

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

Return completed workbook by  
email to:

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

For additional information,  
contact the U.S. Copyright  
Office Licensing Division at:  
Tel: (202) 707-8150

## STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/29/2025	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2025/1</b>																															
<b>B</b> Owner	<p><b>Instructions:</b> 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. <i>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.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>062715</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>Verizon Pennsylvania LLC</b></p> <p><b>06271520251</b> <b>062715 2025/1</b></p> <p><b>9000 Junction Dr</b> <b>Annapolis Junction, MD USA 20701</b></p>																															
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td>1</td> <td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Philadelphia, PA) VHO 8</b></td> </tr> <tr> <td>2</td> <td colspan="3"> <b>MAILING ADDRESS OF CABLE SYSTEM:</b>  <b>17 East Oregon Ave</b>  <small>(Number, street, rural route, apartment, or suite number)</small>  <b>Philadelphia, PA 19148</b>  <small>(City, town, state, zip code)</small> </td> </tr> </table>				1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Philadelphia, PA) VHO 8</b>			2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>17 East Oregon Ave</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>Philadelphia, PA 19148</b> <small>(City, town, state, zip code)</small>																						
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<b>D</b> Area Served  First Community   Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>ABINGTON TWP</b></td> <td colspan="3"><b>PA</b></td> </tr> <tr> <td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </table>				CITY OR TOWN	STATE			<b>ABINGTON TWP</b>	<b>PA</b>			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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.

**U.S. COPYRIGHT OFFICE**  
**INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT**  
**The SA3E is a U.S. Copyright Office Form**  
**Email completed workbook to:**  
[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

**Submitting the form:**

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at [coplicsoa@loc.gov](mailto:coplicsoa@loc.gov). Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

**General Instructions**

- **Alphabetization:** Alphabetization is NOT required for any spaces.
- **Excel:** The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by Microsoft.
- **Protection:** All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**
- **Navigation:** To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

**General Data Input tab**

- Ensure that the proper accounting period is filled in numerical format (e.g., "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.
- Space A – fill in the accounting period in text form (e.g., for 2017/1, fill-in "January 1 – June 30, 2017")
- Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January-June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- **For the barcode to display properly on the form, a barcode font must be downloaded.** The following address offers a free bar code font:  
<http://www.barcoderesource.com/freebarcodefont.shtml>
- Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

**Gross Receipts tab**

- **The Total Gross Receipts should be entered on the "Total Gross Receipts" line whether or not the system uses subscriber groups.**
- Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.
- Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to match the "Total Gross Receipts" input.

**Notes tab**

- The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

**Signals tab**

- Enter the call signs, broadcast channel numbers, type of station, location of station, and enter/select what the basis of carriage would be if the station was distant (e.g., "O" "E" or "LAC") (filling in this column will not automatically classify the signal as distant on Space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.

- It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.
- Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E long form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.
- **Detailed instructions are located at the end of the paper SA3 form, located at:**  
<https://www.copyright.gov/forms/sa3.pdf>

#### Page 1 – Spaces A-C

- Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode. **Note that the barcode will only display if the barcode font has been downloaded as described above.**
- Space D will automatically populate with the information for the first community listed on the “Page 1b – Space D(1)” tab.

#### Page 1b – Space D

- All community names, states, channel lineups and subgroup numbers can be manually entered in the highlighted areas.
- Add rows as needed so that all communities are listed in space D.

#### Page 2 – Spaces E-F

- Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

#### Page 3 – Space G (AA-AW)

- Fill in all the call signs for each channel lineup and select whether the signal is local or distant in the areas served by the channel lineup.
- The broadcast channel number, type of station, basis of carriage (if the station is selected as distant) and location of station columns will automatically populate with information from the Signals tab.
- There are 23 Space G tabs available for identifying channel lineups (AA-AW). Unused Space G tabs may be hidden or deleted. (Note: the "hide tabs" option is not available for operators using pre-2007 versions of Excel.)
- If additional Space G tabs are needed beyond the 23 available, users may create additional Space G tabs by right clicking the “Pg 3 – Space G (AW)” tab, clicking “Move or Copy”, selecting “Pg 4 - Space H” from the “Before sheet” list, checking the “Create a copy” box, and clicking “OK.” A new tab called “Pg 3 Space G (AW) (2)” should generate after the “Pg 3 - Space G (AW)” tab. Rename this tab by right clicking the tab at the bottom of the screen and clicking Rename, and entering “Pg 3 Space G (AX).” Also rename the highlighted channel line-up within the new tab so that it now displays as “CHANNEL LINE-UP AX.” Repeat this process as necessary progressing through the alphabet and continuing with “Pg 3 - Space G (AAA),” “Pg 3 - Space G (AAB),” etc.

#### Page 4 – Space H

- Information can be manually entered into the highlighted areas.

#### Page 5 – Space I

- Section 1 – **The “No” box has been checked in this section by default.** The “Yes” box can be manually checked for cable systems with substitute carriage.
- Section 2 – Information can be manually entered into the highlighted areas where applicable.

#### Page 6 – Space J

- Information can be manually entered into the highlighted areas.

#### Page 7 – Spaces K-L

- Space K – the amount of gross receipts will automatically populate with information from the Gross Receipts tab.
- Space L, Block 1 – this area will automatically populate with information from the Gross Receipts tab and will automatically calculate the minimum fee based on that information.
- Space L, Block 2 – the appropriate box should be manually checked depending on whether the system carries distant stations.
- Space L, Block 3 – The base rate fee will automatically populate once information is input for part 8 (section 3 or 4) or part 9, block A of the DSE schedule. The 3.75 fee will automatically populate once information is input for part 6, block C or Part 9 of the DSE schedule.
- Space L, Block 4 – Line 1 will automatically populate. **If the system calculates a syndicated surcharge in Part 7 or in Part 9, that surcharge must be manually entered onto Line 2.** Line 3 will automatically populate based on whether any information is input into Space Q. The total royalty fee will automatically calculate based on the rest of the information from Block 4.

## Page 8 – Spaces M-O

- Spaces M and N will automatically populate with information from the General Input Data tab.
- Space O – The appropriate box identifying the signatory must be checked. The “Typed or printed name” and “Title” lines will automatically populate with information from the General Input Data tab.
- Signature Space O – this form will be submitted with an electronic “/s/” signature (e.g., /s/John Smith). Enter an electronic signature by typing “/s/” followed by your name in the signature box.

## Page 9 – Spaces P-Q

- Space P – **The “No” box has been checked in this section by default.** The “Yes” box may be manually checked and information may be manually input in the highlighted areas.
- Space Q – If applicable, the necessary data can be manually input on Lines 1 and 2. The remaining calculations will be performed automatically. Any interest calculated in Space Q will automatically populate on Space L, Block 4, Line 3.

## Page 11 – Parts 1-2

- Part 1 will automatically populate with information from the General Input Data tab.
- Part 2 – Call signs of non-exempt distant stations can be manually input into the highlighted fields. DSE values will automatically populate with information from the Signals tab. The calculation for the “Sum of DSEs” box will be performed automatically based on the information entered on this tab.
- Additional rows may be added to accommodate additional signals. If additional rows are added, remember to copy the DSE formula into the new rows.

## Page 12 – Parts 3-5

- Parts 3 and 4 - Information can be manually entered into the highlighted areas. The calculation for the “Sum of DSEs” boxes will be performed automatically based on the information entered in the DSE columns in Parts 3 and 4.
- Part 5 – the calculation for the “Total Number of DSEs” will be performed automatically based on the information entered into Parts 2, 3 and 4.

## Page 13 – Part 6

- Block A – **The “No” box has been checked by default. Cable systems that are outside of all markets should manually check the “Yes” box.**
- Block B – Call signs and permitted bases of carriage can be entered into the highlighted fields. The DSE column will automatically populate with information from the Signals tab. The total permitted DSE calculation will be performed automatically.
- Cable systems with more than 21 distant permitted stations can use the “Pg 13 – Part 6 (Continued)” tab to input additional signals. Again, the DSE values will automatically populate with information from the Signals tab. Any DSEs entered on this tab will be accounted for automatically in the permitted DSE calculation on the preceding tab.
- Block C – If the sum of DSEs listed in Part 5 is greater than the sum of DSEs listed in Part 6, Block C will automatically populate and perform the necessary calculations for the 3.75 fee. The information in line 7 will automatically populate on Space L, Block 3, Line 2. **If any DSE information is input into the 3.75 fee portion of Part 9, Block C will clear the calculation automatically and the 3.75 royalty fee calculation from Part 9 will instead automatically populate on Space L, Block 3, Line 2.**

## Page 14 – Part 7

- Stations carried under part-time and substitute carriage may be entered manually in the area at the top of this tab.
- Part 7, Block A – The appropriate box should be manually checked depending on the location of the system.
- Part 7, Blocks B and C – The “No” boxes have been checked by default. The “Yes” boxes in either area may be manually checked and any applicable any call signs may be manually entered. The DSE columns will automatically populate with information from the Signals tab. The “Total DSEs” calculations will be performed automatically.

