

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**

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

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 02/25/2019                    | \$                |
|                               | ALLOCATION NUMBER |

| <b>A</b><br>Accounting Period                                | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:<br><b>2018/2</b>  |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|--|--|--|----------|--------------|-------|-------------------|-----------|-----------------------|-------|------------|----------|------|----|---|---|----------|----|---|---|--------|----|---|---|
| <b>B</b><br>Owner  | <p><b>Instructions:</b><br/>           Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation<br/>           List any other name or names under which the owner conducts the business of the cable system<br/> <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>062897</b> |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|  | <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/> <b>Verizon Pennsylvania LLC</b></p> <p style="text-align: right;"><b>06289720182</b><br/><b>062897 2018/2</b></p> <p><b>PO Box 152092, MC: HQE03H19</b><br/> <b>Irving, TX 75015-2092</b></p>   |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| <b>C</b><br>System   | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>   |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|  | 1  | <p><b>IDENTIFICATION OF CABLE SYSTEM:</b><br/> <b>Verizon Fios TV (Pittsburgh, PA) VHO 11</b></p>  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|  | 2  | <p><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/> <b>3096 Sassafras Way</b><br/> <small>(Number, street, rural route, apartment, or suite number)</small><br/> <b>Pittsburgh, PA 15201</b><br/> <small>(City, town, state, zip code)</small></p> |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| <b>D</b><br>Area Served<br><br>First Community<br><br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td><b>ALEPPO TWP</b></td> <td><b>PA</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table> |  |          | CITY OR TOWN | STATE | <b>ALEPPO TWP</b> | <b>PA</b> | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | Alda | MD | A | 1 | Alliance | MD | B | 2 | Gering | MD | B | 3 |
| CITY OR TOWN   | STATE  |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| <b>ALEPPO TWP</b>  | <b>PA</b>  |  |          |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP   | SUB GRP# |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Alda   | MD   | A  | 1        |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Alliance   | MD   | B  | 2        |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Gering   | MD   | B  | 3        |              |       |                   |           |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |

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

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

**First  
Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

|                        |    |   |
|------------------------|----|---|
| INDIANA TWP            | PA | A |
| INGRAM BORO            | PA | A |
| JEFFERSON HILLS BORO   | PA | A |
| KENNEDY TWP            | PA | A |
| KILBUCK TWP            | PA | A |
| LEET TWP               | PA | A |
| LEETSDALE BORO         | PA | A |
| MCCANDLESS TWP         | PA | A |
| MCKEES ROCKS BORO      | PA | A |
| MILLVALE BORO          | PA | A |
| MONROEVILLE BORO       | PA | A |
| MOON TWP               | PA | A |
| MT LEBANON TWP         | PA | A |
| MUNHALL BORO           | PA | A |
| NEVILLE TWP            | PA | A |
| NORTH BRADDOCK BORO    | PA | A |
| NORTH FAYETTE TWP      | PA | A |
| NORTH STRABANE TWP     | PA | A |
| NORTH VERSAILLES TWP   | PA | A |
| NOTTINGHAM TWP         | PA | A |
| OAKDALE BORO           | PA | A |
| OHARA TWP              | PA | A |
| OHIO TWP               | PA | A |
| PENN HILLS TWP         | PA | A |
| PENNSBURY VILLAGE BORO | PA | A |
| PETERS TWP             | PA | A |
| PITCARIN BORO          | PA | A |
| PITTSBURGH CITY        | PA | A |
| PLEASANT HILLS BORO    | PA | A |
| PLUM BORO              | PA | A |
| RANKIN BORO            | PA | A |
| RESERVE TWP            | PA | A |
| ROBINSON TWP           | PA | A |
| ROSS TWP               | PA | A |
| ROSSLYN FARMS BORO     | PA | A |
| SCOTT TWP              | PA | A |
| SEWICKLEY BORO         | PA | A |
| SEWICKLEY HEIGHTS BORO | PA | A |
| SEWICKLEY HILLS BORO   | PA | A |
| SHALER TWP             | PA | A |
| SHARPSBURG BORO        | PA | A |
| SOUTH FAYETTE TWP      | PA | A |
| SOUTH PARK TWP         | PA | A |
| STOWE TWP              | PA | A |
| SWISSVALE BORO         | PA | A |
| THORNBURG BORO         | PA | A |
| TURTLE CREEK BORO      | PA | A |
| UPPER ST CLAIR TWP     | PA | A |
| WALL BORO              | PA | A |
| WEST DEER TWP          | PA | A |
| WEST HOMESTEAD BORO    | PA | A |
| WEST VIEW BORO         | PA | A |
| WHITAKER BORO          | PA | A |
| WHITE OAK BORO         | PA | A |
| WHITEHALL BORO         | PA | A |
| WILKINS TWP            | PA | A |
| WILKINSBURG BORO       | PA | A |
| WILMERDING BORO        | PA | A |

