This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/28/2025	\$ 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	2024/2									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Verizon Pennsylvania LLC									
				06289720242						
				062897 2024/2						
	22001 Loudoun County Parkway Ashburn, VA 20147									
С	INSTRUCTIONS: In line 1, give any business or trade names used to i									
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) VHO 11	f the system, if dif	ferent from the address give	en in space B.						
	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafras Way (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First Community	ALEPPO TWP	PA								
	Below is a sample for reporting communities if you report multiple characteristic CITY OR TOWN (SAMPLE)	annel line-ups in S STATE	Space G. CH LINE UP	SUB GRP#						
0	Alda	MD	A A	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062897 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **ALEPPO TWP** PA Α First PA Α ASPINWALL BORO 1 Community AVALON BORO PA Α **BALDWIN BORO** PA Α 1 **BALDWIN TWP** PA Α **BELL ACRES BORO** PA Α See instructions for PA Α **BELLEVUE BORO** additional information on alphabetization. PA **BEN AVON BORO BEN AVON HEIGHTS BORO** PA Α **BETHEL PARK BORO** PA Α PA **BLAWNOX BORO** Α Add rows as necessary. **BOROUGH OF GLEN OSBORNE** Α PA **BRADDOCK BORO** PA Α **BRADDOCK HILLS BORO** PA Α **BRENTWOOD BORO** PA Α BRIDGEVILLE BORO PA Α **CARNEGIE BORO** PA **CASTLE SHANNON BORO** PA Α **CHALFANT BORO** PA Α PA Α CHURCHILL BORO **COLLIER TWP** PΑ Α **CORAOPOLIS BORO** PA Α CRAFTON BORO PA Α **CRESCENT TWP** PA Α PΑ DORMONT BORO Α Α **EAST MCKEESPORT BORO** PA **EAST PITTSBURGH BORO** PA Α **EDGEWOOD BORO** PA Α **EDGEWORTH BORO** PA Α **ELIZABETH TWP** PA Α PA **EMSWORTH BORO** Α ETNA BORO PA Α **FINDLAY TWP** PA Α **FOREST HILLS BORO** PA Α **FOX CHAPEL BORO** PA Α FRANKLIN PARK BORO PA Α **GLENFIELD BORO** PA Α **GREENTREE BORO** PA Α **HAMPTON TWP** PA Α 1

PA

Α

HAYSVILLE BORO

HEIDELBURG BORO	PA	Α
HOMESTEAD BORO	PA	Α
NDIANA TWP	PA	Α
NGRAM BORO	PA	Α
JEFFERSON HILLS BORO	PA	Α
KENNEDY TWP	PA	Α
KILBUCK TWP	PA	Α
LEET TWP	PA	Α
LEETSDALE BORO	PA	Α
MCCANDLESS TWP	PA	Α
ICKEES ROCKS BORO	PA	Α
MILLVALE BORO	PA	Α
MONROEVILLE BORO	PA	Α
MOON TWP	PA	Α
MT LEBANON TWP	PA	Α
MUNHALL BORO	PA	Α
NEVILLE TWP	PA	Α
NORTH BRADDOCK BORO	PA	Α
NORTH FAYETTE TWP	PA	Α
NORTH STRABANE TWP	PA	Α
NORTH VERSAILLES TWP	PA	Α
NOTTINGHAM TWP	PA	Α
DAKDALE BORO	PA	Α
OHARA TWP	PA	Α
OHIO TWP	PA	Α
PENN HILLS TWP	PA	Α
PENNSBURY VILLAGE BORO	PA	Α
PETERS TWP	PA	Α
PITCARIN BORO	PA	Α
PITTSBURGH CITY	PA	Α
PLEASANT HILLS BORO	PA	Α
PLUM BORO	PA	Α
RANKIN BORO	PA	Α
RESERVE TWP	PA	Α
ROBINSON TWP	PA	Α
ROSS TWP	PA	Α
ROSSLYN FARMS BORO	PA	Α
SCOTT TWP	PA	Α
SEWICKLEY BORO	PA	Α
SEWICKLEY HEIGHTS BORO	PA	Α
SEWICKLEY HILLS BORO	PA	Α
SHALER TWP	PA	Α
SHARPSBURG BORO	PA	Α
SOUTH FAYETTE TWP	PA	Α
SOUTH PARK TWP	PA	Α
STOWE TWP	PA	Α
SWISSVALE BORO	PA	Α
HORNBURG BORO	PA	Α
URTLE CREEK BORO	PA	Α
IPPER ST CLAIR TWP	PA	A
VALL BORO	PA	Α
VEST DEER TWP	PA	Α
NEST HOMESTEAD BORO	PA	Α
WEST VIEW BORO	PA	A
WHITAKER BORO	PA	A
WHITE OAK BORO	PA	A
WHITEHALL BORO	PA	A
VILKINS TWP	PA	A