## Page 15 – Part 7

- Block D – this area will automatically populate with information from the Gross Receipts tab and the earlier portions of Part 7.
- Information can be manually entered into the remaining highlighted areas on this tab and the area at the top of the “Pg 16 – Part 7-8 tab.”
- **In the event a syndicated exclusivity surcharge is calculated in Part 7, that information will NOT automatically populate in Space L, Block 4, Line 2; the information must be re-entered manually on that line.**

## Pg 16 – Parts 7-8

- Part 8, Block A – **The “Yes” box has been checked by default. Cable systems that do not have subscriber groups should manually check the “No” box.**

- If the “No” box is manually checked, the appropriate sections of Block B will automatically populate (either on this tab or in the top section of the following “Pg 17 – Part 8-9” tab) with the information from Part 6 and the “Base Rate Fee” calculation will be performed automatically. The information for the “Base Rate Fee” will automatically populate on Space L, Block 3, Line 1. **If any DSE information is input into the base rate fee portion of Part 9, the base rate fee calculation from Part 9 will instead automatically populate on Space L, Block 3, Line 1.**

#### **Pg 19 – Part 9 (1-40)**

- For cable systems with subscriber groups, fill in the permitted distant call signs in the appropriate subscriber group areas.
- Permitted bases of carriage may be filled in next to the call signs in Column C (and Columns H, M and R, if applicable) of the tab.
- The DSE column will automatically populate with information from the Signals tab.
- The “Total DSEs” calculation for each subscriber group will automatically be performed based on the information entered into each subscriber group area.
- The “Gross Receipts” line for each subscriber group will automatically populate with information from the Gross Receipts tab.
- The “Base Rate Fee” calculation for each subscriber group will be automatically performed.
- The total Base Rate Fee calculation throughout all subscriber groups will be automatically performed and will display only at the bottom of the “Pg 19 – Part 9(1)” tab. This information will automatically populate on Space L, Block 3, Line 1 if Part 9 is used.

- **DO NOT DELETE UNUSED PART 9, BASE RATE FEE TABS.** Deleting unused tabs in any part of Part 9 will cause the form to function improperly.

#### **Page 19 – 3.75 Fee Part 9 (1-40)**

- For cable systems with subscriber groups, fill in the non-permitted distant call signs in the appropriate subscriber group areas.
- The DSE column for each subscriber group will automatically populate with information from the Signals tab.
- The “Total DSEs” calculation for each subscriber group will automatically be performed based on the information entered into each subscriber group area.
- The “Gross Receipts” line for each subscriber group will automatically populate with information from the Gross Receipts tab.
- The “Base Rate Fee” calculation (which is actually a 3.75 rate calculation) for each subscriber group will be automatically performed.
- The total 3.75 Rate Fee calculation throughout all subscriber groups will be automatically performed and will display only at the bottom of the “Pg 19 – 3.75 Fee Part 9 (1)” tab. This information will automatically populate on Space L, Block 3, Line 3 if Part 9 is used.

- **DO NOT DELETE UNUSED PART 9, 3.75 FEE TABS.** Deleting unused tabs in any part of Part 9 will cause the form to function improperly. Excess Part 9 tabs may be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using pre-2007 versions of Excel.)

#### **Page 20 – Part 9 (1-40)**

- Cable systems that have a syndicated exclusivity surcharge calculated on a subscriber group basis can use these tabs to manually perform those calculations.
- **In the event a syndicated exclusivity surcharge is calculated here (instead of in Part 7), that information will NOT automatically populate in Space L, Block 4, Line 2; the information must be re-entered manually on that line.**
- Unused Part 9 syndicated exclusivity surcharge tabs may either be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using pre-2007 versions of Excel.)

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:	
	Accounting Period	2025/1 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 062715		BARCODE DATA Filing Period 062
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC		
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):		
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 9000 Junction Dr (Number, street, rural route, apartment, or suite number) Annapolis Junction, MD USA 20701 (City, town, state, zip)		
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.		
	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Philadelphia, PA) VHO 8		
	MAILING ADDRESS OF CABLE SYSTEM: 17 East Oregon Ave (Number, street, rural route, apartment, or suite number) Philadelphia, PA 19148 (City, town, state, zip code)		

E  Secondary Transmission Service: Sub- scribers and Rates	BLOCK 1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		
	• Service to first set	392,310	54.92
	• Service to additional set(s)		
	• FM radio (if separate rate)		
	Motel, hotel		
	Commercial	7,186	50.00
	Converter		
	• Residential		
• Non-residential			

F  Services Other Than Secondary Transmissions: Rates	BLOCK 1			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-residential	
	• Pay cable	15.00	• Motel, hotel	
	• 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)	60.00	Other services:	
	• FM radio (if separate rate)		• Reconnect	
	• Converter		• Disconnect	
			• Outlet relocation	60.00
			• Move to new address	

M Channels	CHANNELS	
	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	158
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	408

N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name	Daniel J Margolis Telephone (703) 558-9832
	Address	9000 Junction Dr (Number, street, rural route, apartment, or suite number) Annapolis Junction, MD USA 20701 (City, town, state, zip)
	Email (optional)	daniel.margolis@verizon.com Fax (optional)

O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".	
	Typed or printed name:	Paula M. Valdez
	Title:	Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)
	Date:	August 28, 2025

**Total Gross Receipts**

**\$206,666,937.11**

OK

**Subgroup Gross Receipts Total**

**\$ 206,666,937.11**

Subgroup	Subgroup/Community Name		Gross Receipts
FIRST	1		\$ 723,438.17
SECOND	2		\$ 37,787,296.85
THIRD	3		\$ 19,939,349.04
FOURTH	4		\$ 28,918,605.75
FIFTH	5		\$ 114,543,180.16
SIXTH	6		\$ 3,335,862.11
SEVENTH	7		\$ 167,845.78
EIGHTH	8		\$ 1,251,359.25
NINTH	9		\$ -
TENTH	10		\$ -
ELEVENTH	11		\$ -
TWELVTH	12		\$ -
THIRTEENTH	13		\$ -
FOURTEENTH	14		\$ -
FIFTEENTH	15		\$ -
SIXTEENTH	16		\$ -
SEVENTEENTH	17		\$ -
EIGHTEENTH	18		\$ -
NINTEENTH	19		\$ -
TWENTIETH	20		\$ -
TWENTY-FIRST	21		\$ -
TWENTY-SECOND	22		\$ -
TWENTY-THIRD	23		\$ -
TWENTY-FOURTH	24		\$ -
TWENTY-FIFTH	25		\$ -
TWENTY-SIXTH	26		\$ -
TWENTY-SEVENTH	27		\$ -
TWENTY-EIGHTH	28		\$ -
TWENTY-NINTH	29		\$ -
THIRTIETH	30		\$ -
THIRTY-FIRST	31		\$ -
THIRTY-SECOND	32		\$ -
THIRTY-THIRD	33		\$ -
THIRTY-FOURTH	34		\$ -
THIRTY-FIFTH	35		\$ -
THIRTY-SIXTH	36		\$ -
THIRTY-SEVENTH	37		\$ -
THIRTY-EIGHTH	38		\$ -
THIRTY-NINTH	39		\$ -
FORTIETH	40		\$ -

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
Antenna TV [WPIX]	11	I-M	Linden	1.000	O E
Cozi TV [WCAU]	10	N-M	Philadelphia	0.250	
Cozi TV [WNBC]	4	N-M	New York	0.250	
KYW	3	N	Philadelphia	0.250	
KYW Dabl	3	N	Philadelphia	0.250	
KYW StartTV	3	N-M	Philadelphia	0.250	
KYW-simulcast	3	N	Philadelphia	0.250	
Merit Street (WMBC)	63	I	Newton	1.000	
Merit Street HD (WMBC)-simulcast	63	I	Newton	1.000	
WABC	7	N	New York	0.250	
WABC Localish HD	7	N-M	New York	0.250	
WABC-simulcast	7	N	New York	0.250	
WACP	4	I	Atlantic City	1.000	
WACP-simulcast	4	I	Atlantic City	1.000	
WBAL	11	N	Baltimore	0.250	
WBAL Me TV	11	N-M	Baltimore	0.250	
WBAL-simulcast	11	N	Baltimore	0.250	
WBOC	16	I	Salisbury	1.000	
WBOC Antenna TV	16	N-M	Salisbury	0.250	
WBOC Delmarva Sports Network	16	I	Georgetown	1.000	
WBOC Delmarva-simulcast	16	I	Georgetown	1.000	
WBOC FOX	21	N	Salisbury	0.250	
WBOC FOX-simulcast	21	I	Salisbury	1.000	
WBOC-LD Telemundo	42	I	Georgetown	1.000	
WBOC-LD Telemundo-simulcast	42	I	Georgetown	1.000	
WBOC-simulcast	16	N	Salisbury	0.250	
WBPH	60	I	Allentown	1.000	
WBPH-simulcast	60	I	Allentown	1.000	
WCAU	10	N	Philadelphia	0.250	
WCAU American Crimes	10	N	Philadelphia	0.250	
WCAU-simulcast	10	N	Philadelphia	0.250	
WCBS	2	N	New York	0.250	
WCBS Dabl	2	N-M	New York	0.250	
WCBS StartTV	2	N-M	New York	0.250	
WCBS-simulcast	2	N	New York	0.250	
WDPB	12	E	Seaford	0.250	
WDPB PBS HD	12	E	Seaford	0.250	
WDPN	2	I	Wilmington	1.000	
WDPN Heroes & Icons	2	I-M	Wilmington	1.000	
WDPN Retro Television Network	2	I-M	Wilmington	1.000	
WDPN-simulcast	2	I	Wilmington	1.000	
WFMZ	69	I	Allentown	1.000	
WFMZ AccuWeather	69	I-M	Allentown	1.000	
WFMZ-simulcast	69	I	Allentown	1.000	



