

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

**SA3E**  
**Long Form**

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

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

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

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

<b>A</b>  Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b>  <b>2025/1</b>																						
<b>B</b>  Owner	<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> <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>062716</b>																						
	<b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>Verizon Virginia LLC</b>  <b>06271620251</b> <b>062716 2025/1</b>																						
	<b>9000 Junction Dr</b> <b>Annapolis Junction, MD USA 20701</b>																						
<b>C</b>  System	<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.  <b>1</b> <b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Richmond, VA) VHO 9</b>  <b>2</b> <b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>3011 Hungary Spring Rd.</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>Richmond, VA 23228</b> <small>(City, town, state, zip code)</small>																						
<b>D</b>  Area Served  First Community	<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. <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td><b>HENRICO COUNTY</b></td> <td><b>VA</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 15%;">STATE</th> <th style="width: 15%;">CH LINE UP</th> <th style="width: 10%;">SUB GRP#</th> </tr> </thead> <tbody> <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> </tbody> </table>			CITY OR TOWN	STATE	<b>HENRICO COUNTY</b>	<b>VA</b>	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. 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.)

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> 2025/1 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
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<b>B</b> Owner	<p><b>INSTRUCTIONS:</b> 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.</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>062716</b></p> <p>1 <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>Verizon Virginia LLC</b></p> <p>2 <b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b></p> <p>3 <b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b> <b>9000 Junction Dr</b> (Number, street, rural route, apartment, or suite number) <b>Annapolis Junction, MD USA 20701</b> (City, town, state, zip)</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> <p>1 <b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Richmond, VA) VHO 9</b></p> <p>2 <b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>3011 Hungry Spring Rd.</b> (Number, street, rural route, apartment, or suite number) <b>Richmond, VA 23228</b> (City, town, state, zip code)</p>

BARCODE DATA  
Filing Period  
062

<b>E</b> Secondary Transmission Service: Subscribers and Rates	<p><b>BLOCK 1</b></p> <table border="1"> <thead> <tr> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Residential:</td> <td></td> <td></td> </tr> <tr> <td>    • Service to first set</td> <td><b>61,932</b></td> <td><b>54.92</b></td> </tr> <tr> <td>    • Service to additional set(s)</td> <td></td> <td></td> </tr> <tr> <td>    • FM radio (if separate rate)</td> <td></td> <td></td> </tr> <tr> <td>Motel, hotel</td> <td></td> <td></td> </tr> <tr> <td>Commercial</td> <td><b>854</b></td> <td><b>50.00</b></td> </tr> <tr> <td>Converter</td> <td></td> <td></td> </tr> <tr> <td>    • Residential</td> <td></td> <td></td> </tr> <tr> <td>    • Non-residential</td> <td></td> <td></td> </tr> </tbody> </table>	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	Residential:			• Service to first set	<b>61,932</b>	<b>54.92</b>	• Service to additional set(s)			• FM radio (if separate rate)			Motel, hotel			Commercial	<b>854</b>	<b>50.00</b>	Converter			• Residential			• Non-residential																
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• Converter		• Disconnect																																											
<b>M</b> Channels	<p><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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>34</b></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>362</b></p>																																												
<b>N</b> Individual to Be Contacted for Further Information	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Daniel J Margolis</b> Telephone <b>(703) 558-9832</b></p> <p>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)</p> <p>Email (optional) <b>daniel.margolis@verizon.com</b> Fax (optional) <b></b></p>																																												
<b>O</b> Certification	<p><b>CERTIFICATION</b> (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".</p> <p>Typed or printed name: <b>Paula M. Valdez</b></p> <p>Title: <b>Assistant Secretary, Verizon Virginia LLC</b> (Title of official position held in corporation or partnership)</p> <p>Date: <b>August 28, 2025</b></p>																																												

**Total Gross Receipts****\$31,783,673.32**

OK

**Subgroup Gross Receipts Total****\$ 31,783,673.32**

<b>Subgroup</b>	<b>Subgroup/Community Name</b>	<b>Gross Receipts</b>
FIRST	1	\$ 31,783,673.32
SECOND	2	\$ -
THIRD	3	\$ -
FOURTH	4	\$ -
FIFTH	5	\$ -
SIXTH	6	\$ -
SEVENTH	7	\$ -
EIGHTH	8	\$ -
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	3. Type of Number	Station	6. Location of Station	DSE	Space G Basis of Carriage
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	

FORM SA3E, PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Verizon Virginia 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.



