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						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2018/1									
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting perion Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Verizon New York Inc									
				063155 2018/1						
	PO Box 152092, 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 (Syracuse, NY) VHO 15a	<u> </u>		·						
	MAILING ADDRESS OF CABLE SYSTEM: 6360 Thompson Road [Number, street, rural route, apartment, or suite number] Syracuse, NY 33637 [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	CAMILLUS (TOWN)	NY								
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.

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063155 **Verizon New York 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 areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future 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# **CAMILLUS (TOWN)** NY **First AUBURN (CITY)** NY Community **BALDWINSVILLE VILLAGE** NY Α **CAMILLUS (VILLAGE)** NY Α CICERO (TOWN) Α NY Α CLAY (TOWN) NY See instructions for DE WITT (TOWN) NY Α additional information on alphabetization. **EAST SYRACUSE (VILLAGE)** NY **FAYETTEVILLE (VILLAGE)** NY **FLEMING (TOWN)** NY Α **GEDDES (TOWN)** NY Add rows as necessary. LIVERPOOL (VILLAGE) Α NY LYSANDER (TOWN) NY Α NORTH SYRACUSE (VILLAGE) NY OWASCO (TOWN) NY SALINA (TOWN) NY SENNETT (TOWN) NY SKANEATELES (TOWN) NY Α **SKANEATELES VILLAGE** NY **SOLVAY (VILLAGE)** NY Α VAN BUREN (TOWN)

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Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:				Ħ			
Service to first set	38,387	\$	12.99				
 Service to additional set(s) 				П			
 FM radio (if separate rate) 				П			
Motel, hotel				П			
Commercial	540	\$	25.00	Ħ			
Converter				Ħ			
Residential				Ħ			
Non-residential				11			
				1 ľ			•

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATE				C	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	15.00	Motel, hotel		S	ee Tab Attachment B	
 Pay cable—add'l channel 			Commercial				
Fire protection			Pay cable				
•Burglar protection			Pay cable-add'l channel				
Installation: Residential			Fire protection				
First set	\$	99.00	Burglar protection				
 Additional set(s) 	\$		Other services:				
 FM radio (if separate rate) 			Reconnect				
Converter			Disconnect				
			Outlet relocation	\$ 65.00			
			Move to new address		11111		

Category of Service	Residential Rate	Commercial Rate
Block 1	4= 00	45.00
Pay Cable	15.00	15.00
Pay Cable - add'l Channel	00.00	00.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation Block 2	65.00	69.99
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00 40.00
	64.99	80.00
Custom TV Kids & Pop 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 News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies

	Residential	Commercial
Category of Service	Rate	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 HD	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

FORM SA3E. PAGE 3.	ED OF OARLE O	/OTEM			SYSTEM ID#	
Verizon New Yo		YSIEM:			063155	Namo
					000100	
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76. Substitute program has Substitute Basis Substitute Basis Subsis under specific FC Do not list the station station was carried to basis. For further inf in the paper SA3 for Column 1: List each multicast stream a cast stream as "WETA-WETA-simulcast). Column 2: Give the	s, identify every ystem during to ystem during to cons in effect or .61(e)(2) and (is, as explaine tations: With or C rules, regulate here in space only on a subsection of a sormation condern. In station's call associated with -2". Simulcast to channel number.	y television st he accounting n June 24, 19 4), or 76.63 (n d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta- berning substiff sign. Do not n h a station ac- streams must ber the FCC h	g period, except 81, permitting the referring to 76.6 paragraph. If y distant stations control of the station was carried tute basis station report origination cording to its own the reported in the station was assigned to find the	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statement of the statement of t	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 ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
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FURINI SAJE. PAGE 3.					2002	.1
Verizon New Yo		YSTEM:			SYSTEM ID# 063155	Namo
PRIMARY TRANSMITTE		ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC	G, identify ever system during to ons in effect of 6.61(e)(2) and (sis, as explaine stations: With CC rules, regular	y television st he accounting n June 24, 19 (4), or 76.63 (led in the next respect to any ations, or auth	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations porizations:	(1) stations carrience carriage of cert 1(e)(2) and (4))]; s carried by your	s and low power television stations) ed only on a part-time basis under rain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	only on a subsand also in spa formation cond rm. h station's call associated wit -2". Simulcast e channel numbers for example stem carried the in each case of entering the least), "E" (for notes that is outside coarea, see parties on a partition on a partition on a partition of a distant entered into on a primary transsimulcasts, also ree categories elecation of each	titute basis. ace I, if the state erning substitute sign. Do not the station act as treams must ber the FCC hates are the station. Whether the station. The station are the station of the station in the station. The station is station in the station in the station. The station is station in the station	ation was carried tute basis station report origination cording to its over the reported in th	d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multiple or "E-M" (for noncetions located in the thick of the television station, an indefer network multiple or "E-M" (for noncetions located in the thick of the televisions located in the thick of thick of the thick	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
Note: If you are utilizin	g multiple cha	•	•	•	channel line-up.	
	Ι	CHANN	EL LINE-UP	A		_
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	
WSYT Zuus Coun	19	I-M	No		Syracuse	
WCNY Create	25	E-M	No		Syracuse	See instructions for
WCNY World	25	E-M	No		Syracuse	additional information
WCNY PBS Kids	25	E-M	No		Syracuse	"on alphabetization.
WSYR Bounce TV	17	N-M	No		Syracuse	
WSYR Me TV	17	N-M	No		Syracuse	m.
WTVH TBD TV	47	E-M	No		Syracuse	
WNYS GetTV	44	I-M	No		Syracuse	
WSPX qubo	56	I-M	No		Syracuse	
WSPX ION Life	56	I-M	No		Syracuse	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063155 Verizon New York 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
LEGAL NAME OF OWNER OF Verizon New York Inc	CABLE SYST	ГЕМ:				5	63155 O63155	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG					
								ı
In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis	sion program broadcast by a ecific present and former FC	distant station	n that your o	able system	carried on a For a further	-
explanation of the programm								Substitute
1. SPECIAL STATEMENT	_							Carriage: Special
 During the accounting per broadcast by a distant star 		r cable system	i carry, on a substitute basi	s, any nonne	twork televi	sion program Yes	ր ⊠No	Statement and
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust complete			Program Log
log in block 2. 2. LOG OF SUBSTITUTE	BBOGBA	MS						
In General: List each subs	titute progra	m on a separa	te line. Use abbreviations v	wherever pos	sible, if thei	r meaning is		
clear. If you need more spa	ice, please a	attach addition	al pages. ision program (substitute p	rogram) that	during the	accounting		
period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another stat	ion	
under certain FCC rules, re SA3 form for futher informa								
titles, for example, "I Love I			76ers vs. Bulls." r "Yes." Otherwise enter "N	0."				
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.				
Column 4: Give the broathe case of Mexican or Car			ne community to which the community with which the			FCC or, in		
Column 5: Give the mor	nth and day		tem carried the substitute p			with the mon	th	
first. Example: for May 7 give Column 6: State the time		substitute pro	gram was carried by your o	able system.	List the tim	es accuratel	у	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be		
Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that y	our system	was required	d	
to delete under FCC rules a gram was substituted for pr								
effect on October 19, 1976.		, ,	'			,		
				WHE	EN SUBST	TUTE	7. REASON	
S		E PROGRAM			IAGE OCC	URRED TIMES	FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIWLS TO	DELETION	
						<u> </u>		
								