1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WFUT	68	I	Smithtown	1.000	
WFUT getTV	68	I-M	Smithtown	1.000	
WFUT-simulcast	68	I	Smithtown	1.000	
WGDV Bounce TV	32	I-M	Salisbury	1.000	
WGDV Heroes & Icons	32	I-M	Salisbury	1.000	
WGDV WeatherNation	32	I	Salisbury	1.000	
WGDV WeatherNation-simulcast	32	I	Salisbury	1.000	
WGTW	48	I	Burlington	1.000	
WGTW TBN	48	I	Burlington	1.000	
WGTW-simulcast	48	I	Burlington	1.000	
WHYY	12	E	Wilmington	0.250	O
WHYY Y2	12	E-M	Wilmington	0.250	O
WHYY YKids	12	E-M	Wilmington	0.250	O
WHYY-simulcast	12	E	Wilmington	0.250	E
WJLP	33	I	Middletown Twp	1.000	
WJLP MeTV Toons	33	I-M	Middletown Twp	1.000	
WJLP-simulcast	33	I	Middletown Twp	1.000	
WLIW	21	E	Garden City	0.250	O
WLIW All Arts	21	E-M	Garden City	0.250	O
WLIW All Arts HD	21	E-M	Garden City	0.250	E
WLIW Create	21	E-M	Garden City	0.250	O
WLIW World	21	E-M	Garden City	0.250	O
WLIW-simulcast	21	E	Garden City	0.250	E
WLNY	55	I	River Head	1.000	
WLNY-simulcast	55	I	River Head	1.000	
WLVT	39	E	Allentown	0.250	O
WLVT Create	39	E-M	Allentown	0.250	O
WLVT France 24	39	E-M	Allentown	0.250	O
WLVT-simulcast	39	E	Allentown	0.250	E
WMAR	2	N	Baltimore	0.250	
WMAR Grit TV	2	N-M	Baltimore	0.250	
WMAR-simulcast	2	N	Baltimore	0.250	
WMBC New Tang Dynasty	63	I-M	Newton	1.000	
WMCN	44	I	Atlantic City	1.000	
WMCN-simulcast	44	I	Atlantic City	1.000	
WMDT	47	I	Salisbury	1.000	
WMDT Me TV	47	I-M	Salisbury	1.000	
WMDT-simulcast	47	I	Salisbury	1.000	
WMPT	22	E	Annapolis	0.250	
WMPT PBS HD	22	E	Annapolis	0.250	
WNBC	4	N	New York	0.250	
WNBC American Crimes	4	N-M	New York	0.250	
WNBC-simulcast	4	N	New York	0.250	
WNET	13	E	Newark	0.250	
WNET Thirteen PBS Kids	13	E-M	Newark	0.250	
WNET-simulcast	13	E	Newark	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WNJN	50	E	Montclair	0.250	O
WNJN NHK World	50	E-M	Montclair	0.250	O
WNJN-simulcast	50	E	Montclair	0.250	E
WNJT	52	E	Trenton	0.250	O
WNJT NHK World	52	E-M	Trenton	0.250	O
WNJT-simulcast	52	E	Trenton	0.250	E
WNJU	47	N	Linden	0.250	
WNJU TeleXitos	47	N-M	Newton	0.250	
WNJU-simulcast	47	N	Linden	0.250	
WNYE	25	E	New York	0.250	
WNYE-simulcast	25	E	New York	0.250	
WNYW	5	I	New York	1.000	
WNYW Catchy Comedy	5	I-M	New York	1.000	
WNYW Movies!	5	I-M	New York	1.000	
WNYW ROAR	5	I-M	New York	1.000	
WNYW-simulcast	5	I	New York	1.000	
WPHL	17	I	Philadelphia	1.000	
WPHL Comet	17	I-M	Philadelphia	1.000	
WPHL Grit	17	I-M	Philadelphia	1.000	
WPHL MY Network TV	17	I-M	Philadelphia	1.000	
WPHL-simulcast	17	I	Philadelphia	1.000	
WPIX	11	I	New York	1.000	
WPIX Rewind	11	I-M	New York	1.000	
WPIX-simulcast	11	I	New York	1.000	
WPPT	35	E	Philadelphia	0.250	O
WPPT World	35	E-M	Philadelphia	0.250	O
WPPX	61	I	Wilmington	1.000	
WPPX-simulcast	61	I	Wilmington	1.000	
WPSG Philly 57	57	I	Philadelphia	1.000	
WPSG Philly 57-simulcast	57	I	Philadelphia	1.000	
WPVI	6	N	Philadelphia	0.250	
WPVI CHARGE!	6	N-M	Philadelphia	0.250	
WPVI Localish HD	6	N-M	Philadelphia	0.250	
WPVI-simulcast	6	N	Philadelphia	0.250	
WPXN	31	I	New York	1.000	
WPXN Bounce TV HD	31	I-M	New York	1.000	
WPXN Court TV	31	I	New York	1.000	
WPXN Grit	31	I	New York	1.000	
WPXN-simulcast	31	I	New York	1.000	
WRDE-COZI	31	N-M	Salisbury	0.250	
WRDE-LD	31	N	Salisbury	0.250	
WRDE-LD NBC-simulcast	31	N	Salisbury	0.250	
WRNN	48	I	Kingston	1.000	
WRNN-simulcast	48	I	Kingston	1.000	
WTVE	51	I	Reading	1.000	
WTVE-simulcast	51	I	Reading	1.000	
WTXF	29	I	Philadelphia	1.000	

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1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
				#N/A	
				#N/A	
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				#N/A	
				#N/A	
				#N/A	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Verizon Pennsylvania LLC****SYSTEM ID#****20251**

