations, we the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | Stem or an association representing any transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the h which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo Buffalo<td>additional information</td> | additional information |
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FORM SA3E. PAGE 3.

ACCOUNTING PERIOD: 2023/2

| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | |
|---|--|--|---|--|---|--|
| Verizon New Yo | ork Inc. | | | | 063010 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | system during t ions in effect of 6.61(e)(2) and (sis, as explaine | he accounting n June 24, 19 4), or 76.63 (d in the next | g period, excep 181, permitting to referring to 76.6 paragraph. | t (1) stations carri he carriage of cer 51(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 able system on a substitute program | G Primary Transmitters: Television |
| basis under specifc FC • Do not list the station | C rules, regula here in space | ations, or auth G—but do lis | norizations: | | nent and Program Log)—if the | Television |
| basis. For further in in the paper SA3 fo Column 1: List each each multicast stream | and also in spa formation cond rm. n station's call s associated wit | ace I, if the sta cerning substi sign. Do not r h a station ac | tute basis static eport origination cording to its ov | ons, see page (v) n program service /er-the-air designa | itute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example | |
| | | | • | | ion for broadcasting over-the-air in s may be different from the channel | |
| on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the | vstem carried th in each case w e entering the le cast), "E" (for n ese terms, see | he station. whether the st etter "N" (for n oncommercia page (v) of th | ation is a netwo etwork), "N-M" Il educational), o e general instru | ork station, an inde (for network multi or "E-M" (for nonc ictions located in | ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. | |
| planation of local servi Column 5: If you ha | ce area, see pa ive entered "Ye | age (v) of the es" in column | general instruc 4, you must cor | tions located in th mplete column 5, | es". If not, enter "No". For an ex- le paper SA3 form. stating the basis on which your ntering "LAC" if your cable system | |
| the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the | a primary trans simulcasts, also nee categories location of eac Canadian static | mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv | ssociation repression you carried the) of the general r U.S. stations, we the name of t | esenting the prime channel on any c instructions locat list the community he community wit | ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the th which the station is identifed. In 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 | |
| WNED-simulcast | 43 | Е | No | | Buffalo | |
| WNLO-simulcast | 23 | I | No | | Buffalo | |
| WNYB-simulcast | 26 | I | No | | Jamestown | . See instructions for additional information o |
| WGRZ Antenna T | 33 | N-M | No | | Buffalo | alphabetization. |
| WUTV Charge TV | 29 | I-M | No | | Buffalo | " |
| WKBW Bounce T | 7 | N-M | No | | Buffalo | |
| WKBW Grit TV | 7 | N-M | No | | Buffalo | |
| WUTV TBD TV | 29 | I-M | No | | Buffalo | |
| WNYO CometTV | 49 | I-M | No | | Buffalo | |
| WNED Create | 43 | E-M | No | | Buffalo | |
| WGRZ Quest | 33 | N-M | No | | Buffalo | |
| WGRZ True Crime | 33 | N-M | No | | Buffalo | |
| WNYO Stadium | 49 | I-M | No | | Buffalo | |
| WNLO Rewind | 23 | I | No | | Buffalo | |
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FORM SA3E. PAGE 3.

| FORM | I SA3E. PAGE 7. | | | | | |
|--|---|-------------|------------|---------------|--|--|
| LEG | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | Name | |
| Ve | rizon New York Inc. | | | 063010 | Name | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | | | | | | |
| | | | | | | |
| Instru Cor Cor If yo fee If yo acc | YRIGHT ROYALTY FEE loctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete 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 amou 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 companying this form and attach the schedule to your statement of account. | s of the DS | E Schedı | ıle | L Copyright Royalty Fee | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be er ck 3 below. | ntered on I | ine 1 of | | | |
| 3 be | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ente elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should | | | ck | | |
| | block 4 below. | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period. | 1.064 per | cent of th | e | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 | ; ; | \$ | 16,511,812.41 | | |
| | Enter the result here. This is your minimum fee. | \$ | | 175,685.68 | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the info space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4 "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. | 4, you mus | st 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 | _! | \$ | | | |
| | 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 | \$ | | - | | |
| 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 | | \$ | 175,685.68 | Cable systems | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | | | 0.00 | submitting additional deposits under | |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | _ | | 0.00 | Section 111(d)(7) should contact the Licensing | |
| | Line 4. FILING FEE | <u>:</u> | \$ | 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 | \$ | | 176,410.68 | form for submitting the additional fees. | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.) | e page (i) | of the | | | |

