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
08/23/2018	\$ ALLOCATION NUMBER

email to:

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coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2018/1			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account covering the if this is the system's first filing. If not, enter the system's ID	ess of the cable syst or on the last day of a counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Verizon New Jersey Inc			
				062714 2018/1
	PO Box 152097, MC: HQE03H19 Irving, TX 75015-2092			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Freehold, NJ) VHO 7			
	MAILING ADDRESS OF CABLE SYSTEM: 999 West Main Street (Number, street, rural route, apartment, or suite number) Freehold, NJ 07728 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	ALLENDALE BORO BERGEN	NJ		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
-	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062714 Verizon New Jersey Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# ALLENDALE BORO BERGEN NJ 3 Α **First** ABERDEEN TWP MONMOUTH NJ Α Community ALLENHURST BORO MONMOUTH NJ Α **ALPINE BORO BERGEN** NJ Α 3 ASBURY PARK CITY MONMOUTH Α 2 NJ 3 ATLANTIC HIGHLANDS BORO MONMOUTH Α NJ See instructions for 2 AVON-BY-THE-SEA BORO MONMOUTH NJ Α additional information on alphabetization. **BAYONNE CITY HUDSON** NJ Α 3 **BEACHWOOD BORO OCEAN** NJ В 4 BEDMINSTER TWP SOMERSET 2 NJ Α 3 **BELLEVILLE TWP ESSEX** NJ Α Add rows as necessary. BELMAR BORO MONMOUTH Α 2 NJ 3 BERGENFIELD BORO BERGEN NJ Α 2 BERKELEY HEIGHTS TWP UNION NJ Α В BERKELEY TWP OCEAN NJ 4 2 NJ BERNARDS TWP SOMERSET BERNARDSVILLE BORO SOMERSET NJ **BLOOMFIELD TWP ESSEX** 3 NJ Α **BLOOMINGDALE BORO PASSAIC** NJ Α 2 3 **BOGOTA BORO BERGEN** NJ Α 2 **BOONTON TWP MORRIS** NJ Α **BOROUGH OF WOODLAND PARK PASSAIC** NJ 3 2 **BOUND BROOK BORO SOMERSET** NJ Α 2 **BRADLEY BEACH BORO MONMOUTH** NJ Α 2 **BRANCHBURG TWP SOMERSET** NJ Α В **BRICK TWP OCEAN** NJ **BRIDGEWATER TWP SOMERSET** NJ 2 Α BRIELLE BORO MONMOUTH NJ Α 1 CALDWELL BORO ESSEX NJ Α 3 CARLSTADT BORO BERGEN NJ A 3 3 CEDAR GROVE TWP ESSEX NJ 2 CHATHAM BORO MORRIS NJ A CHATHAM TWP MORRIS NJ Δ 2 **CHESTER TWP MORRIS** NJ 2 CITY OF ORANGE TWP ESSEX NJ A 3 3 CLARK TWP UNION NJ Α **CLIFFSIDE PARK BORO BERGEN** 3 NJ A CLIFTON CITY PASSAIC NJ 3 **CLOSTER BORO BERGEN** NJ 3 **COLTS NECK TWP MONMOUTH** 2 NJ Α CRANFORD TWP UNION NJ 3