|             |   |                                    |
|-------------|---|------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b> | <b>SYSTEM ID#</b><br><b>062897</b> |
|-------------|---|------------------------------------|

|  |   |          |                     |                    |      |  |
|--|---|----------|---------------------|--------------------|------|--|
| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  |          |                     |                    |      |  |
|  | <b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).  |          |                     |                    |      |  |
|  | <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).   |          |                     |                    |      |  |
|  | <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.  |          |                     |                    |      |  |
|  | <b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." |          |                     |                    |      |  |
|  | <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.   |          |                     |                    |      |  |
| BLOCK 1  |   |          | BLOCK 2             |                    |      |  |
| CATEGORY OF SERVICE  | NO. OF SUBSCRIBERS  | RATE     | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |  |
| <b>Residential:</b>  |   |          |                     |                    |      |  |
| • Service to first set   | 153,563   | \$ 25.00 |                     |                    |      |  |
| • Service to additional set(s)   |   |          |                     |                    |      |  |
| • FM radio (if separate rate)  |   |          |                     |                    |      |  |
| <b>Motel, hotel</b>  |   |          |                     |                    |      |  |
| <b>Commercial</b>  | 1,959   | \$ 35.00 |                     |                    |      |  |
| <b>Converter</b>   |   |          |                     |                    |      |  |
| • Residential  |   |          |                     |                    |      |  |
| • Non-residential  |   |          |                     |                    |      |  |

|   |   |                                      |                     |                             |                     |      |
|---|---|--------------------------------------|---------------------|-----------------------------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>   |                                      |                     |                             |                     |      |
|   | <b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. |                                      |                     |                             |                     |      |
|   | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  |                                      |                     |                             |                     |      |
|   | <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.  |                                      |                     |                             |                     |      |
|   | BLOCK 1   |                                      |                     | BLOCK 2                     |                     |      |
|   | CATEGORY OF SERVICE   | RATE                                 | CATEGORY OF SERVICE | RATE                        | CATEGORY OF SERVICE | RATE |
| <b>Continuing Services:</b>   |   | <b>Installation: Non-residential</b> |                     | <b>See Tab Attachment B</b> |                     |      |
| • Pay cable   | \$ 15.00  | • Motel, hotel                       |                     |                             |                     |      |
| • Pay cable—add'l channel   |   | • Commercial                         |                     |                             |                     |      |
| • Fire protection   |   | • Pay cable                          |                     |                             |                     |      |
| • Burglar protection  |   | • Pay cable-add'l channel            |                     |                             |                     |      |
| <b>Installation: Residential</b>  |   | • Fire protection                    |                     |                             |                     |      |
| • First set   | \$ 99.00  | • Burglar protection                 |                     |                             |                     |      |
| • Additional set(s)   | \$ 65.00  | <b>Other services:</b>               |                     |                             |                     |      |
| • FM radio (if separate rate)   |   | • Reconnect                          |                     |                             |                     |      |
| • Converter   |   | • Disconnect                         |                     |                             |                     |      |
|   |   | • Outlet relocation                  | \$ 65.00            |                             |                     |      |
|   |   | • Move to new address                |                     |                             |                     |      |

## Attachment B - Section F, Other Services

| <b>Category of Service</b>         | <b>Residential<br/>Rate</b> | <b>Commercial<br/>Rate</b> |
|------------------------------------|-----------------------------|----------------------------|
| <b>Block 1</b>                     |                             |                            |
| Pay Cable                          | 15.00                       | 15.00                      |
| Pay Cable - add'l Channel          |                             |                            |
| Installation - First Set           | 99.00                       | 89.99                      |
| Installation - Additional Set(s)   | 65.00                       | 34.99                      |
| Outlet Relocation                  | 65.00                       | 69.99                      |
| <b>Block 2</b>                     |                             |                            |
| 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                      |
| HBO                                | 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                     |
| On Demand Movies and Games         | Varies                      | Varies                     |
| On Demand Subscriptions            | Varies                      | Varies                     |

## Attachment B - Section F, Other Services

| <b>Category of Service</b>             | <b>Residential<br/>Rate</b> | <b>Commercial<br/>Rate</b> |
|--|-----------------------------|----------------------------|
| 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 First two boxes            | 12.00                       | 11.99                      |
| Set-Top Box: Boxes 3-5                 | 6.00                        |                            |
| Set-Top Box: 6+ boxes                  | No charge                   |                            |
| 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                         | 26.99                      |
| HD Digital DVR                         | N/A                         | 23.99                      |
| 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                        |
| Agent Assistance Fee                   | 7.00                        |                            |
| 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 Suspension            | 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                        |

|   |                                    |             |
|---|------------------------------------|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b> | <b>SYSTEM ID#</b><br><b>062897</b> | <b>Name</b> |
|---|------------------------------------|-------------|

**PRIMARY TRANSMITTERS: TELEVISION**

**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 specific 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 multi-cast 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.

**G**

**Primary Transmitters: Television**

**CHANNEL 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 |
|----------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| KDKA           | 2                        | N                  | No                      |                                   | Pittsburgh             |
| WPCW           | 19                       | I                  | No                      |                                   | Jeannette              |
| WTAE           | 4                        | N                  | No                      |                                   | Pittsburgh             |
| WPCB           | 40                       | I                  | No                      |                                   | Greensburg             |
| WPGH           | 53                       | I                  | No                      |                                   | Pittsburgh             |
| WPNT           | 22                       | I                  | No                      |                                   | Pittsburgh             |
| WPXI           | 11                       | N                  | No                      |                                   | Pittsburgh             |
| WQED           | 13                       | E                  | No                      |                                   | Pittsburgh             |
| WQED PBS Kids  | 13                       | E-M                | No                      |                                   | Pittsburgh             |
| WINP           | 16                       | I                  | No                      |                                   | Pittsburgh             |
| KDKA-simulcast | 25                       | N                  | No                      |                                   | Pittsburgh             |
| WPCW-simulcast | 11                       | I                  | No                      |                                   | Jeannette              |
| WTAE-simulcast | 51                       | N                  | No                      |                                   | Pittsburgh             |
| WPCB-simulcast | 40                       | I                  | No                      |                                   | Greensburg             |
| WPGH-simulcast | 43                       | I                  | No                      |                                   | Pittsburgh             |
| WPNT-simulcast | 22                       | I                  | No                      |                                   | Pittsburgh             |
| WPXI-simulcast | 48                       | N                  | No                      |                                   | Pittsburgh             |
| WQED-simulcast | 38                       | E                  | No                      |                                   | Pittsburgh             |

See instructions for additional information on alphabetization.

|   |                                    |             |
|---|------------------------------------|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b> | <b>SYSTEM ID#</b><br><b>062897</b> | <b>Name</b> |
|---|------------------------------------|-------------|

**PRIMARY TRANSMITTERS: TELEVISION**

**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 specific 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 multi-cast 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.

**G**

**Primary Transmitters: Television**

**CHANNEL 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 |
|-----------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| <b>WINP-simulcast</b> | <b>16</b>                | <b>I</b>           | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WTAE Cozi TV</b>   | <b>51</b>                | <b>N-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPXI Me TV</b>     | <b>48</b>                | <b>N-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPGH Antenna</b>   | <b>43</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPXI LAFF</b>      | <b>48</b>                | <b>N-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPNT TBD TV</b>    | <b>22</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPNT CometTV</b>   | <b>22</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPNT Stadium</b>   | <b>22</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WPGH Charge TV</b> | <b>43</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WQED World</b>     | <b>38</b>                | <b>E-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WQED Create</b>    | <b>38</b>                | <b>E-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WQED Showcase</b>  | <b>38</b>                | <b>E-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>KDKA StartTV</b>   | <b>25</b>                | <b>N-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WINP qubo</b>      | <b>16</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
| <b>WINP ION Life</b>  | <b>16</b>                | <b>I-M</b>         | <b>No</b>               |                                   | <b>Pittsburgh</b>      |
|                       |                          |                    |                         |                                   |                        |
|                       |                          |                    |                         |                                   |                        |
|                       |                          |                    |                         |                                   |                        |

See instructions for additional information on alphabetization.










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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b>  | <b>SYSTEM ID#</b><br><b>062897</b>   | Name  |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.   |  | <b>K</b><br><b>Gross Receipts</b>   |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.  |  |   |
| \$ <u>54,669,639.56</u><br>(Amount of gross receipts)  |  |   |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• 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.<br>• 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.<br>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<br>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.<br>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below. |  | <b>L</b><br><b>Copyright Royalty Fee</b>  |
| Block 1<br><b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.<br>This is your minimum fee.  | \$ <u>54,669,639.56</u><br><br>\$ <u>581,684.96</u>  |   |
| Block 2<br><b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.   |  |   |
| Block 3<br>Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero<br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero<br>Line 3. Add lines 1 and 2 and enter here   | \$ -<br><br><u>0.00</u><br><br>\$ -  |   |
| Block 4<br>Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger<br>Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.<br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet)<br>Line 4. <b>FILING FEE</b><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here<br><br>Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)  | \$ <u>581,684.96</u><br><u>0.00</u><br><u>0.00</u><br>\$ <u>725.00</u><br>\$ <u>582,409.96</u> | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees. |

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|---|---|------------------------------------|
| <b>Name</b>   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b>   | <b>SYSTEM ID#</b><br><b>062897</b> |
| <b>M</b><br><b>Channels</b>   | <p><b>CHANNELS</b><br/> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">33</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">379</span></p>  |                                    |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Brad Wright</b> Telephone <b>972-444-5553</b></p> <p>Address <b>PO Box 152092, MC: HQE03H19</b><br/>(Number, street, rural route, apartment, or suite number)</p> <p><b>Irving, TX 75015-2092</b><br/>(City, town, state, zip)</p> <p>Email <b>brad.wright@verizon.com</b> Fax (optional) <b>877-875-8841</b></p>  |                                    |
| <b>O</b><br><b>Certification</b>                                      | <p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>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)]</li> </ul> <p> <span style="border: 1px solid black; padding: 2px 20px;">X /s/ Veronica C. Glennon</span></p> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>Veronica C. Glennon</b></p> <p>Title: <b>Assistant Secretary, Verizon Pennsylvania LLC</b><br/>(Title of official position held in corporation or partnership)</p> <p>Date: <b>March 1, 2019</b></p> |                                    |

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

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Verizon Pennsylvania LLC</b>  | <b>SYSTEM ID#</b><br><b>062897</b>                    | <b>Name</b>   |
| <p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br/>                 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br/>                 "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br/><br/>                 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br/><br/>                 During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?<br/><br/> <input checked="" type="checkbox"/> NO<br/><br/> <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p> |   | <p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p> |
| Name _____<br>Mailing Address _____<br>_____<br>_____  | Name _____<br>Mailing Address _____<br>_____<br>_____ |   |

|   |   |
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| <p><b>INTEREST ASSESSMENTS</b><br/>                 You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . _____</p> <p style="text-align: right;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ -</p> <p style="text-align: right;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . _____ -</p> <p style="text-align: right;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ _____ -</p> <p style="text-align: right;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____<br/>                 Address _____<br/>                 _____<br/>                 _____<br/>                 First community served _____<br/>                 Accounting period _____<br/>                 ID number _____</p> | <p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></p> |
|---|---|

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