**Instructions:** Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>		SYSTEM ID# <b>062715</b>																																																																																																																																																																																						
<p><b>Instructions:</b> 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 first 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.</p> <p><b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>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).</p> <p>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.</p>				<p><b>D</b> Area Served</p>																																																																																																																																																																																				
<table border="1"> <thead> <tr> <th>CITY OR TOWN</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr><td>ABINGTON TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>ALDAN BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>ALLENTOWN BORO MONMOUTH</td><td>NJ</td><td>C</td><td>7</td></tr> <tr><td>ALLENTOWN CITY</td><td>PA</td><td>A</td><td>3</td></tr> <tr><td>ALLOWAY TWP SALEM</td><td>NJ</td><td>A</td><td>2</td></tr> <tr><td>AMBLER BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>ARDEN</td><td>DE</td><td>A</td><td>2</td></tr> <tr><td>ARDENCROFT</td><td>DE</td><td>A</td><td>2</td></tr> <tr><td>ARDENTOWN</td><td>DE</td><td>A</td><td>2</td></tr> <tr><td>ASTON TWP</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>AUDUBON BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>AUDUBON PARK BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>AVONDALE BORO</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>BARRINGTON BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BEDMINSTER TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BELLEFONTE</td><td>DE</td><td>A</td><td>2</td></tr> <tr><td>BELLMAWR BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BENSALEM TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BERLIN BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BERLIN TWP CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BETHEL TWP DELAWARE COUNTY</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>BIRMINGHAM TWP</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>BORDENTOWN CITY BURLINGTON</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BORDENTOWN TWP BURLINGTON</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BRIDGEPORT BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BRIDGETON CITY CUMBERLAND</td><td>NJ</td><td>A</td><td>2</td></tr> <tr><td>BRISTOL BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BRISTOL TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BROOKHAVEN BORO</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>BROOKLAWN BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>BRYN ATHYN BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BUCKINGHAM TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>BURLINGTON TWP BURLINGTON</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>CALN TWP</td><td>PA</td><td>A</td><td>3</td></tr> <tr><td>CAMDEN CITY CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>CHADDS FORD TWP</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>CHALFONT BORO</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>CHARLESTOWN TWP</td><td>PA</td><td>A</td><td>3</td></tr> <tr><td>CHELTENHAM TWP</td><td>PA</td><td>A</td><td>5</td></tr> <tr><td>CHERRY HILL TWP CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>CHESILHURST BORO CAMDEN</td><td>NJ</td><td>A</td><td>4</td></tr> <tr><td>CHESTER CITY</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>CHESTER HEIGHTS BORO</td><td>PA</td><td>A</td><td>2</td></tr> <tr><td>CHESTER TWP</td><td>PA</td><td>A</td><td>2</td></tr> </tbody> </table>					CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	ABINGTON TWP	PA	A	5	ALDAN BORO	PA	A	5	ALLENTOWN BORO MONMOUTH	NJ	C	7	ALLENTOWN CITY	PA	A	3	ALLOWAY TWP SALEM	NJ	A	2	AMBLER BORO	PA	A	5	ARDEN	DE	A	2	ARDENCROFT	DE	A	2	ARDENTOWN	DE	A	2	ASTON TWP	PA	A	2	AUDUBON BORO CAMDEN	NJ	A	4	AUDUBON PARK BORO CAMDEN	NJ	A	4	AVONDALE BORO	PA	A	2	BARRINGTON BORO CAMDEN	NJ	A	4	BEDMINSTER TWP	PA	A	5	BELLEFONTE	DE	A	2	BELLMAWR BORO CAMDEN	NJ	A	4	BENSALEM TWP	PA	A	5	BERLIN BORO CAMDEN	NJ	A	4	BERLIN TWP CAMDEN	NJ	A	4	BETHEL TWP DELAWARE COUNTY	PA	A	2	BIRMINGHAM TWP	PA	A	2	BORDENTOWN CITY BURLINGTON	NJ	A	4	BORDENTOWN TWP BURLINGTON	NJ	A	4	BRIDGEPORT BORO	PA	A	5	BRIDGETON CITY CUMBERLAND	NJ	A	2	BRISTOL BORO	PA	A	5	BRISTOL TWP	PA	A	5	BROOKHAVEN BORO	PA	A	2	BROOKLAWN BORO CAMDEN	NJ	A	4	BRYN ATHYN BORO	PA	A	5	BUCKINGHAM TWP	PA	A	5	BURLINGTON TWP BURLINGTON	NJ	A	4	CALN TWP	PA	A	3	CAMDEN CITY CAMDEN	NJ	A	4	CHADDS FORD TWP	PA	A	2	CHALFONT BORO	PA	A	5	CHARLESTOWN TWP	PA	A	3	CHELTENHAM TWP	PA	A	5	CHERRY HILL TWP CAMDEN	NJ	A	4	CHESILHURST BORO CAMDEN	NJ	A	4	CHESTER CITY	PA	A	2	CHESTER HEIGHTS BORO	PA	A	2	CHESTER TWP	PA	A	2
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CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	A	2
CLAYTON BORO GLOUCESTER	NJ	A	2
CLIFTON HEIGHTS BORO	PA	A	5
COATESVILLE CITY	PA	A	3
COLLEGEVILLE BORO	PA	A	5
COLLINGDALE BORO	PA	A	4
COLLINGSWOOD BORO CAMDEN	NJ	A	4
CONCORD TWP	PA	A	2
CONSHOHOCKEN BORO	PA	A	5
CORBIN CITY	NJ	A	2
CRANBURY TWP MIDDLESEX	NJ	C	6
DARBY BORO	PA	A	4
DARBY TWP	PA	A	4
DEERFIELD TWP CUMBERLAND	NJ	A	2
DELAWARE CITY	DE	A	2
DEPTFORD TWP GLOUCESTER	NJ	A	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	E	1
DOWNINGTOWN BORO	PA	A	3
DOYLESTOWN BORO	PA	A	5
DOYLESTOWN TWP	PA	A	5
DUBLIN BORO	PA	A	5
EAST AMWELL TWP HUNTERDON	NJ	C	6
EAST BRADFORD TWP	PA	A	3
EAST BRANDYWINE TWP	PA	A	3
EAST CALN TWP	PA	A	3
EAST COVENTRY TWP	PA	A	3
EAST FALLOWFIELD TWP	PA	A	2
EAST GOSHEN TWP	PA	A	3
EAST LANSDOWNE BORO	PA	A	5
EAST MARLBOROUGH TWP	PA	A	2
EAST NANTMEAL TWP	PA	A	3
EAST NORRITON TWP	PA	A	5
EAST PIKELAND TWP	PA	A	3
EAST ROCKHILL TWP	PA	A	5
EAST VINCENT TWP	PA	A	3
EAST WHITELAND TWP	PA	A	3
EAST WINDSOR TWP MERCER	NJ	B	4
EASTAMPTON TWP BURLINGTON	NJ	A	4
EASTTOWN TWP	PA	A	5
EDGMONT TWP	PA	A	3
EGG HARBOR CITY	NJ	A	2
ELK TWP GLOUCESTER	NJ	A	2
ELSINBORO TWP SALEM	NJ	A	2
ELSMERE	DE	A	2
ESTELL MANOR CITY ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	NJ	A	4
EWING TWP MERCER	NJ	B	5
FALLS TWP	PA	A	5
FIELDSBORO BORO BURLINGTON	NJ	A	4
FOLCROFT BORO	PA	A	4
FORT DIX BURLINGTON	NJ	A	4
FRANCONIA TWP	PA	A	5
FRANKLIN TWP GLOUCESTER	NJ	A	2
FRANKLIN TWP SOMERSET	NJ	C	6
GLASSBORO BORO GLOUCESTER	NJ	A	2
GLENOLDEN BORO	PA	A	4
GLOUCESTER CITY CAMDEN	NJ	A	4
GLOUCESTER TWP CAMDEN	NJ	A	4
GREEN LANE BORO	PA	A	5

GREENWICH TWP CUMBERLAND	NJ	A	2
HADDON HEIGHTS BORO CAMDEN	NJ	A	4
HADDON TWP CAMDEN	NJ	A	4
HADDONFIELD BORO CAMDEN	NJ	A	4
HAINESPORT TWP BURLINGTON	NJ	A	4
HAMILTON TWP ATLANTIC	NJ	A	2
HAMILTON TWP MERCER	NJ	B	5
HARRISON GLOUCESTER	NJ	A	4
HATBORO BORO	PA	A	5
HATFIELD BORO	PA	A	5
HATFIELD TWP	PA	A	5
HAVERFORD TWP	PA	A	5
HAYCOCK TWP	PA	A	5
HIGHLAND TWP	PA	A	2
HIGHTSTOWN BORO MERCER	NJ	B	4
HILLSBOROUGH TWP SOMERSET	NJ	C	6
HILLTOWN TWP	PA	A	5
HOPEWELL BORO MERCER	NJ	B	5
HOPEWELL TWP CUMBERLAND	NJ	A	2
HOPEWELL TWP MERCER	NJ	B	5
HORSHAM TWP	PA	A	5
HULMEVILLE BORO	PA	A	5
IVYLAND BORO	PA	A	5
JENKINTOWN BORO	PA	A	5
KENNETT SQUARE BORO	PA	A	2
KENNETT TWP	PA	A	2
KENT COUNTY	DE	E	2
LANGHORNE BORO	PA	A	5
LANGHORNE MANOR BORO	PA	A	5
LANSDALE BORO	PA	A	5
LANSDOWNE BORO	PA	A	5
LAWNSIDE BORO CAMDEN	NJ	A	4
LAWRENCE TWP MERCER	NJ	B	5
LEIPSIC	DE	E	2
LIMERICK TWP	PA	A	5
LITTLE CREEK	DE	E	2
LONDON GROVE TWP	PA	A	2
LONDONDERRY TWP CHESTER	PA	A	2
LOWER ALLOWAYS CREEK TWP SALEM	NJ	A	2
LOWER CHICHESTER TWP	PA	A	2
LOWER FREDERICK TWP	PA	A	5
LOWER GWYNEDD TWP	PA	A	5
LOWER MAKEFIELD TWP	PA	A	5
LOWER MERION TWP	PA	A	5
LOWER MORELAND TWP	PA	A	5
LOWER POTTSGROVE TWP	PA	A	3
LOWER PROVIDENCE TWP	PA	A	5
LOWER SALFORD TWP	PA	A	5
LOWER SOUTHAMPTON TWP	PA	A	5
LUMBERTON TWP BURLINGTON	NJ	A	4
MALVERN BORO	PA	A	3
MANNINGTON TWP SALEM	NJ	A	2
MANSFIELD TWP BURLINGTON	NJ	A	4
MANTUA TWP GLOUCESTER	NJ	A	4
MAPLE SHADE TWP BURLINGTON	NJ	A	4
MARCUS HOOK BORO	PA	A	2
MARLBOROUGH TWP	PA	A	5
MARPLE TWP	PA	A	5
MCGUIRE AIR FORCE BASE	NJ	A	4
MEDFORD LAKES BORO BURLINGTON	NJ	A	4
MEDFORD TWP BURLINGTON	NJ	A	4
MEDIA BORO	PA	A	4