DEAL BORO MONMOUTH

2

	·	l	
DEMAREST BORO BERGEN	NJ	Α	3
DENVILLE TWP MORRIS	NJ	Α	2
DOVER (TOMS RIVER) OCEAN	NJ	В	4
	·•	^	,
DOVER TOWN MORRIS	NJ	A	2
DUMONT BORO BERGEN	NJ	Α	3
EAST BRUNSWICK TWP MIDDLESEX	NJ	Α	2
EAST HANOVER TWP MORRIS	NJ	Δ	2
EAST NEWARK BORO HUDSON	NJ	^	2
	. 	A .	3
EAST ORANGE CITY ESSEX	NJ	Α	3
EAST RUTHERFORD BORO BERGEN	NJ	Α	3
EATONTOWN BORO MONMOUTH	NJ	Α	2
EDGEWATER BORO BERGEN	NJ	Δ	3
		2	3
EDISON TWP MIDDLESEX	NJ	A	2
ELIZABETH CITY UNION	NJ	Α	3
ELMWOOD PARK BORO BERGEN	NJ	Α	3
EMERSON BORO BERGEN	NJ	Α	3
ENGLEWOOD CITY BERGEN	NJ	A	3
	. 		3
ENGLEWOOD CLIFFS BORO BERGEN	NJ	Α	3
ENGLISHTOWN BORO MONMOUTH	NJ	Α	2
ESSEX FELLS BORO ESSEX	NJ	Α	3
FAIR HAVEN BORO MONMOUTH	NJ	Α	3
	. 		3
FAIR LAWN BORO BERGEN	NJ	Α	3
FAIRFIELD TWP ESSEX	NJ	Α	3
FAIRVIEW BORO BERGEN	NJ	Α	3
FANWOOD BORO UNION	NJ	Α	2
FAR HILLS BORO SOMERSET	NJ	A	2
	·•	<u> </u>	
FARMINGDALE BORO MONMOUTH	NJ	A	2
FLORHAM PARK BORO MORRIS	NJ	Α	2
FORT LEE BORO BERGEN	NJ	Α	3
FRANKLIN LAKES BORO BERGEN	NJ	Α	3
FRANKLIN TWP SOMERSET	NJ	A	2
	. 	-	_
FREEHOLD BORO MONMOUTH	NJ	A	2
FREEHOLD TWP MONMOUTH	NJ	Α	2
GARFIELD CITY BERGEN	NJ	Α	3
GARWOOD BORO UNION	NJ	Α	3
GLEN RIDGE ESSEX	NJ	Α	3
GLEN ROCK BORO BERGEN	NJ	Ā	2
	ļ		3
GREEN BROOK TWP SOMERSET	NJ	Α	2
GUTTENBERG TOWN HUDSON	NJ	Α	3
HACKENSACK CITY BERGEN	NJ	Α	3
HALEDON BORO PASSAIC	NJ	Α	3
HANOVER TWP MORRIS	NJ	^	3
		A	2
HARDING TWP MORRIS	NJ	Α	2
HARRINGTON PARK BORO BERGEN	NJ	Α	3
HARRISON TOWN HUDSON	NJ	Α	3
HASBROUCK HEIGHTS BORO BERGEN	NJ	Δ	3
HAWORTH BORO BERGEN	NJ	^	3
		A .	3
HAWTHORNE BORO PASSAIC	NJ	Α	3
HAZLET TWP MONMOUTH	NJ	Α	3
HELMETTA BORO MIDDLESEX	NJ	Α	2
HIGHLAND PARK BORO MIDDLESEX	NJ	Δ	2
HIGHLANDS BORO MONMOUTH	NJ	^	2
HIGHLANDS BURU WUNWUUTH		A	3
HILLSBOROUGH TWP SOMERSET	NJ	Α	2
HILLSDALE BORO BERGEN	NJ	Α	3
HILLSIDE TWP UNION	NJ	Α	3
HOBOKEN CITY HUDSON	NJ	Α	3
HO-HO-KUS BORO BERGEN	NJ	^.	2
		A	3
HOLMDEL TWP MONMOUTH	NJ	Α	2
HOWELL TWP MONMOUTH	NJ	Α	2
INTERLAKEN BORO MONMOUTH	NJ	Α	2