Ì	WILMERDING BORO	PA	Α	1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062897

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	CATEGORY OF SERVICE SUBSCRIBERS RAT	Έ		
Residential:						
 Service to first set 	92,194	\$ 49.24				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	1,399	\$ 35.00				
Converter						
Residential			Nanaanaanaanaanaanaanaanaanaanaanaanaana			
Non-residential						
	<u> </u>	†				

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 2					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
Pay cable	\$	15.00	Motel, hotel		5	See Tab Attachment B	
 Pay cable—add'l channel 			Commercial				
Fire protection			• Pay cable		"		
Burglar protection			 Pay cable-add'l channel 		"		
Installation: Residential			Fire protection				
First set	\$	99.00	Burglar protection				
 Additional set(s) 	\$		Other services:		"		
 FM radio (if separate rate) 			Reconnect		"		
Converter			Disconnect		"		
			Outlet relocation	\$ 60.00	"		
		Move to new address					
					"		

Category of Service	Residential Rate	Commercial Rate
Block 1	15.00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2	00.00	00.00
Fios Current TV	N/A	65.00
Fios Current TV for Bar/Restaurant	N/A	65.00
Fios TV Local	25.00	50.00
FIOS TV Local for Bar/Restaurant	N/A	50.00
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	120.00
Fios TV Extreme HD	79.99	140.00
Fios TV Ultimate HD	89.99	150.00
Fios Local TV	79.00	N/A
Fios TV Test Drive	95.00	N/A
Your Fios TV	95.00	N/A
More Fios TV	119.00	N/A
The MostFios TV	139.00	N/A
Fios TV Mundo Total	139.00	N/A
Fios TV Mundo	119.00	N/A
Your Fios TV Spotlight Package	95.00	N/A 15.00
Sports Pass	14.00 N/A	15.00 Included
Sports Pass (Ultimate HD Customers) 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
Paramount+ with 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	N/A
NBA League Pass	109.99	Varies
NHL Center Ice	69.00	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

Catamamy of Camilaa	Residential	Commercial
Category of Service	Rate	Rate
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
Fine Minelane Devitor	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Variana Bantan	\$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	N/A	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 Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
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 Fios TV+	90.00	N/A
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