| Name | LEGAL NAME OF (| | LE SYSTE | M: | | | | | SYSTEM I 0630 | |
|-----------------------------------|--|------------------|------------|--|--|-----------|----------|-----|--------------------|--|
| н | | st every radio s | station ca | arried on a separate and dis enerally receivable" by your | | | | | | |
| 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 | | | | | | | | | |
| | | | | the community with which t | | | | 0/5 | | |
| | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | | CALL SIGN | AM or FM | S/D | LOCATION OF STATIC | |
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| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2023/2 |
|---|---------------|------------------|--------------------------------|-----------------|----------------------------|----------------------|---|
| LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | S | 6YSTEM ID# 063010 | Name |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | T AND PROGRAM LOG | | | | |
| In General: In space I, identif substitute basis during the ac explanation of the programmi | counting per | iod, under spec | ific present and former FCC | rules, regulati | ons, or authorizations. Fo | or a further | l Substitute |
| 1. SPECIAL STATEMENT | - | | | <u> </u> | ••• | | Carriage: |
| During the accounting period broadcast by a distant stat | d, did your c | | | y nonnetwork | | XNo | Special Statement and Program Log |
| Note: If your answer is "No", log in block 2. | leave the res | t of this page b | lank. If your answer is "Yes," | ' you must cor | nplete the program | | |
| 2. LOG OF SUBSTITUTE | | | | | | | |
| In General: List each substitu clear. If you need more space | | | | ever possible, | if their meaning is | | |
| | | | n program (substitute progra | m) that, during | g the accounting | | |
| period, was broadcast by a di | stant station | and that your c | able system substituted for | he programm | ing of another station | | |
| under certain FCC rules, regu SA3 form for futher information | | | | | | | |
| titles, for example, "I Love Lu | cy" or "NBA | Basketball: 76e | ers vs. Bulls." | | 1 1 5 | | |
| Column 2: If the program Column 3: Give the call sig | | , | | | | | |
| | | | ommunity to which the static | n is licensed b | by the FCC or, in | | |
| the case of Mexican or Canad | | | | | | | |
| first. Example: for May 7 give | - | en your system | carried the substitute progra | am. Use nume | erais, with the month | | |
| | | | m was carried by your cable | | | | |
| to the nearest five minutes. E stated as "6:00–6:30 p.m." | xample: a pr | ogram carried c | by a system from 6:01:15 p.r | n. to 6:28:30 p | o.m. snouid be | | |
| Column 7: Enter the letter | | | s substituted for programmir | | | | |
| to delete under FCC rules and gram was substituted for proc | | | | | | | |
| effect on October 19, 1976. | , | | F | | | | |
| | | | | | EN SUBSTITUTE | | |
| s | UBSTITUT | E PROGRAM | | | IAGE OCCURRED | 7. REASON FOR | |
| 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIMES | DELETION | |
| | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | |
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| Name | LEGAL NAME OF C | | SYSTEM: | | | | | | SYSTE 06 | M ID 6301 |
|-----------------------------------|---|--|---|---|--|---|---|---|-------------|--------------|
| J Part-Time Carriage Log | time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the montl "4/10." • State the starti television station "app." Example: | s space ties in v ie to lack of acti em carried that all sign): Give ice G. ates and hours e accounting pe h and day when ing and ending n's broadcast da : "12:30 a.m.– 3 | the carriage occurred times of carriage to th ay, you may give an a | ty, you are req ore space, ple distant station ch station, list d. Use numera e nearest qua pproximate er | uired ase a whose the d ls, w rter h iding | d to complete thi attach additiona se basis of carrie dates and hours with the month fir hour. In any case hour, followed I | is log giving the l pages. age you identifie when part-time st. Example: for e where carriage by the abbreviati | total dates and d by "LAC" in carriage oc- April 10 give e ran to the end of ion | the | |
| | | | DATES | AND HOURS | OF F | PART-TIME CAP | RRIAGE | | | |
| | CALL SIGN | WHEN | I CARRIAGE OCCUR HOURS | | | CALL SIGN | WHEN CARRIAGE OCCURRED HOURS | | | |