			•
IRVINGTON TWP ESSEX	NJ	Α	3
ISLAND HEIGHTS BORO OCEAN	NJ	В	4
JACKSON TWP OCEAN	NJ	В	1
JAMESBURG BORO MIDDLESEX	NJ	Α	2
JEFFERSON TWP MORRIS	NJ	Α	2
JERSEY CITY HUDSON	NJ	Α	3
KEANSBURG BORO MONMOUTH	NJ	A	3
KEARNY TOWN HUDSON	NJ	Ā	3
			3
KENILWORTH BORO UNION	NJ	A	
KEYPORT BORO MONMOUTH	NJ	A	3
LAKE COMO BORO MONMOUTH	NJ	Α	2
LAKEHURST BORO	NJ	В	4
LAKEWOOD TWP OCEAN	NJ	В	1
LEONIA BORO BERGEN	NJ	Α	3
LINDEN CITY UNION	NJ	Α	3
LITTLE FALLS TWP PASSAIC	NJ	Α	3
LITTLE FERRY BORO BERGEN	NJ	Δ	3
LITTLE SILVER BORO MONMOUTH	NJ	<u> </u>	3
LIVINGSTON TWP ESSEX	NJ	<u> </u>	3
		A	_
LOCH ARBOUR VILLAGE MONMOUTH	NJ	A	2
LODI BORO BERGEN	NJ	Α	3
LONG BRANCH CITY MONMOUTH	NJ	Α	3
LONG HILL TWP MORRIS	NJ	Α	2
LYNDHURST TWP BERGEN	NJ	Α	3
MADISON BORO MORRIS	NJ	Α	2
MAHWAH TWP BERGEN	NJ	A	3
MANALAPAN TWP MONMOUTH	NJ	Δ	2
MANASQUAN BORO MONMOUTH	NJ	Ä	1
	ф	į	
MANCHESTER TWP OCEAN	NJ	В	1
MANVILLE BORO SOMERSET	NJ	Α	2
MAPLEWOOD TWP ESSEX	NJ	Α	3
MARLBORO TWP MONMOUTH	NJ	Α	2
MATAWAN BORO MONMOUTH	NJ	Α	2
MAYWOOD BORO BERGEN	NJ	Α	3
MENDHAM BORO MORRIS	NJ	Α	2
MENDHAM TWP MORRIS	NJ	Α	2
MIDDLESEX BORO MIDDLESEX	NJ	Α	2
MIDDLETOWN TWP MONMOUTH	NJ	A	3
MIDLAND PARK BORO BERGEN	NJ	^	3
	ф	<u> </u>	3
MILLBURN TWP ESSEX	NJ	A	3
MILLSTONE TWP MONMOUTH	NJ	A	2
MILLTOWN BORO MIDDLESEX	NJ	Α	2
MINE HILL TWP MORRIS	NJ	Α	2
MONMOUTH BEACH BORO MONMOUTH	NJ	Α	3
MONROE TWP MIDDLESEX	NJ	Α	2
MONTCLAIR TWP ESSEX	NJ	Α	3
MONTVALE BORO BERGEN	NJ	Α	3
MONTVILLE TWP MORRIS	NJ	Δ	2
MOONACHIE BORO BERGEN	NJ	^	3
MORRIS PLAINS BORO MORRIS	NJ	^	2
		A	
MORRIS TWP MORRIS	NJ	A	2
MORRISTOWN TOWN MORRIS	NJ	Α	2
MOUNT OLIVE TWP MORRIS	NJ	Α	2
MOUNTAIN LAKES BORO MORRIS	NJ	Α	2
MOUNTAINSIDE BORO UNION	NJ	Α	2
NEPTUNE CITY BORO MONMOUTH	NJ	Α	2
NEPTUNE TWP MONMOUTH	NJ	Α	2
NEW BRUNSWICK CITY MIDDLESEX	NJ	A	2
NEW MILFORD BORO BERGEN	NJ	Ā	3
NEW PROVIDENCE BORO UNION	NJ	Ä	2
MENT I MONIDEROF DOUG ONION	INJ	A	

,	y		
NEWARK CITY ESSEX	NJ	Α	3
NORTH ARLINGTON BORO BERGEN	NJ	Α	3
NORTH BERGEN TWP HUDSON	NJ	Α	3
NORTH BRUNSWICK TWP MIDDLESEX	NJ	Α	2
NORTH CALDWELL TWP ESSEX	NJ	Α	3
NORTH HALEDON BORO PASSAIC	NJ	Λ	3
NORTH PLAINFIELD BORO SOMERSET	NJ	<u> </u>	2
		A	
NORTHVALE BORO BERGEN	NJ	A	3
NORWOOD BORO BERGEN	NJ	Α	3
NUTLEY TWP ESSEX	NJ	Α	3
OAKLAND BORO BERGEN	NJ	Α	2
OCEAN TWP MONMOUTH	NJ	Α	2
OCEANPORT BORO MONMOUTH	NJ	Α	3
OLD BRIDGE TWP MIDDLESEX	NJ	Α	2
OLD TAPPAN BORO BERGEN	NJ	Α	3
ORADELL BORO BERGEN	NJ	Α	3
PALISADES PARK BORO BERGEN	NJ	Α	3
PARAMUS BORO BERGEN	NJ	A	3
PARK RIDGE BORO BERGEN	NJ	A	3
PARSIPPANY-TROY HILLS TWP MORRIS	NJ	Ā	2
			3
PASSAIC CITY PASSAIC	NJ	A	
PATERSON CITY PASSAIC	NJ	A	3
PEAPACK-GLADSTONE BORO SOMERSET	NJ	Α	2
PERTH AMBOY CITY MIDDLESEX	NJ	Α	3
PINE BEACH BORO OCEAN	NJ	В	4
PISCATAWAY TWP MIDDLESEX	NJ	Α	2
PLAINFIELD CITY UNION	NJ	Α	2
PROSPECT PARK BORO PASSAIC	NJ	Α	3
RAMSEY BORO BERGEN	NJ	Α	3
RANDOLPH TWP MORRIS	NJ	Α	2
RARITAN BORO SOMERSET	NJ	A	2
READINGTON TWP HUNTERDON	NJ	Δ	2
RED BANK BORO MONMOUTH	NJ	Ä	3
RIDGEFIELD BORO BERGEN	NJ		3
	L	A	_
RIDGEFIELD PARK VILLAGE BERGEN	NJ	A	3
RIDGEWOOD VILLAGE BERGEN	NJ	A	3
RIVER EDGE BORO BERGEN	NJ	Α	3
RIVER VALE TWP BERGEN	NJ	Α	3
ROCHELLE PARK TWP BERGEN	NJ	Α	3
ROCKAWAY BORO MORRIS	NJ	Α	2
ROCKAWAY TWP MORRIS	NJ	Α	2
ROCKLEIGH BORO BERGEN	NJ	Α	3
ROSELAND BORO ESSEX	NJ	Α	3
ROSELLE BORO UNION	NJ	Α	3
ROSELLE PARK BORO UNION	NJ	Α	3
ROXBURY TWP MORRIS	NJ	Δ	2
RUMSON BORO MONMOUTH	NJ	Δ	3
RUTHERFORD BORO BERGEN	NJ	^	3
SADDLE BROOK TWP BERGEN	NJ	^	3
		A	3
SADDLE RIVER BORO BERGEN	NJ	A	3
SAYREVILLE BORO MIDDLESEX	NJ	A	2
SCOTCH PLAINS TWP UNION	NJ	Α	2
SEA BRIGHT BORO MONMOUTH	NJ	Α	3
SEA GIRT BORO MONMOUTH	NJ	Α	1
SEASIDE HEIGHTS OCEAN	NJ	В	4
SECAUCUS TOWN HUDSON	NJ	Α	3
SHREWSBURY BORO MONMOUTH	NJ	Α	3
SHREWSBURY TWP MONMOUTH	NJ	Α	2
SOMERVILLE BORO SOMERSET	NJ	Α	2
SOUTH AMBOY CITY MIDDLESEX	NJ	A	2
TOTAL MINE OF THE MINE DELOCATION OF THE PROPERTY OF THE PROPE	110	A	_