MERCHANTVILLE BORO CAMDEN	NJ	A	4
MIDDLE TWP CAPE MAY	NJ	A	1
MIDDLETOWN	DE	A	2
MIDDLETOWN TWP BUCKS COUNTY	PA	A	3
MIDDLETOWN TWP DELAWARE COUNTY	PA	A	2
MILFORD TWP	PA	A	5
MILLBOURNE BORO	PA	A	5
MILLSTONE TWP MONMOUTH	NJ	C	6
MODENA BORO	PA	A	2
MONROE TWP GLOUCESTER	NJ	A	2
MONROE TWP MIDDLESEX	NJ	C	6
MONTGOMERY TWP	PA	A	5
MONTGOMERY TWP SOMERSET	NJ	C	6
MORRISVILLE BORO	PA	A	5
MORTON BORO	PA	A	4
MOUNT EPHRAIM BORO CAMDEN	NJ	A	4
MOUNT HOLLY TWP BURLINGTON	NJ	A	4
MOUNT LAUREL TWP BURLINGTON	NJ	A	4
MUNICIPALITY OF NORRISTOWN	PA	A	5
NARBERTH BORO	PA	A	5
NATIONAL PARK BORO GLOUCESTER	NJ	A	4
NETHER PROVIDENCE TWP	PA	A	4
NEW BRITAIN BORO	PA	A	5
NEW BRITAIN TWP	PA	A	5
NEW CASTLE COUNTY	DE	A	2
NEW GARDEN TWP	PA	A	2
NEW HANOVER TWP	PA	A	3
NEW HANOVER TWP BURLINGTON	NJ	A	4
NEW HOPE BORO	PA	A	5
NEW LONDON TWP	PA	A	2
NEWARK	DE	A	2
NEWLIN TWP	PA	A	2
NEWPORT	DE	A	2
NEWTOWN BORO	PA	A	5
NEWTOWN TWP BUCKS COUNTY	PA	A	5
NEWTOWN TWP DELWARE COUNTY	PA	A	5
NORTH HANOVER TWP BURLINGTON	NJ	A	4
NORTH WALES BORO	PA	A	5
NORTHAMPTON TWP	PA	A	5
NORWOOD BORO	PA	A	4
OAKLYN BORO CAMDEN	NJ	A	4
ODESSA	DE	A	2
PARKEsburg BORO	PA	A	2
PARKSIDE BORO	PA	A	2
PEMBERTON TWP BURLINGTON	NJ	A	4
PENN TWP CHESTER	PA	A	2
PENNDel BORO	PA	A	5
PENNINGTON BORO MERCER	NJ	B	5
PENNSAUKEN TWP CAMDEN	NJ	A	4
PENNSBURY TWP	PA	A	2
PERKASIE BORO	PA	A	5
PERKIOMEN TWP	PA	A	5
PHILADELPHIA CITY	PA	A	5
PHOENIXVILLE BORO	PA	A	5
PINE HILL BORO CAMDEN	NJ	A	4
PITMAN BORO GLOUCESTER	NJ	A	4
PLAINSBORO TWP MIDDLESEX	NJ	C	6
PLUMSTEAD TWP	PA	A	5
PLYMOUTH TWP	PA	A	5
POCOPSON TWP	PA	A	2
PRINCETON BORO MERCER	NJ	B	5
PRINCETON TWP MERCER	NJ	B	5



QUAKERTOWN BORO	PA	A	5
QUINTON TWP SALEM	NJ	A	2
RADNOR TWP	PA	A	5
RICHLAND TWP	PA	A	5
RICHLANDTOWN BORO	PA	A	5
RIDLEY PARK BORO	PA	A	4
RIDLEY TWP	PA	A	4
ROCKLEDGE BORO	PA	A	5
ROCKY HILL BORO SOMERSET	NJ	C	6
ROOSEVELT BORO MONMOUTH	NJ	C	6
ROSE VALLEY BORO	PA	A	2
ROYERSFORD BORO	PA	A	3
RUNNEMEDE BORO CAMDEN	NJ	A	4
RUTLEDGE BORO	PA	A	4
SADSBURY TWP	PA	A	2
SALEM CITY SALEM	NJ	A	2
SALFORD TWP	PA	A	5
SCHUYLKILL TWP	PA	A	5
SCHWENKSVILLE BORO	PA	A	5
SELLERSVILLE BORO	PA	A	5
SHAMONG TWP BURLINGTON	NJ	A	4
SHARON HILL BORO	PA	A	4
SHILOH BORO CUMBERLAND	NJ	A	2
SILVERDALE BORO	PA	A	5
SKIPPACK TWP	PA	A	5
SOUDERTON BORO	PA	A	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	C	6
SOUTH COATESVILLE BORO	PA	A	2
SOUTHAMPTON TWP BURLINGTON	NJ	A	4
SPRINGFIELD TWP	PA	A	5
SPRINGFIELD TWP BURLINGTON	NJ	A	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	A	5
STOW CREEK TWP CUMBERLAND	NJ	A	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	A	4
TAVISTOCK BORO CAMDEN	NJ	A	4
TELFORD BORO BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	PA	A	5
THORNBURY TWP CHESTER COUNTY	PA	A	3
THORNBURY TWP DELAWARE COUNTY	PA	A	3
TOWAMENCIN TWP	PA	A	5
TOWNSEND	DE	A	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	B	5
TRAINER BORO	PA	A	2
TRAPPE BORO	PA	A	5
TREDYFFRIN TWP	PA	A	5
TRENTON CITY MERCER	NJ	B	5
TRUMBAUERSVILLE BORO	PA	A	5
TULLYTOWN BORO	PA	A	5
UPLAND BORO	PA	A	2
UPPER CHICHESTER TWP	PA	A	2
UPPER DARBY TWP	PA	A	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	A	2
UPPER DUBLIN TWP	PA	A	5
UPPER FREDERICK TWP	PA	A	5
UPPER FREEHOLD TWP MONMOUTH	NJ	C	7
UPPER GWYNEDD TWP	PA	A	5
UPPER MAKEFIELD TWP	PA	A	5
UPPER MERION TWP	PA	A	5
UPPER MORELAND TWP	PA	A	5
UPPER OXFORD TWP	PA	A	2
UPPER POTTSGROVE TWP	PA	A	3

UPPER PROVIDENCE TWP DELAWARE	PA	A	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	A	5
UPPER SALFORD TWP	PA	A	5
UPPER SOUTHAMPTON TWP	PA	A	5
UPPER UWCHLAN TWP	PA	A	3
UWCHLAN TWP	PA	A	3
VALLEY TWP	PA	A	2
VINELAND CITY CUMBERLAND	NJ	A	2
VOORHEES TWP CAMDEN	NJ	A	4
WALLACE TWP	PA	A	3
WARMINSTER TWP	PA	A	5
WARRINGTON TWP (BUCKS)	PA	A	5
WARWICK TWP (BUCKS)	PA	A	3
WASHINGTON TWP GLOUCESTER	NJ	A	4
WATERFORD TWP CAMDEN	NJ	A	4
WEST BRADFORD TWP	PA	A	3
WEST BRANDYWINE TWP	PA	A	3
WEST CALN TWP	PA	A	2
WEST CHESTER BORO	PA	A	3
WEST CONSHOHOCKEN BORO	PA	A	5
WEST DEPTFORD TWP GLOUCESTER	NJ	A	4
WEST GOSHEN TWP	PA	A	3
WEST GROVE BORO	PA	A	2
WEST MARLBOROUGH TWP	PA	A	2
WEST NANTMEAL TWP	PA	A	3
WEST NORRITON TWP	PA	A	5
WEST PIKELAND TWP	PA	A	3
WEST POTTSBORO TWP	PA	A	3
WEST ROCKHILL TWP	PA	A	5
WEST VINCENT TWP	PA	A	3
WEST WHITELAND TWP	PA	A	3
WEST WINDSOR TWP MERCER	NJ	B	4
WESTAMPTON TWP BURLINGTON	NJ	A	4
WESTTOWN TWP	PA	A	3
WEYMOUTH TWP ATLANTIC	NJ	A	2
WHITEMARSH TWP	PA	A	5
WHITPAIN TWP	PA	A	5
WILLINGBORO TWP BURLINGTON	NJ	A	5
WILLISTOWN TWP	PA	A	3
WINSLOW TWP CAMDEN	NJ	A	4
WOODBURY CITY GLOUCESTER	NJ	A	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	A	4
WOODLAND TWP BURLINGTON	NJ	A	4
WOODLYNNE BORO CAMDEN	NJ	A	4
WORCESTER TWP	PA	A	5
WRIGHTSTOWN BORO BURLINGTON	NJ	A	4
WRIGHTSTOWN TWP	PA	A	5
WYOMING	DE	E	1
YARDLEY BORO	PA	A	5
YEADON BORO	PA	A	5

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Form SA3E Long Form (Rev. 05-17)

Category of Service	Residential Rate	Commercial Rate
<b>Block 1</b>		
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
<b>Block 2</b>		
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	89.00	N/A
Fios TV Test Drive	105.00	N/A
Your Fios TV	105.00	N/A
More Fios TV	129.00	N/A
The MostFios TV	149.00	N/A
Fios TV Mundo Total	149.00	N/A
Fios TV Mundo	129.00	N/A
Your Fios TV Spotlight Package	105.00	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
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
International 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
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
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase

Category of Service	Residential	Commercial
	Rate	Rate
Verizon Router	\$18 rental, \$399.99 purchase	\$18 rental, \$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 Suspension	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

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>  <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). <b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		<b>G</b>  <b>Primary Transmitters: Television</b>			
<b>CHANNEL LINE-UP A</b>					
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
WDPN	2	I	No		Wilmington
KYW	3	N	No		Philadelphia
WACP	4	I	No		Atlantic City
WPVI	6	N	No		Philadelphia
WCAU	10	N	No		Philadelphia
WHYY	12	E	Yes	O	Wilmington
WTFX	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	I	No		Allentown
WPSG Philly 57	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City
WNJT	52	E	Yes	O	Trenton
WTVF	51	I	No		Reading
WWSI	62	I	No		Atlantic City
WPPT	35	E	Yes	O	Philadelphia
WLVF	39	E	Yes	O	Allentown

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>  <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>		<b>G</b>  <b>Primary Transmitters: Television</b>			
<b>CHANNEL LINE-UP A</b>					
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
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
KYW-simulcast	3	N	No		Philadelphia
WACP-simulcast	4	I	No		Atlantic City
WPVI-simulcast	6	N	No		Philadelphia
WCAU-simulcast	10	N	No		Philadelphia
WHYY-simulcast	12	E	Yes	E	Wilmington
WTFX-simulcast	29	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG Philly 57-si	57	I	No		Philadelphia
WPHL-simulcast	17	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WNJT-simulcast	52	E	Yes	E	Trenton
WTVE-simulcast	51	I	No		Reading
WWSI-simulcast	62	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown



FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <div>Primary Transmitters: Television</div>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP A</b>					
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
WGTW-simulcast	48	I	No		Burlington
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WFMZ AccuWeather	69	I-M	No		Allentown
WPHL MY Network	17	I-M	No		Philadelphia
WPVI CHARGE!	6	N-M	No		Philadelphia
WPHL Grit	17	I-M	No		Philadelphia
WPHL Comet	17	I-M	No		Philadelphia
WTFX Movies!	29	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVY Create	39	E-M	Yes	O	Allentown
WHYY YKids	12	E-M	Yes	O	Wilmington
WHYY Y2	12	E-M	Yes	O	Wilmington
WNJT NHK World	52	E-M	Yes	O	Trenton
WLVY France 24	39	E-M	Yes	O	Allentown
WPPT World	35	E-M	Yes	O	Philadelphia
WDPN Retro Tele	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	3	N-M	No		Philadelphia

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>	Name	
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					G	
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP A</b>						
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
WUVP True Crime	65	I-M	No			Vineland
WUVP Bounce TV	65	I-M	No			Vineland
WTFX Buzzr	29	I-M	No			Philadelphia
WGTW	48	I	No			Burlington
WBPH	60	I	Yes	O		Allentown
KYW Dabl	3	N	No			Philadelphia
WCAU American C	10	N	No			Philadelphia
WBPH-simulcast	60	I	Yes	E		Allentown
WTFX QVC	29	I	No			Philadelphia

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name	
<b>PRIMARY TRANSMITTERS: TELEVISION</b> <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). <b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						<b>G</b>  <b>Primary Transmitters: Television</b>	
<b>CHANNEL LINE-UP B</b>							
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		
WDPN	2	I	No		Wilmington		
WCBS	2	N	No		New York		
KYW	3	N	No		Philadelphia		
WNBC	4	N	No		New York		
WNYW	5	I	No		New York		
WPVI	6	N	No		Philadelphia		
WABC	7	N	No		New York		
WWOR	9	I	No		Secaucus		
WCAU	10	N	No		Philadelphia		
WPIX	11	7	No		New York		
WHYY	12	E	No		Wilmington		
WTFX	29	I	No		Philadelphia		
WUVP	65	I	No		Vineland		
WFMZ	69	I	No		Allentown		
WPSG Philly 57	57	I	No		Philadelphia		
WPHL	17	I	No		Philadelphia		
WPPX	61	I	No		Wilmington		
WMCN	44	I	No		Atlantic City		

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						<b>G</b>  <b>Primary Transmitters: Television</b>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP B</b>						
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	
WNJT	52	E	No		Trenton	
WNET	13	E	No		Newark	
WTVB	51	I	No		Reading	
WWSI	62	I	No		Atlantic City	
WPPT	35	E-M	No		Philadelphia	
WLVN	39	E	Yes	O	Allentown	
WACP	4	I	No		Atlantic City	
WPVI Localish HD	6	N-M	No		Philadelphia	
WDPN-simulcast	2	I	No		Wilmington	
WPIX-simulcast	11	I	No		New York	
WCBS-simulcast	2	N	No		New York	
KYW-simulcast	3	N	No		Philadelphia	
WNBC-simulcast	4	N	No		New York	
WNYW-simulcast	5	I	No		New York	
WPVI-simulcast	6	N	No		Philadelphia	
WABC-simulcast	7	N	No		New York	
WWOR-simulcast	9	I	No		Secaucus	
WCAU-simulcast	10	N	No		Philadelphia	

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name	
<b>PRIMARY TRANSMITTERS: TELEVISION</b> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<b>G</b>  <b>Primary Transmitters: Television</b>	
<b>CHANNEL LINE-UP B</b>							
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		
WHYY-simulcast	12	E	No		Wilmington		
WTFX-simulcast	29	I	No		Philadelphia		
WUVP-simulcast	65	I	No		Vineland		
WFMZ-simulcast	69	I	No		Allentown		
WPSG Philly 57-si	32	I	No		Philadelphia		
WPHL-simulcast	17	I	No		Philadelphia		
WPPX-simulcast	61	I	No		Wilmington		
WMCN-simulcast	44	I	No		Atlantic City		
WNJT-simulcast	52	E	No		Trenton		
WTVE-simulcast	51	I	No		Reading		
WACP-simulcast	4	I	No		Atlantic City		
WWSI-simulcast	62	I	No		Atlantic City		
WLVLT-simulcast	39	E	Yes	E	Allentown		
WGTW-simulcast	48	I	No		Burlington		
Cozi TV [WCAU]	10	N-M	No		Philadelphia		
WPHL My Network	17	I-M	No		Philadelphia		
WFMZ AccuWeath	69	I-M	No		Allentown		
WPVI CHARGE!	6	N-M	No		Philadelphia		

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				<b>SYSTEM ID#</b> <b>062715</b>		<b>Name</b>
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						<b style="font-size: 2em;">G</b>  <b>Primary Transmitters: Television</b>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP B</b>						
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	
WPHL Grit	17	I-M	No		Philadelphia	
WPHL Comet	17	I-M	No		Philadelphia	
WTFX Movies!	29	I-M	No		Philadelphia	
WDPN Heroes & I	2	I-M	No		Wilmington	
WLVT Create	39	E-M	Yes	O	Allentown	
WHYY YKids	12	E-M	No		Wilmington	
WHYY Y2	12	E-M	No		Wilmington	
WNJT NHK World	52	E-M	No		Trenton	
WLVT France 24	39	E-M	Yes	O	Allentown	
WPPT World	35	E-M	No		Philadelphia	
WDPN Retro Tele	2	I-M	No		Wilmington	
WWSI exitos TV	62	I-M	No		Atlantic City	
KYW StartTV	3	N-M	No		Philadelphia	
WUVP True Crime	65	I-M	No		Vineland	
WUVP Bounce TV	65	I-M	No		Vineland	
WTFX Buzzr	29	I-M	No		Philadelphia	
WNYW Movies!	5	I-M	No		New York	
WGTW TBN	48	I	No		Burlington	



U.S. Copyright Office

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>  <b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). <b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		<b>G</b>  <b>Primary Transmitters: Television</b>			
<b>CHANNEL LINE-UP C</b>					
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
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	48	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WLNY	55	I	No		River Head
WPIX	11	I	No		New York
WNJU	47	N	No		Linden
WNET	13	E	No		Newark
WFUT	68	I	No		Smithtown
Merit Street (WME	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	E	Yes	O	Garden City
WNJN	50	E	Yes	O	Montclair
WNYE	25	E	No		New York
WPXN	31	I	No		New York



FORM SA3E, PAGE 3.

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WPXN-simulcast	31	I	No		New York		
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WNJU TeleXitos	47	N-M	No		Newton		
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WLIW Create	21	E-M	Yes	O	Garden City		
WNET Thirteen PBS	13	E-M	No		Newark		
WLIW World	21	E-M	Yes	O	Garden City		
WXTV Bounce TV	41	I-M	No		Paterson		
WMBC New Tang	63	I-M	No		Newton		
WNJN NHK World	50	E-M	Yes	O	Montclair		
WCBS StartTV	2	N-M	No		New York		
WPXN Court TV	31	I	No		New York		
WJLP MeTV Toon	33	I-M	No		Middletown Twp		
WWOR Buzzr	9	I-M	No		Secaucus		
WWOR Heroes &	9	I-M	No		Secaucus		
WPXN Grit	31	I	No		New York		

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name	
<b>PRIMARY TRANSMITTERS: TELEVISION</b> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<b>G</b>  <b>Primary Transmitters: Television</b>	
<b>CHANNEL LINE-UP C</b>							
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		
WNYW Movies!	5	I-M	No		New York		
WFUT getTV	68	I-M	No		Smithtown		
WLIW All Arts	21	E-M	Yes	O	Garden City		
WLIW All Arts HD	21	E-M	Yes	E	Garden City		
WNBC American C	4	N-M	No		New York		
WCBS Dabl	2	N-M	No		New York		
WPXN Bounce TV	31	I-M	No		New York		
WNYW ROAR	5	I-M	No		New York		
WNYW Catchy Co	5	I-M	No		New York		
WNJN NHK World	50	E-M	Yes	O	Montclair		
WPIX Rewind	11	I-M	No		New York		
WZME MeTV Plus	43	I	No		Bridgeport		

FORM SA3E, PAGE 3.