| | | DATE | FROM | то | | | DATE | FROM | | 0 |
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| Name | LEGAL NAME OF OW | | | | FORM SA3E. PAGE SYSTEM II 0630 | | | |
|-------------------------------|---|---|------------------------------------|---|--------------------------------------|--|--|--|
| | | | | | 0000 | | | |
| М | CHANNELS Instructions: Yo | ou must give (1) the number of | f channels on which the cab | e system carried television broadcast s | stations | | | |
| | | | | nels, during the accounting period. | | | | |
| Channels | | | | Г | | | | |
| | | number of channels on which elevision broadcast stations | | | 32 | | | |
| | oyotonn oannoù te | | | ····· | | | | |
| | 2. Enter the total | number of activated channels | 3 | г | | | | |
| | | le system carried television bi st services | | | 410 | | | |
| | | | | ·····L | | | | |
| N | INDIVIDUAL TO | BE CONTACTED IF FURTH | ER INFORMATION IS NEE | DED: (Identify an individual | | | | |
| | | | | | | | | |
| Individual to Be Contacted | | | | | | | | |
| for Further | Contacted Further ormation 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) Ashburn, VA 20147 (City, town, state, zip) Email patrick.merrick@verizon.com Fax (optional) O CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | 703-447-0209 | | | | | | |
| mornation | | | | | | | | |
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| | Fmail | natrick merrick@ve | erizon com | Fax (ontional) | | | | |
| | | patrick.memok@v | | | | | | |
| | CERTIFICATION | I (This statement of account n | nust be certifed and signed i | n accordance with Copyright Office rec | ulations.) | | | |
| 0 | - | Υ. | 5 | | , | | | |
| Certifcation | • I, the undersign | ed, hereby certify that (Check on | ie, but only one, of the boxes.) | | | | | |
| | (Owner other than corporation or partnership) am the owner of the cable system as identified in line 1 of space B: or | | | | | | | |
| | | | | | | | | |
| | | | | rized agent of the owner of the cable syste | em as identified | | | |
| | in line 1 of spa | ce B and that the owner is not a | corporation or partnership; or | | | | | |
| | (Officer or pa in line 1 of spa | | ation) or a partner (if a partners | hip) of the legal entity identifed as owner o | f the cable system | | | |
| | | | pereby declare under penalty of | law that all statements of fact contained he | arain | | | |
| | | , and correct to the best of my kn | | | | | | |
| | [18 U.S.C., Section | ח 1001(1986)] | | | | | | |
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| | | X ^{/s/ Brandon N} | N. Egren | | | | | |
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| | | | | /s/" signature to certify this statement. ash of the /s/ signature, place your cursor i | n the box and press the "F2' | | | |
| | | button, then type /s/ and y | our name. Pressing the "F" bu | tton will avoid enabling Excel's Lotus com | patibility settings. | | | |
| | | Turned or printed name: | Brandon N. Egren | | | | | |
| | | Typed of primed name. | Brandon N. Egren | | | | | |
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| | | Title: Assistant S | Secretary, Verizon Ne | w York Inc. | | | | |
| | | | d in corporation or partnership) | | | | | |
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| | | Date: February 28, 20 | 024 | | | | | |
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| • | | | | o collect the personally identifying informat identify or trace an individual, such as nan | | | | |
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prints correctly

| SAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | |
|---|---|
| rizon New York Inc. 063010 | 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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statement |
| 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 | Concerning Gross Receip Exclusion |
| made by satellite carriers to satellite dish owners? $\overline{\mathbf{X}}$ NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| 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 |
| | Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment | |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment | L Interest Assessmen |
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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 filing, a determination that would be made by a court of law.

FORM SA3E. PAGE9.