								
	 				+			

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon New York Inc
SYSTEM ID#
063155

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
- 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."

		DAT	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED HOURS					CALL SIGN	WHE	N CARRIAGE O		
	DATE	FROM	URS	S TO			DATE	HOURS FROM		TO
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LEGA	IL NAME OF OWNER OF CABLE SYSTEM: izon New York Inc		SYSTEM ID# 063155	Name					
GRO Inst all a (as	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
• Con • Con • If you fee: • If you accompany to the control of the	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be a 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoblock 4 below.	entered on line 2 i	n block						
	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. 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. This is your minimum fee.	e is 1.064 percent							
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 colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must ch	eck						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	\$	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.								
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ (See page (i) of the	111,944.21	form for submitting the additional fees.					

Name	LEGAL NAME OF OWNER OF	F CABLE SY	STEM:	SYSTEM ID# 063155				
Name	Verizon New York Inc							
	CHANNELS							
M	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	1 Enter the total numb	Enter the total number of channels on which the cable						
			addast stations	28				
	-,							
	2. Enter the total numb	nber of act	ivated channels					
		•	rried television broadcast stations	412				
	and nonbroadcast se	services						
N Individual to	INDIVIDUAL TO BE C							
Be Contacted for Further	Name Brad Wr i	right	Teleph	hone 972-444-5553				
Information								
	Address PO Box	Address PO Box 152092, MC: HQE03H19						
	(Number, stree	(Number, street, rural route, apartment, or suite number)						
	Irving, T		5-2092					
	(City, town, sta	state, zip)						
	Email I	brad.wi	ight@verizon.com Fax (optional) 877-8	875-8841				
•	CERTIFICATION (This	s statemer	nt of account must be certifed and signed in accordance with Copyright Office	ce regulations.				
O Certification	• I the undersigned her	areby certif	y that (Check one, <i>but only one</i> , of the boxes.)					
Certification	i, the undersigned, her	ereby ceru	y that (Officer office, but only office, of the boxes.)					
	(Owner other than	corporat	ion or partnership) I am the owner of the cable system as identifed in line 1 of	space B; or				
		(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified						
	in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B							
	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)]							
		V						
		X	/s/ Veronica C. Glennon					
		Enter an e	electronic signature on the line above using an "/s/" signature to certify this stateme	ent.				
			ohn Smith). Before entering the first forward slash of the /s/ signature, place your on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's					
		Typed or printed name: Veronica C. Glennon						
	1		Assistant Secretary, Verizon New York Inc					
		,	, пас эт этнэж, рознаят нага ят согранцаат от равитегенру					
	ļ	Date: A	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 Y	ork Inc	063155	Name
The Satellite Holowing sentence "In deter service of scribers For more inform paper SA3 form During the accomade by satellit X NO	rmining the total number of subscribers and the gross amounts paid to the cable system for providing secondary transmissions of primary broadcast transmitters, the system shall rand amounts collected from subscribers receiving secondary transmissions pursuant to station on when to exclude these amounts, see the note on page (vii) of the general instructions.	or the basic not include sub- section 119."	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	- dayo	
Line 3 Multiply	v line 2 by the number of days late and enter the sum here	days x 0.00274	
Line 4 Multiply	\$\text{line 3 by 0.00274** enter here and on line 3, block 4,} space L, (page 7)	erest charge)	
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further asset Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance 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 Copyrigh w the owner, address, first community served, accounting period, and ID number as given		
Owner Address			
First community Accounting period 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.