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<b>CHANNEL LINE-UP D</b>							
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		
WMDT	47	I	No		Salisbury		
WRDE-LD	31	N	No		Salisbury		
WBOC	16	I	No		Salisbury		
WBOC FOX	21	N	No		Salisbury		
WMDT	47	N	No		Salisbury		
WBAL	11	N	No		Baltimore		
WDPB	12	E	No		Seaford		
WBOC-LD Telemu	42	I	No		Georgetown		
WGDV WeatherNa	32	I	No		Salisbury		
WMPT	22	E	No		Annapolis		
WMDT-simulcast	47	I	No		Salisbury		
WBOC FOX-simul	21	I	No		Salisbury		
WBOC-simulcast	16	N	No		Salisbury		
WMDT-simulcast	47	N	No		Salisbury		
WBAL-simulcast	11	N	No		Baltimore		
WBOC-LD Telemu	42	I	No		Georgetown		
WGDV WeatherNa	32	I	No		Salisbury		
WBAL Me TV	11	N-M	No		Baltimore		

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name
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WBOC Antenna T	16	N-M	No		Salisbury	
WGDV Bounce TV	32	I-M	No		Salisbury	
WGDV Heroes & I	32	I-M	No		Salisbury	
WRDE-COZI	31	N-M	No		Salisbury	
WRDE-LD NBC-si	31	N	No		Salisbury	
WDPB PBS HD	12	E	No		Seaford	
WMPT PBS HD	22	E	No		Annapolis	
WBOC Delmarva S	16	I	No		Georgetown	
WBOC Delmarva-s	16	I	No		Georgetown	

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WWSI	62	I	No		Atlantic City	
WPPT	35	E	Yes	O	Philadelphia	
WLVY	39	E	Yes	O	Allentown	
WDPN	2	I	No		Wilmington	
WACP	4	I	No		Atlantic City	
WPVI Localish HD	6	N-M	No		Philadelphia	
WDPN-simulcast	2	I	No		Wilmington	
WMAR-simulcast	2	N	No		Baltimore	
KYW-simulcast	3	N	No		Philadelphia	
WBOC-simulcast	16	N	No		Salisbury	
WBOC FOX-simul	21	I	No		Salisbury	
WPVI-simulcast	6	N	No		Philadelphia	
WMDT-simulcast	47	N	No		Salisbury	
WCAU-simulcast	10	N	No		Philadelphia	
WHYY-simulcast	12	E	Yes		Wilmington	
WTFX-simulcast	29	I	No		Philadelphia	
WUVP-simulcast	65	I	No		Vineland	

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				SYSTEM ID# <b>062715</b>		Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<b>G</b>  <b>Primary Transmitters: Television</b>
<b>CHANNEL LINE-UP E</b>						
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	
WFMZ-simulcast	69	I	No		Allentown	
WPSG Philly 57-si	57	I	No		Philadelphia	
WPHL-simulcast	17	I	No		Philadelphia	
WPPX-simulcast	61	I	No		Wilmington	
WMCN-simulcast	44	I	No		Atlantic City	
WMDT-simulcast	47	I	No		Salisbury	
WNJT-simulcast	52	E	Yes	E	Trenton	
WTVS-simulcast	51	I	No		Reading	
WWSI-simulcast	62	I	No		Atlantic City	
WACP-simulcast	4	I	No		Atlantic City	
WLVY-simulcast	39	E	Yes		Allentown	
Cozi TV [WCAU]	10	N-M	No		Philadelphia	
WMAR Grit TV	2	N-M	No		Baltimore	
WMDT Me TV	47	I-M	No		Salisbury	
WPHL MY Network	17	I-M	No		Philadelphia	
WFMZ AccuWeather	69	I-M	No		Allentown	
WPVI CHARGE!	6	N-M	No		Philadelphia	
WPHL Grit	17	I-M	No		Philadelphia	



FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					<b style="font-size: 2em;">G</b>  <b>Primary Transmitters: Television</b>
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP E</b>					
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
WPHL Comet	17	I-M	No		Philadelphia
WTFX Movies!	29	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVY Create	39	E-M	Yes	O	Allentown
WHYY YKids	12	E-M	Yes		Wilmington
WHYY Y2	12	E-M	Yes		Wilmington
WNJT NHK World	52	E-M	Yes	O	Trenton
WLVY France 24	39	E-M	Yes	O	Allentown
WPPT World	35	E-M	Yes	O	Philadelphia
WBOC Antenna T	16	N-M	No		Salisbury
WDPN Retro Tele	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	3	N-M	No		Philadelphia
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTFX Buzzr	29	I-M	No		Philadelphia
WGTW TBN	48	I	No		Burlington
WBPH	60	I	Yes	O	Allentown

FORM SA3E, PAGE 3.


LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>				<b>SYSTEM ID#</b> <b>062715</b>	<b>Name</b>	
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <div style="font-weight: bold; margin-bottom: 10px;">Primary Transmitters:</div> <div style="font-weight: bold;">Television</div>	
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP E</b>						
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
WCAU American C	10	N	No			Philadelphia
KYW Dabl	3	N	No			Philadelphia
WBPH-simulcast	60	I	Yes	O		Allentown
WGTW-simulcast	48	I	No			Burlington
WTFX QVC	29	I-M	No			Philadelphia
WBOC Delmarva S	16	I	No			Georgetown

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>		SYSTEM ID# <b>062715</b>	Name
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file 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. _____ <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.			<b>K</b> <b>Gross Receipts</b>
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.			<b>L</b> <b>Copyright Royalty Fee</b>
Block 1	<b>MINIMUM FEE:</b> 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 <span style="float: right;">\$ 206,666,937.11</span> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. <span style="float: right;">\$ 2,198,936.21</span> This is your minimum fee.		
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified 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? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. <b>BASE RATE FEE:</b> 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 <span style="float: right;">\$ 1,385,887.80</span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero <span style="float: right;">0.00</span> Line 3. Add lines 1 and 2 and enter here <span style="float: right;">\$ 1,385,887.80</span>		
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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 <span style="float: right;">\$ 2,198,936.21</span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <span style="float: right;">0.00</span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;">0.00</span> Line 4. <b>FILING FEE:</b> <span style="float: right;">\$ 725.00</span> <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right;">\$ 2,199,661.21</span> 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.)		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	<b>SYSTEM ID#</b> <b>062715</b>
<b>M</b> <b>Channels</b>	<b>CHANNELS</b> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>158</b>  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>408</b>	
<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)  Name <b>Daniel J Margolis</b> Telephone <b>(703) 558-9832</b>  Address <b>9000 Junction Dr</b> (Number, street, rural route, apartment, or suite number) <b>Annapolis Junction, MD USA 20701</b> (City, town, state, zip)  Email <b>daniel.margolis@verizon.com</b> Fax (optional)	
<b>O</b> <b>Certification</b>	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  <input type="checkbox"/> (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  <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • 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)]   <b>X</b> <b>/s/ Paula M. Valdez</b>  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: <b>Paula M. Valdez</b>  Title: <b>Assistant Secretary, Verizon Pennsylvania LLC</b> (Title of official position held in corporation or partnership)  Date: <b>August 28, 2025</b>	

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>		SYSTEM ID# <b>062715</b>		Name	
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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?  <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$				<b>P</b>  <b>Special Statement Concerning Gross Receipts Exclusion</b>	
Name Mailing Address  		Name Mailing Address  			
<b>INTEREST ASSESSMENTS</b>  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.  Line 1 Enter the amount of late payment or underpayment . . . . . <div style="text-align: right;">x</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . - <div style="text-align: right;">x days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . - <div style="text-align: right;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ - <div style="text-align: right;">(interest charge)</div> * To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a> .  ** 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 Office, 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				<b>Q</b>  <b>Interest Assessment</b>	

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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.



**INSTRUCTIONS FOR DSE SCHEDULE****WHAT IS A "DSE"**

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

**FORMULAS FOR COMPUTING A STATION'S DSE**

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

**BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)**

**Step 1:** Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is ..... 1.00
- **Network:** its type-value is ..... 0.25
- **Noncommercial educational:** its type-value is ..... 0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

**SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)**

**Step 1:** For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

**Step 2:** Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

**TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

**THE ROYALTY FEE**

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

**The 3.75 Fee.** If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

**The Syndicated Exclusivity Surcharge.** Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

**The Minimum Fee/Base Rate Fee/3.75 Percent Fee.** All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.73 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

**NOTE:** If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

**Substitution of Grandfathered Stations.** Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

**COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE**

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

**COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE**

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## DSE SCHEDULE. PAGE 11.

**COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE**

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE	1.064% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

**PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE**

- If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

**What to Do If You Need More Space on the DSE Schedule.** There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

*The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.*

**EXAMPLE:****COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS**

<p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p>	<b>Distant Stations Carried</b>		<b>Identification of Subscriber Groups</b>		<b>GROSS RECEIPTS FROM SUBSCRIBERS</b>
	STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
	A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00
	B (independent)	1.0	Santa Rosa	Stations A and C	100,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	70,000.00
	D (part-time)	0.139	Bodega Bay	Stations B, D, and E	120,000.00
	E (network)	<u>0.25</u>	Fairvale		
	<b>TOTAL DSEs</b>	<b>2.472</b>		<b>TOTAL GROSS RECEIPTS</b>	<b>\$600,000.00</b>
	<b>Minimum Fee</b> Total Gross Receipts		\$600,000.00		
			x .01064		
			<u>\$6,384.00</u>		
	<b>First Subscriber Group</b> (Santa Rosa)		<b>Second Subscriber Group</b> (Rapid City and Bodega Bay)		<b>Third Subscriber Group</b> (Fairvale)
	Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts \$120,000.00
	DSEs	2.472	DSEs	1.083	DSEs 1.389
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee \$1,604.03
	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 = 1,276.80
	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 = 327.23
	Base rate fee	<u>\$6,497.20</u>	Base rate fee	<u>\$1,907.71</u>	Base rate fee <u>\$1,604.03</u>
	<b>Total Base Rate Fee:</b> \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94				
	In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)				