SOUTH BOUND BROOK BORO SOMERSET	NJ	Α	2
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	Α	2
SOUTH HACKENSACK TWP BERGEN	NJ	Α	3
SOUTH ORANGE VILLAGE TWP ESSEX	NJ	A	3
SOUTH PLAINFIELD BORO MIDDLESEX	NJ	A	2
SOUTH TOMS RIVER BORO OCEAN	NJ	В	4
SPOTSWOOD BORO MIDDLESEX	NJ	Ā	2
SPRING LAKE BORO MONMOUTH	NJ	Ā	1
SPRING LAKE HEIGHTS BORO MONMOUTH	NJ	Â	
SPRINGFIELD TWP UNION	NJ	Ä	2
SUMMIT CITY UNION			2
TEANECK TWP BERGEN	NJ	A	_
	NJ	A	3
TETERBORO BORO BERGEN	NJ	A	3
TINTON FALLS BORO MONMOUTH	NJ	A	2
TOTOWA BORO PASSAIC	NJ	A	3
UNION BEACH BORO MONMOUTH	NJ	Α	3
UNION CITY HUDSON	NJ	Α	3
UNION TWP UNION	NJ	Α	3
UPPER SADDLE RIVER BORO BERGEN	NJ	Α	3
VERONA TWP ESSEX	NJ	Α	3
VICTORY GARDENS BORO MORRIS	NJ	Α	2
WALDWICK BORO BERGEN	NJ	Α	3
WALL TWP MONMOUTH	NJ	Α	1
WALLINGTON BORO BERGEN	NJ	Α	3
WARREN TWP SOMERSET	NJ	Α	2
WASHINGTON TWP BERGEN	NJ	Α	3
WATCHUNG BORO SOMERSET	NJ	Α	2
WAYNE TWP PASSAIC	NJ	A	3
WEEHAWKEN TWP HUDSON	NJ	A	3
WEST CALDWELL TWP ESSEX	NJ	A	3
WEST LONG BRANCH MONMOUTH	NJ	Ā	3
WEST NEW YORK TOWN HUDSON	NJ	Ä	3
WEST ORANGE TWP ESSEX	NJ	Ä	3
WESTFIELD UNION	NJ	A	2
WESTFIELD UNION WESTWOOD BORO BERGEN	NJ	A	3
WHARTON BORO MORRIS	NJ		2
WINFIELD TWP UNION	NJ	A	3
WOODBRIDGE TWP MIDDLESEX		A	
	NJ	A	3
WOODCLIFF LAKE BORO BERGEN	NJ	A	3
WOOD-RIDGE BORO BERGEN	NJ	A	3
WYCKOFF TWP BERGEN	NJ	Α	3