Verizon Pennsy	·					
					SYSTEM ID#	Name
	/Ivania LLC				062897	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati	ystem during to ons in effect or	he accounting n June 24, 19	g period, except 81, permitting th	t (1) stations carrie the carriage of cert	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	G Primary
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC			-	s carried by your c	cable system on a substitute program	relevision
	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
basis. For further in	and also in spa formation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
	h station's call	-			es such as HBO, ESPN, etc. Identify tion. For example, report multi-	
	-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
WETA-simulcast). Column 2: Give the	channel numl	ber the FCC I	nas assigned to	the television stat	ion for broadcasting over-the-air in	
,	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
•	,		,.	`	ommercial educational multicast).	
For the meaning of the Column 4: If the sta					es". If not, enter "No". For an ex-	
planation of local servi	, ,	0 ()	0			
l			-	-	stating the basis on which your tering "LAC" if your cable system	
carried the distant stati						
				, , ,	y payment because it is the subject	
•				•	stem or an association representing iry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the		•	
explanation of these th	ree categories			•		
Column 6: Give the				instructions locate	ed in the paper SA3 form.	
	location of ea	ich station. Fo	or U.S. stations,	instructions locate		
	e location of ea Canadian statio	ch station. Fo	or U.S. stations, re the name of t	instructions locate list the community he community with	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or 0	e location of ea Canadian statio	ich station. Fo ons, if any, giv nnel line-ups,	or U.S. stations, re the name of t	instructions locate list the community he community with space G for each	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or C Note: If you are utilizin	e location of ea Canadian static g multiple chai	ch station. For ons, if any, given nel line-ups,	or U.S. stations, we the name of the use a separate	instructions locate list the community he community with space G for each	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
FCC. For Mexican or 0	e location of ea Canadian statio	ich station. Fo ons, if any, giv nnel line-ups,	or U.S. stations, we the name of the use a separate	instructions locate list the community he community with space G for each	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up.	
FCC. For Mexican or C Note: If you are utilizin 1. CALL	e location of ea Canadian static g multiple char 2. B'CAST	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE	or U.S. stations, re the name of the use a separate EL LINE-UP 4. DISTANT?	instructions locate list the community he community with space G for each 5. BASIS OF	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up.	
FCC. For Mexican or C Note: If you are utilizin 1. CALL	e location of ea Canadian static g multiple char 2. B'CAST CHANNEL	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF	or U.S. stations, re the name of the use a separate EL LINE-UP 4. DISTANT?	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up.	
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN	e location of ea Canadian static g multiple char 2. B'CAST CHANNEL NUMBER	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION	or U.S. stations, see the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION	See instructions for
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA	e location of ea Canadian static g multiple char 2. B'CAST CHANNEL NUMBER	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION	r U.S. stations, re the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh	additional information on
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+	2. B'CAST CHANNEL NUMBER 2. 19	ch station. For station, For st	r U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette	
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+ WTAE	2. B'CAST CHANNEL NUMBER 2 4 40	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N I	u.S. stations, to the name of the name of the use a separate to the line of the use and th	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette Pittsburgh Greensburg	additional information on
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+ WTAE WPCB	2. B'CAST CHANNEL NUMBER 2 4 40 53	ch station. For station, For st	ver U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette Pittsburgh Greensburg Pittsburgh	additional information on
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+ WTAE WPCB WPGH	2. B'CAST CHANNEL NUMBER 2 4 40 53 22	ch station. For station, if any, given nel line-ups, CHANN 3. TYPE OF STATION N I N I I	r U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh	additional information on
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+ WTAE WPCB WPGH WPNT	2. B'CAST CHANNEL NUMBER 2 4 40 53 22	ch station. For station, if any, given nel line-ups, CHANN 3. TYPE OF STATION N I N I N I N	r U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette Pittsburgh Greensburg Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh Pittsburgh	additional information on
FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN KDKA KDKA+ WTAE WPCB WPGH WPNT WPXI WQED	2. B'CAST CHANNEL NUMBER 2 4 40 53 22 11 13	ch station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N I N I N E	r U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	instructions locate list the community he community with space G for each A 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Pittsburgh Jeannette Pittsburgh Greensburg Pittsburgh	additional information on
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Verizon Pennsy					CVCTEM ID#	1
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PRIMARY TRANSMITTE				4		
					s and low power television stations) ed only on a part-time basis under	G
FCC rules and regulati	ons in effect o	n June 24, 19	81, permitting th	he carriage of cert	tain network programs [sections	
76.59(d)(2) and (4), 76 substitute program bas	. , , ,	. ,.	•	31(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
. •				s carried by your	cable system on a substitute program	Television
basis under specifc FC				on Connected Charles	ant and Drawnan Law if the	
station was carried	•		st it in space i (ii	ie Speciai Statem	ent and Program Log)—if the	
basis. For further in	formation cond				itute basis and also on some other fthe general instructions located	
in the paper SA3 for Column 1: List each		sign. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list eac	th stream separately; for example	
,	channel num	ber the FCC I	nas assigned to	the television stat	tion for broadcasting over-the-air in	
•	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
	•	•	,.	•	cast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the	,		,.	,	ommercial educational multicast). he paper SA3 form.	
Column 4: If the sta	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local service Column 5: If you ha	, ,	0 ()	0		e paper SA3 form. stating the basis on which your	
-			-	-	ntering "LAC" if your cable system	
carried the distant stati	-					
					y payment because it is the subject stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
` ' '			•	•	ther basis, enter "O." For a further	
				instructions locate	ed in the paper SA3 form	
	location of ea				ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ch station. Fo	or U.S. stations, re the name of t	list the community	y to which the station is licensed by the h which the station is identifed.	
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062897 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