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>			SYSTEM ID# <b>062716</b>																																																																																				
<b>E</b>  <b>Secondary Transmission Service: Subscribers and Rates</b>	<p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b></p> <p><b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).</p> <p><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).</p> <p><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.</p> <p><b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."</p> <p><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p> <table border="1"> <thead> <tr> <th colspan="3">BLOCK 1</th> <th colspan="3">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td><b>Residential:</b></td> <td><b>61,932</b></td> <td><b>\$ 54.92</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to additional set(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Motel, hotel</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Commercial</b></td> <td><b>854</b></td> <td><b>\$ 50.00</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Converter</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	<b>Residential:</b>	<b>61,932</b>	<b>\$ 54.92</b>				• Service to first set						• Service to additional set(s)						• FM radio (if separate rate)						<b>Motel, hotel</b>						<b>Commercial</b>	<b>854</b>	<b>\$ 50.00</b>				<b>Converter</b>						• Residential						• Non-residential																							
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<b>F</b>  <b>Services Other Than Secondary Transmissions: Rates</b>	<p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b></p> <p><b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.</p> <p><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p><b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p> <table border="1"> <thead> <tr> <th colspan="3">BLOCK 1</th> <th colspan="3">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td><b>Continuing Services:</b></td> <td></td> <td><b>Installation: Non-residential</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td><b>\$ 15.00</b></td> <td>• Motel, hotel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td></td> <td>• Commercial</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Fire protection</td> <td></td> <td>• Pay cable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Burglar protection</td> <td></td> <td>• Pay cable-add'l channel</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Installation: Residential</b></td> <td></td> <td>• Fire protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• First set</td> <td><b>\$ 99.00</b></td> <td>• Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Additional set(s)</td> <td><b>\$ 60.00</b></td> <td><b>Other services:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td>• Reconnect</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Converter</td> <td></td> <td>• Disconnect</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td><b>\$ 60.00</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	<b>Continuing Services:</b>		<b>Installation: Non-residential</b>				• Pay cable	<b>\$ 15.00</b>	• Motel, hotel				• Pay cable—add'l channel		• Commercial				• Fire protection		• Pay cable				• Burglar protection		• Pay cable-add'l channel				<b>Installation: Residential</b>		• Fire protection				• First set	<b>\$ 99.00</b>	• Burglar protection				• Additional set(s)	<b>\$ 60.00</b>	<b>Other services:</b>				• FM radio (if separate rate)		• Reconnect				• Converter		• Disconnect						• Outlet relocation	<b>\$ 60.00</b>					• Move to new address			
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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, \$299.99 purchase	\$15 rental, \$299.99 purchase
Fios Wireless Router		

<b>Category of Service</b>	<b>Residential</b>	<b>Commercial</b>
	<b>Rate</b>	<b>Rate</b>
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 Virginia LLC</b>	SYSTEM ID# <b>062716</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 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
WCVE	23	E	No		Richmond
WCVE Create	23	E-M	No		Richmond
WCVE PBS Kids	23	E-M	No		Richmond
WCVE-simulcast	23	E	No		Richmond
WCVW	57	E	No		Richmond
WCVW-simulcast	57	E	No		Richmond
WNVT World	22	E-M	No		Richmond
WRIC	8	N	No		Petersburg
WRIC COZI TV	8	N-M	No		Petersburg
WRIC Laff	8	N-M	No		Petersburg
WRIC Rewind	8	N-M	No		Petersburg
WRIC-simulcast	8	N	No		Petersburg
WRLH	35	I	No		Richmond
WRLH Charge TV	35	I-M	No		Richmond
WRLH CometTV	35	I-M	No		Richmond
WRLH-DT2	35	I-M	No		Richmond
WRLH-simulcast	35	I	No		Richmond
WTVR	6	N	No		Richmond