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New Jersey Inc

SYSTEM ID#

062714

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1				BLOC	K 2	
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE	Ц	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	606,878	\$	12.99				
Service to additional set(s)				ľ			
 FM radio (if separate rate) 				ľ			
Motel, hotel				ľ			
Commercial	14,690	\$	25.00	ľ			
Converter				ľ			
Residential							
Non-residential							
		T		ľ		1	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 15.00	Motel, hotel		See Tab Attachment B	
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$ 99.00	Burglar protection			
 Additional set(s) 	\$ 65.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 65.00		
		Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1	15.00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2	00.00	00.00
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate 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
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV Lifestyle & Regity	50.00	N/A N/A
Custom TV Lifestyle & Reality Custom TV Infotainment & Drama	40.00	N/A N/A
	40.00	N/A N/A
Custom TV Home & Family	50.00 16.00	Varies
Spanish Language Package Music Choice Package	N/A	34.99
Playboy	16.99	34.99 N/A
International Premium On Demand	Varies	Varies
	v a1165	v ancs

Category of Service	Residential Rate	Commercial Rate
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box	12.00	11.99
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	19.99
HD Digital DVR	N/A	16.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
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)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB SD DVB	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New Jersey Inc 062714 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WCBS** 2 Ν No **New York WJLP** Middletown Twp 33 ı No See instructions for additional information **WNBC** 4 Ν No **New York** on alphabetization. **WNYW** No 5 ı **New York WRNN** 48 I No Kingston **WABC** 7 Ν No **New York WWOR** 9 I No Secaucus **WLNY** 57 ı No Riverhead **WPIX** 11 **New York** I No **WNJU** 47 Ν No Linden WNET 13 Ε No Newark **WFUT** 68 ı No Newark **WMBC** 63 ı No Newton **WZME** 43 ı No Bridgeport Ε WLIW 21 Yes 0 **Garden City** 50 Ε **WNJN** Yes 0 Montclair **WNYE** 25 Ε No **New York WPXN** 31 1 **New York** No

FORM SA3E. PAGE 3.	ED 05 04 DI 5 0	(OTEN			SVSTEM ID#	
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Verizon New Je	ersey Inc				062714	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during to ons in effect of .61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ted in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carring ne carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
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each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example	
Column 2: Give the	channel numl	ber the FCC h	nas assigned to	the television sta	ion for broadcasting over-the-air in	
on which your cable sy Column 3: Indicate	stem carried the in each case v	he station. whether the st	tation is a netwo	ork station, an ind	may be different from the channel ependent station, or a noncommercial	
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PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to lons in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carring carring carring (1) stations carring of carring (1) (2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
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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	_
WPIX This TV	11	I-M	No		New York	
WPXN qubo	31	I-M	No		New York	See instructions for
WPXN ION Life	31	I-M	No		New York	additional information on alphabetization.
WNYW Movies!	44	I-M	No		New York	
WFUT getTV	68	I-M	No		Newark	
WZME CNC World	43	I-M	No		Bridgeport	

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New Jersey Inc

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G identify every television station (including

In General: 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- 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.
- 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.

Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: 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.

Column 3: 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.

Column 4: 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.

Column 5: 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.

Column 6: 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. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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	57	I	No		Riverhead
WPIX	11	I	No		New York
WNJU	47	N	No		Linden
WNET	13	E	No		Newark
WPVI	6	N	No		Philadelphia
WFUT	68	I	No		Newark
WMBC	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	E	Yes	0	Garden City
WNJN	50	E	Yes	0	Montclair
WNYE	25	Е	Yes	0	New York

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersey Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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
WPXN	31	I	No		New York
WXTV	41	I	No		Paterson
WABC ABC Live	45	N-M	No		New York
WLIW-simulcast	21	E	Yes	E	Garden City
WPVI ABC Live W	6	N-M	No		Philadelphia
WCBS-simulcast	56	N	No		New York
WJLP-simulcast	33	I	No		Middletown Twp
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	: 44	I	No		New York
WRNN-simulcast	48	I	No		Kingston
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	57	I	No		Riverhead
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	36	N	No		Linden
WNET-simulcast	61	E	No		Newark
WPVI-simulcast	6	N	No		Philadelphia

No

WFUT-simulcast

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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Newark

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New Jersey Inc 062714 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP 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	
WMBC-simulcast	63	I	No		Newton	
WZME-simulcast	43	I	No		Bridgeport	
WNJN-simulcast	50	E	Yes	E	Montclair	
WNYE-simulcast	25	E	Yes	E	New York	
WPXN-simulcast	31	I	No		New York	
WXTV-simulcast	41	I	No		Paterson	
Cozi TV [WNBC]	4	N-M	No		New York	
WNJU TeleXitos	36	N-M	No		Linden	
Antenna TV [WPI	11	I-M	No		New York	
WABC ABC LAFF	45	N-M	No		New York	
WPVI ABC LAFF	6	N-M	No		Philadelphia	
WLIW Create	21	E-M	Yes	0	Garden City	
WNET Thirteen P	13	E-M	No		Newark	
WLIW World	21	E-M	Yes	0	Newark	
WXTV Bounce TV	41	I-M	No		Paterson	
WMBC New Tang	63	I-M	No		Newton	
WNJN NHK World	50	E-M	Yes	0	Montclair	
WCBS Decades	56	N-M	No		New York	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New Jersey Inc 062714 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: 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. 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. Column 1: 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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. Column 3: 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. Column 4: 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. Column 5: 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. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **WJLP Grit TV** 33 I-M No Middletown Twp Middletown Twp WJLP Escape TV 33 I-M No **WWOR Buzzr** 38 I-M No Secaucus I-M No **WWOR Heroes &** 38 Secaucus **WPIX This TV** 11 I-M No **New York** WPXN qubo 31 I-M No **New York WPXN ION Life** 31 I-M No **New York** WNYW Movies! 44 I-M No **New York** I-M WFUT getTV 68 No Newark WZME CNC World 43 I-M No **Bridgeport**