TORWI GAGE: I AGE 3:								Accounting	1 EIIIOD. 2024/2
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:					S	YSTEM ID# 062897	Name
-								002037	
In General: In space I, ident substitute basis during the ac explanation of the programm	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a	a di CC r	rules, regula	ations, or authorizat	ions.	For a further	 Substitute
form.		NINO OUDOT	TITLITE CARRIAGE						Carriage:
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broadcast by a distant sta		ii cable system	r carry, orr a substitute bas	oio,	arry mornie		-	XNo	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Ye	es," you m				Frogram Log
log in block 2.									
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program 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 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please and every not distant statingulations, of tion. Do not be a distant station was broad sign of the station and day we "5/7." es when the Example: a der "R" if the and regulation ogramming	am on a separa attach addition nnetwork telev ion and that your authorization it use general of BA Basketball: deast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute gram was carried by your led by a system from 6:01: was substituted for programing the accounting period	prooped for the state of the st	gram) that, for the progal instruction asketball". ation is lice ation is ider ogram. Use ble system p.m. to 6:2 ming that yenter the left	during the accoungramming of another ons located in the post of the programming of another ons located in the post of the programming of another prog	ting er sta apper eam er, in er mor urate ee	tion nth ly	
					WHE	N SUBSTITUTE		7. REASON	
S	1	E PROGRAM		-		AGE OCCURRED)	FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1	5. MONTH AND DAY	6. TIMES FROM —	то	DELETION	
						_			
				-					
				.					
						_			
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				1 1					

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Name		OWNER OF CABLI					\$	062897		
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."									
			DATES	AND HOURS	OF PART-TIME CAP	RRIAGE				
		WHEN	I CARRIAGE OCCU	IRRED		WHE	N CARRIAGE OCCU	RRED		
	CALL SIGN		HOUF	RS	CALL SIGN		HOUF	RS .		
		DATE	FROM	ТО		DATE	FROM	TO		
							_			
			_				_			
			_				_			
			_				_			
			_				_			
			_				_			
							_			
							_			

LEG	SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 062897	Name				
Verizon Pennsylvania LLC 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)								
IMI	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount	44,507,314.53 of 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.								
blo	eart 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.							
3 b	eart 6 of the DSE schedule was completed, the amount from line 7 of block C should be selow.							
2 ir	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho n block 4 below.							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	44,507,314.53					
	This is your minimum fee.	\$	473,557.83					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or							
Block 3	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	\$	0.00					
	schedule. If none, enter zero							
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	473,557.83	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, ente		0.00	submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact				
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)							

Name		OF OWNER OF CABLE	STEM:		SYSTEM ID#				
	Verizon F	Pennsylvania LL			062897				
M Channels		ons: You must give	the number of channels on which the cable system cable system's total number of activated channels, during						
			annels on which the cable adcast stations	33					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 358								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) to								
Be Contacted for Further Information	Name	Daniel J Març	lis	Telephone (703) 558-9	832				
	Address	9000 Junction (Number, street, rural	Dr ute, apartment, or suite number)						
		Annapolis Ju (City, town, state, zip)	ction, MD USA 20701						
	Email	danie	margolis@verizon.com	Fax (optional)					
0	CERTIFICA	ATION (This statem	nt of account must be certifed and signed in accordance	e with Copyright Office regulations.)					
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	s 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/ Paula M. Valdez						
	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: Paula M. Valdez								
		Title:	Assistant Secretary, Verizon Pennsylvani (Title of official position held in corporation or partnership)	ia LLC					
		Date:	February 28, 2025						

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 telephonumbers. 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 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 to 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:	SYSTEM ID#	Name		
Verizon Pennsylvania LLC	062897	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shad some secondary transmissions pursuant."	m for the basic all not include sub-	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 made by satellite carriers to satellite dish owners?				
X NO				
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 For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		Q		
Line 1 Enter the amount of late payment or underpayment		Interest Assessment		
X Line 2 Multiply line 1 by the interest rate* and enter the sum here	-			
x	days			
Line 3 Multiply line 2 by the number of days late and enter the sum here	-			
	x 0.00274			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,				
space L, (page 7)	(interest charge)			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please			
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.				
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copy please list below the owner, address, first community served, accounting period, and ID number as g filing.	-			
Owner Address				
First community served				
Accounting period				
ID number				

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