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>					SYSTEM ID# <b>062716</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>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	
WTVR 6 Xtra	6	N-M	No		Richmond	See instructions for additional information on alphabetization.
WTVR Antenna TV	6	N-M	No		Richmond	
WTVR-simulcast	6	N	No		Richmond	
WUPV	65	I	No		Ashland	
WUPV Bounce TV	65	I-M	No		Ashland	
WUPV Grit TV	65	I-M	No		Ashland	
WUPV The365	65	I-M	No		Ashland	
WUPV-simulcast	65	I	No		Ashland	
WWBT	12	N	No		Richmond	
WWBT Circle	12	N-M	No		Richmond	
WWBT ION Myste	12	N-M	No		Richmond	
WWBT Me TV	12	N-M	No		Richmond	
WWBT True Crime	12	N-M	No		Richmond	
WWBT-simulcast	54	N	No		Richmond	
WZTD	45	I	No		Richmond	
WZTD-simulcast	45	I	No		Richmond	







FORM SA3E, PAGE 7.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>		SYSTEM ID# <b>062716</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. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>31,783,673.32</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">(Amount of gross receipts)</td> </tr> </table>				\$	<b>31,783,673.32</b>	(Amount of gross receipts)	
\$	<b>31,783,673.32</b>						
(Amount of gross receipts)							
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>► 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.</p> <p>► 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.</p> <p>► 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.</p>							
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 ..... <b>\$ 31,783,673.32</b> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. .... This is your minimum fee. <b>\$ 338,178.28</b>						
	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. <ul style="list-style-type: none"> <li>• 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.</li> </ul>					
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 ..... <b>\$ -</b> 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 ..... <b>0.00</b> Line 3. Add lines 1 and 2 and enter here ..... <b>\$ -</b>					
	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 ..... <b>\$ 338,178.28</b> 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. ..... <b>0.00</b> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <b>0.00</b> Line 4. <b>FILING FEE:</b> ..... <b>\$ 725.00</b>					
		<b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here ..... <b>\$ 338,903.28</b>					
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 additional fees. Division for the appropriate form for submitting the additional fees.							

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>	<b>SYSTEM ID#</b> <b>062716</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. <p>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>34</b></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>362</b></p>	
<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.) <p>Name <b>Daniel J Margolis</b> ..... Telephone <b>(703) 558-9832</b></p> <p>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)</p> <p>Email <b>daniel.margolis@verizon.com</b> ..... Fax (optional) _____</p>	
<b>O</b> <b>Certification</b>	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.) <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> 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</p> <p><input checked="" type="checkbox"/> <b>(Officer or partner)</b> 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.</p> <p>• 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)]</p> <div style="text-align: center;">  <b>X</b> <b>/s/ Paula M. Valdez</b> </div> <p>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.</p> <p>Typed or printed name: <b>Paula M. Valdez</b></p> <p>.....</p> <p>Title: <b>Assistant Secretary, Verizon Virginia LLC</b> (Title of official position held in corporation or partnership)</p> <p>Date: <b>August 28, 2025</b></p>	

**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.

FORM SA3E. PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>	SYSTEM ID# <b>062716</b>	Name						
<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p>"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."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. .... \$ .....</p> <table border="1"> <tr> <td>Name .....</td> <td>Name .....</td> </tr> <tr> <td>Mailing Address .....</td> <td>Mailing Address .....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>			Name .....	Name .....	Mailing Address .....	Mailing Address .....	.....	.....
Name .....	Name .....							
Mailing Address .....	Mailing Address .....							
.....	.....							
<p><b>INTEREST ASSESSMENTS</b></p> <p>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.</p> <p>Line 1 Enter the amount of late payment ..... \$ .....</p> <p style="text-align: right;">x ..... -</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here ..... \$ .....</p> <p style="text-align: right;">x ..... days -</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here ..... \$ .....</p> <p style="text-align: right;">x 0.00274 -</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) ..... \$ .....</p> <p style="text-align: right;">(interest charge) -</p> <p>* 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 licensing@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> <table border="1"> <tr> <td>Owner .....</td> </tr> <tr> <td>Address .....</td> </tr> <tr> <td>First community served .....</td> </tr> <tr> <td>Accounting period .....</td> </tr> <tr> <td>ID number .....</td> </tr> </table>			Owner .....	Address .....	First community served .....	Accounting period .....	ID number .....	
Owner .....								
Address .....								
First community served .....								
Accounting period .....								
ID number .....								

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CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials
----------------------------	---------------------	----------

Date of remittance	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> FILING FEES
--------------------	--------------------------------	------------------------------	--------------------------------------

Cable ID #				Amount	Initials		
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A 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			
Space B Owner							
		<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
		<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space D Area Served							
		<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
		<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space E Secondary Transission 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			
Space G Primary Transmitters: Television							
		<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
		<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space H 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	