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersey Inc PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2018/1
Verizon New Jersey In		ГЕМ:					S	YSTEM ID# 062714	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that vour	cable	svstem o	arried on a	ı
substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per	ccounting pening that must	eriod, under spe st be included in NING SUBST	ecific present and former FC n this log, see page (v) of th TTUTE CARRIAGE	C rules, regula e general instr	ations, or a ructions loc	uthori: ated i	zations. F n the pap	or a further	Substitute Carriage: Special
broadcast by a distant star Note: If your answer is "No	tion?	-	•	-			Yes	⊠No	Statement and Program Log
log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spaceled to be column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Legistes, so for example, "I Love Legistes,	E PROGRA titute progra tice, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static hadian static hadian static re "S/7." es when the Example: a er "R" if the and regulatic ogramming	IMS Im on a separa attach addition nnetwork telev ion and that you or authorization of use general of BA Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	Inte line. Use abbreviations al pages. It is is pages. It is is pages at the page of the p	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let under FCC r	sible, if the during the ramming one located List spectonsed by the tiffied). In the time of time of the time of time	eir me e acco of anoid in the ific pro ne FCC , with mes a should n was ne liste egulat	aning is unting ther static e paper ogram C or, in the mont ccurately d be required ed pro tions in	on h	
S		E PROGRAM		CARR	EN SUBST IAGE OC		RED	7. REASON FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— —	TO_	DELETION	
						_			
									
						_			
									

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Verizon New Jersey Inc	062714
_		

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Vei	izon New Jersey Inc			062714	Name
all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondar	y transr ite this	nission service	K Gross Receipts
CorCorIf you feeIf you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. Four system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Four system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		t of the	minimum	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\bf k}$ 3 below.	e ente	ered on	line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entere	ed on lir	ne 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	e entere	ed on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		.064 pe	rcent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	175,500,056.45	
	This is your minimum fee.	\$		1,867,320.60	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of the property of the p	mn 4, od?	you mu	st check	
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	556,205.31	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		556,205.31	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	1,867,320.60	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		1,868,045.60	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See p	oage (i)	of the	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Verizon New Jersey Inc	062714
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
•••	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	to its subscribers and (2) the subject system's total number of activated charmers, during the accounting period.	
	Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	í
	and nonbroducast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further	Name Brad Wright Telephone 972-444-55	53
mormation	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number)	
	Irving, TX 75015-2092	
	(City, town, state, zip)	
	Email brad.wright@verizon.com Fax (optional) 877-875-8841	
	CERTIFICATION (This statement of account must be cartifed and signed in accordance with Converget Office regulations	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.	
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Gertineation	i, the articles gried, notes y contary that (check one, sat only one, or the server)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ider	ntified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable	e system
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Veronica C. Glennon	
	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/ signaturé, place your cursor in the box and p "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se	
	Typed or printed name: Veronica C. Glennon	
	Title: Assistant Secretary, Verizon New Jersey Inc.	
	(Title of official position held in corporation or partnership)	
	Date: August 29, 2018	

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

LEGAL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM ID#	
Verizon New Jo	ersey Inc	062714	Name
The Satellite Hollowing sentence "In deter service of scribers For more inform paper SA3 form During the accommade by satellite X NO	rmining the total number of subscribers and the gross amounts paid to the cable system of providing secondary transmissions of primary broadcast transmitters, the system shall and amounts collected from subscribers receiving secondary transmissions pursuant to nation on when to exclude these amounts, see the note on page (vii) of the general instru	for the basic not include sub- section 119." uctions in the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST A	ASSESSMENTS		
You must comp	olete this worksheet for those royalty payments submitted as a result of a late payment or tion of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter th	ne amount of late payment or underpayment		Interest Assessment
Line 2 Multiply	/ line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply	/ line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply	y line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	terest charge)	
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as e Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance please	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.		
-	re filing this worksheet covering a statement of account already submitted to the Copyrig w the owner, address, first community served, accounting period, and ID number as give		
Owner Address			
First community Accounting peri ID number			

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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	

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 C 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 or 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 particula 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 ε 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, ir 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 fling 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 beer 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 767.63 (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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
 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.

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

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.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, d E e zone

U.S. Copyright Office

	Distant Stations Carried		Identification of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

First Subscriber Group (Santa Rosa)		Rapid City and Bodega Bay)		Third Subscriber Group (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	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$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)

ACCOUNTING PERIOD: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
1	Verizon New Jersey Inc					
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		1.50	<u> </u>
_	Instructions:					1
2	In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	identified by	the letter "O" in column 5	
	of space G (page 3).					
Computation of DSEs for	In the column headed "DSE" mercial educational station, given	: for each indep	endent station, give the DSE	= as "1.0"; for	each network or noncom-	
Category "O"	mercial educational station, giv	re the DSL as .2	CATEGORY "O" STATION	IS: DSEe		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Glations	WLIW	0.250	O/ LEE OF OTT	DOL	O/ LEE GIGIT	DOL
	WLIW Create	0.250				
	WLIW World	0.250				
	WNJN	0.250				
Add rows as	WNJN NHK World	0.250				
necessary.	WNYE	0.250				
Remember to copy						
all formula into new						
rows.						

	LEGAL NAME OF (OWNER OF CABLE SYSTEM:							YSTEM ID#
Name	Verizon New	Jersey Inc							062714
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give to correspond with the information of the correspond with the information of the color of the co	the number of hours rmation given in spa the total number of I umn 2 by the figure mal point. This is the station, give the "typ blumn 4 by the figure	your cable system ce J. Calculate or nours that the state in column 3, and ge "basis of carriag pe-value" as "1.0."	m carried the sta nly one DSE for of ion broadcast over give the result in e value" for the so For each netwo	ation during the each station. ver the air duit decimals in a station. ork or noncomin column 6. I	ring the accou column 4. Thi nmercial educ	unting period. Is figure must eational station,	
Capacity		C	CATEGORY LAC	C STATIONS:	COMPUTAT	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	ER 3. N URS C ED BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAC VALUE	F	5. TYPE VALUE	6. DS	SE
			÷		=	X		=	
			÷			X		=	
			÷		=	X		=	
			÷		_	X		<u>=</u>	
			÷ ÷		=	X			
			÷			X X		<u>-</u>	
			÷	=	=	X		=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv Was carried tions in effe Broadcast c space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each st by your system in substant on October 19, 1976 one or more live, nonnetwoeth figure should correct the figure should correct the figure in column This is the station's DSE	part 5 of this schedul cation listed in space titution for a progran (as shown by the let york programs during a number of live, nor spond with the infor s in the calendar year on 2 by the figure in	I (page 5, the Logh that your system ter "P" in column that optional carrimetwork program mation in space I. ar: 365, except in column 3, and given	g of Substitute P n was permitted of of space I); an lage (as shown by s carried in subsolated in subsolated in subsolated in subsolated in subsolated in control of the subsolated in s	to delete und d y the word "Ye stitution for pr column 4. Rou	er FCC rules s" in column 2 ograms that v und to no less	of were deleted than the third	rm).
						.=:0::0=			,
			IBSTITUTE-BAS		1	ATION OF	DSEs		1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER MGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			+	=			÷		=
			÷	=			÷		=
			•						
			=						
		-	÷	=			÷		=
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of p		e,			0.00		
5		ER OF DSEs: Give the am s applicable to your system		s in parts 2, 3, and	4 of this schedul	le and add the	em to provide t	the tota	
Total Number	1. Number of	f DSEs from part 2●				<u> </u>		1.50	
of DSEs	2. Number of	f DSEs from part 3 ●				<u></u>		0.00	
	3. Number o	f DSEs from part 4 ●				-		0.00	
							Г		
	TOTAL NUMBE	R OF DSEs					<u> </u>		1.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF O		SYSTEM:					S'	YSTEM ID# 062714	Name
Instructions: Bloc	k A must be com	pleted.							
In block A: • If your answer if "	'Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if '	'No," complete blo	ocks B and C	below.						
	•			ELEVISION M.	ARKETS				Computation of 3.75 Fee
Is the cable system effect on June 24,	1981?		•					gulations in	3.731 66
	plete part 8 of the lete blocks B and		O NOT COM	PLETE THE REMA	AINDER OF F	ARI 6 AND 7			
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	Es			
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he	
CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	ules and reguled pursuant to on as defined	ations cited be the FCC ma I in 76.5(kk) (7	usis on which you on elow pertain to tho rket quota rules [7 '6.59(d)(1), 76.61(ese in effect or 6.57, 76.59(b e)(1), 76.63(a	n June 24, 198), 76.61(b)(c), ı) referring to 7	76.63(a) referring	ı tc	
	D Grandfathered instructions for E Carried pursua	d station (76.6 or DSE sched ant to individเ	65) (see parag ule). ıal waiver of F	9(c), 76.61(d), 76. raph regarding su CC rules (76.7) ne or substitute ba	bstitution of g	randfathered s	stations in the		
	•	JHF station w	ithin grade-B	contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WLIW	С	0.25							
WLIW Create	M M	0.25							
WLIW WORK	C IVI	0.25 0.25							
WNJN NHK	M	0.25							
WNYE	С	0.25							
								1.50	
		В.	OCK C: CO	MPUTATION OF	3.75 FFF				
Line 1: Enter the	total number of				00				
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B abo	ove			,		
Line 3: Subtract I (If zero, le				r of DSEs subjec 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	ı space K (pa	age 7)						Do any of the DSEs represent
Line 5: Multiply li	ne 4 bv 0.0375	and enter su	ım here				x 0.03	3/5	partially permited/ partially
	•						X		nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New Jersey Inc									48TEM ID# 162714	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections							981 e entere			
					ED (ON A PART-TIME AN					
	1. CALL SIGN	2. PRIC		COUNTING		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
	SIGN	DOL		LICIOD		CANNAGE		JOL		DOL	
7 Computation of the	,	"Yes," comple	ete blocks B and C,		par	rt 8 of the DSE schedu	ule.				
Syndicated	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?										
Guicharge	X Yes—Complete	•		n television man	NGL	No—Proceed to		rules ill ellect s	une 24,	1301:	
	7 res—complete	blocks b and				140—1100000 10	parto				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	;	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places ble system?		r, in whole	r	Was any station listed nity served by the cab to former FCC rule 76. Yes—List each state of the care	le system p .159)	orior to March 3	31, 1972	? (refe	
	X No—Enter zero a			milica DOL		X No—Enter zero ar			ate permi	illed BOL	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
		•									
											ļ
		-	-								
			_								
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00	
	1		-		- 11						ļ

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon New Jersey Inc SYSTEM ID# 062714	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. 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 section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
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)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	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) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	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)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name			STEM ID#
	<u> </u>	Verizon New Jersey Inc	062714
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge. \$	<u></u> .
	Instruc	ctions:	
8		nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
	3011100	salea, see page (v) of the general histractions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?	_
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$	=
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less , 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.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	-
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	-
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u></u> .

DSE SCH	HEDULE. PAGE 17. ACCOUNTING	6 PERIOD: 2018/1
LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	N
Veriz	on New Jersey Inc 062714	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) ►	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of
	C. Multiply line B by 3.000 and enter here \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	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) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation of
	on, you must:	Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndianted
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Syndicated Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
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	for Partially
	Impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to	o Identify a Subscriber Group for Partially Distant Stations	for Partially
Step 1	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Permitted Stations
•	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
010		

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:

- \bullet 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 televison 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.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersey Inc Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: 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. Step 2: 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. Step 3: 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. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: 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.

LEGAL NAME OF OWNE Verizon New Jerse		E SYSTEM:				S	YSTEM ID# 062714
BL				ATE FEES FOR EACH			
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WLIW	0.25			WLIW	0.25	-	
WLIW Create	0.25			WLIW Create	0.25		
WLIW World	0.25			WLIW World	0.25	-	
WNJN	0.25					-	
WNJN NHK World	0.25						
	-					-	
	-						
	-					-	
						-	
						•	
						•	
otal DSEs			1.25	Total DSEs			0.75
Gross Receipts First Gr	oup	\$ 4,284	,500.62	Gross Receipts Second	d Group	\$ 51,1	62,395.68
ase Rate Fee First Gr			,095.67	Base Rate Fee Second			08,275.92
	THIRD	SUBSCRIBER GROL	JP		FOURTH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WLIW	0.25		
				WLIW Create	0.25		
				WLIW World	0.25		
				WNJN	0.25	=	
				WNJN NHK World			
				WNYE	0.25		
	-						
otal DSEs			0.00	Total DSEs			1.50
		. 440.040			0		_
Gross Receipts Third G	roup	\$ 113,348	,/61.54	Gross Receipts Fourth	Group	\$ 6,7	04,398.61
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	94,833.72
Zaos Rato i ee miid G	. Jup	Ψ	0.00	Dase Rate 1 66 1 outil	Стоир	Ψ ,	J-1,000.12
_	_				_		
ase Rate Fee: Add the nter here and in block			riber group	as shown in the boxes al	bove.	s 5:	56,205.31
	-,	(Fago 1)				,	,