Add rows as necessary.  
Remember to copy all formula into new rows.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	SYSTEM ID# <b>062715</b>						
<b>3</b>  Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<b>Instructions: CAPACITY</b> <b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). <b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. <b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period. <b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. <b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." <b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)							
	<b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
<b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, .....					<b>0.00</b>			
<b>4</b>  Computation of DSEs for Substitute- Basis Stations	<b>Instructions:</b> <b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). <b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. <b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year. <b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	<b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, .....							<b>0.00</b>	
<b>5</b>  Total Number of DSEs	<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●	<b>5.00</b>						
	2. Number of DSEs from part 3 ●	<b>0.00</b>						
	3. Number of DSEs from part 4 ●	<b>0.00</b>						
	<b>TOTAL NUMBER OF DSEs</b> <span style="float: right; border: 1px solid black; padding: 2px;"><b>5.00</b></span>							

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>						<b>SYSTEM ID#</b> <b>062715</b>		<b>Name</b>		
<b>Instructions:</b> Block A must be completed. In block A: • If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer is "No," complete blocks B and C below.										6
<b>BLOCK A: TELEVISION MARKETS</b>										
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.										
<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Column 1: CALL SIGN</p> <p>Column 2: BASIS OF PERMITTED CARRIAGE</p> <p>Column 3:</p> </div> <div style="width: 50%;"> <p>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1))</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.            *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p> </div> </div>										
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
WHYY	C	0.25	WHYY Y2	M	0.25	WNJN	M	0.25		
WNJT	M	0.25	WNJT NHK	C	0.25	WLIW Crea	C	0.25		
WPPT	M	0.25	WLVT Fran	M	0.25	WLIW Wor	M	0.25		
WLVT	C	0.25	WPPT Wor	M	0.25	WNJN NHK	M	0.25		
WLVT Crea	M	0.25	WBPH	C	1.00	WLIW All A	M	0.25		
WHYY YKId	C	0.25	WLIW	M	0.25					
								<b>5.00</b>		
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>										
Line 1: Enter the total number of DSEs from part 5 of this schedule .....										
Line 2: Enter the sum of permitted DSEs from block B above .....										
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) .....										
Line 4: Enter gross receipts from space K (page 7) .....										
								x 0.0375		
Line 5: Multiply line 4 by 0.0375 and enter sum here .....										
								x		
Line 6: Enter total number of DSEs from line 3 .....										
								<b>0.00</b>		
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) .....										

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

DSE SCHEDULE. PAGE15.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>		SYSTEM ID# <b>062715</b>	Name
<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>			
Section 1	Enter the amount of gross receipts from space K (page 7) . . . . .	▶ \$ <b>206,666,937.11</b>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">7</div> <div>Computation of the Syndicated Exclusivity Surcharge</div>
Section 2	A. Enter the total DSEs from block B of part 7 . . . . . <span style="float: right;">0.00</span> B. Enter the total number of exempt DSEs from block C of part 7 . . . . . <span style="float: right;">0.00</span> C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . . <span style="float: right; border: 1px solid black; padding: 2px;">0.00</span>		
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input type="checkbox"/> Yes—Complete section 3 below. <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No—Complete section 4 below.</span>			
<b>SECTION 3: TOP 50 TELEVISION MARKET</b>			
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <span style="margin-left: 20px;"><input type="checkbox"/> No—Complete the applicable section below.</span>  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . <span style="float: right;">▶</span> D. Multiply line B by line C and enter here . . . . . <span style="float: right;">▶</span> E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . <span style="float: right; border: 1px solid black; padding: 2px;">\$</span>		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> C. Multiply line B by 3.000 and enter here . . . . . <span style="float: right;">▶ \$</span> D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here . . . . . <span style="float: right;">▶</span> F. Multiply line D by line E and enter here . . . . . <span style="float: right;">▶ \$</span> G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . <span style="float: right; border: 1px solid black; padding: 2px;">\$</span>		
<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <span style="margin-left: 20px;"><input type="checkbox"/> No—Complete the applicable section below.</span>  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . <span style="float: right;">▶ \$</span> C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . <span style="float: right;">▶</span> D. Multiply line B by line C and enter here . . . . . <span style="float: right;">▶ \$</span> E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> . . . . . <span style="float: right; border: 1px solid black; padding: 2px;">\$</span>		



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>		SYSTEM ID# <b>062715</b>						
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	Section 4b	<div>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</div> <div>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>F. Multiply line D by line E and enter here . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</div> <div><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div>							
<b>8</b>  <b>Computation of Base Rate Fee</b>	<div><b>Instructions:</b> You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"><b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b></div> <div>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="checked" type="checkbox"/> Yes—Complete part 9 of this schedule.      <input type="checkbox"/> No—Complete the following sections.</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"><b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;">Section 1</td><td>Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></td></tr><tr><td style="text-align: center;">Section 2</td><td>Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></td></tr><tr><td style="text-align: center;">Section 3</td><td><div>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</div><div>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div><div>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div><div>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: center;">-</span></div><div>D. Multiply line B by line C and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div><div>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</div><div><b>Base Rate Fee.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: right; padding-right: 10px;"><b>0.00</b></span></div></td></tr></table>			Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>	Section 3	<div>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</div> <div>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: center;">-</span></div> <div>D. Multiply line B by line C and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</div> <div><b>Base Rate Fee.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: right; padding-right: 10px;"><b>0.00</b></span></div>
Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>								
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>								
Section 3	<div>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</div> <div>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: center;">-</span></div> <div>D. Multiply line B by line C and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span></div> <div>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</div> <div><b>Base Rate Fee.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; text-align: right; padding-right: 10px;"><b>0.00</b></span></div>								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Verizon Pennsylvania LLC

062715

Section <b>4</b>	<p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ..... ▶ \$</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ..... ▶ \$</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ..... ▶ \$</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ..... ▶</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <b>0.00</b></p>	<b>8</b>  <b>Computation of Base Rate Fee</b>
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**IMPORTANT:** It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.

**In General:** If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

**First:** Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.

**Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

**NOTE:** If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

#### How to Identify a Subscriber Group for Partially Distant Stations

**Step 1:** For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

**Step 2:** For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

**Step 3:** Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

**Computing the base rate fee for each subscriber group:** Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If:
  - 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
  - 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

**9**

**Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations, and  
for Partially  
Permitted  
Stations**

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>	SYSTEM ID# <b>062715</b>
	<p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</b></p> <p><b>Step 1:</b> Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC						SYSTEM ID# 062715		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0					
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE		
WHYY		0.25				WNJT		0.25		
WHYY Ykids		0.25				WNJT NHK World		0.25		
WHYY Y2		0.25				WLVT		0.25		
WNJT		0.25				WLVT Create		0.25		
WNJT NHK World		0.25				WLVT France 24		0.25		
WPPT		0.25				WBPH		1.00		
WPPT World		0.25								
WLVT		0.25								
WLVT Create		0.25								
WLVT France 24		0.25								
WBPH		1.00								

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Pennsylvania LLC</b>						SYSTEM ID# <b>062715</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <span style="float: right;">0</span>					COMMUNITY/ AREA <span style="float: right;">0</span>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
Total DSEs <span style="float: right;">0.00</span>				Total DSEs <span style="float: right;">1.00</span>					
Gross Receipts First Group <span style="float: right;">\$ 114,543,180.16</span>				Gross Receipts Second Group <span style="float: right;">\$ 3,335,862.11</span>					
Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>				Base Rate Fee Second Group <span style="float: right;">\$ 35,493.57</span>					
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <span style="float: right;">0</span>					COMMUNITY/ AREA <span style="float: right;">0</span>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WLIW	0.25			WNJT	0.25				
WLIW Create	0.25			WNJT NHK World	0.25				
WLIW World	0.25			WPPT	0.25				
WNJN	0.25			WPPT World	0.25				
WNJN NHK World	0.25			WLVN	0.25				
WLIW All Arts	0.25			WLVN Create	0.25				
				WLVN France 24	0.25				
				WBPH	1.00				
Total DSEs <span style="float: right;">1.50</span>				Total DSEs <span style="float: right;">2.75</span>					
Gross Receipts Third Group <span style="float: right;">\$ 167,845.78</span>				Gross Receipts Fourth Group <span style="float: right;">\$ 1,251,359.25</span>					
Base Rate Fee Third Group <span style="float: right;">\$ 2,374.18</span>				Base Rate Fee Fourth Group <span style="float: right;">\$ 28,665.51</span>					
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>	

CONTROL #:

REMITTANCE #:



# Cable Worksheet

 Total amount of  
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		
<b>Space A</b> Accounting Period					
	<input type="checkbox"/> January 1 - June 30, 2017		<input type="checkbox"/> July 1 - December 31, 2017		
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space B</b> Owner					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space D</b> Area Served					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space E</b> Secondary Transmission Service Subscribers: and Rates					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space G</b> Primary Transmitters: Television					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space H</b> Primary Transmitters: Radio					
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		

	<b>Space I Substitute Carriage</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space J Part-time Carriage Log (SA3 only)</b>
<input checked="" type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space K Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space L Copyright Filing and Royalty Fees</b>
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space M Channels</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space O Certification</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space P Statement of Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space Q Interest Assessment</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact