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
2-28-22	\$ 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	2021/2			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owners a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable syste or on the last day of the counting period.	m. ne accounting period should su	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Verizon Virginia LLC			
				06271720212
				062717 2021/2
	22001 Loudoun County Parkway Ashburn, VA 20147			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	dentify the busines	s and operation of the syste	m unless these
C	names already appear in space B. In line 2, give the mailing address o	f the system, if diffe	erent from the address giver	n in space B.
System	1 Verizon Fios TV (Norfolk, VA) VHO 9a			
	MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number)			
	Norfolk, VA 23513			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and reli	st on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	VIRGINIA BEACH	VA		
Community	Below is a sample for reporting communities if you report multiple ch		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
2	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 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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
			062717							
Verizon Virginia LLC			002717							
Instructions: 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 frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
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										
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#							
VIRGINIA BEACH	VA	Α		First						
CHESAPEAKE	VA	Α		Community						
HAMPTON	VA	Α		1						
NEWPORT NEWS	VA	Α								
POQUOSON	VA	Α								
PORTSMOUTH	VA	Α		See instructions for						
YORK COUNTY	VA	Α		additional information						
				on alphabetization.						
				Add rows as possessary						
				Add rows as necessary.						

il				
11	***************************************			
		·	 	
i i		· · · · · · · · · · · · · · · · · · ·		
ΙL				

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062717

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				
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
Service to first set	93,498	\$	25.00					
 Service to additional set(s) 		Ī						
• FM radio (if separate rate)								
Motel, hotel								
Commercial	813	\$	35.00					
Converter		Ī						
Residential		Ī						
Non-residential		1						
		†····		1 I''			·····	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	CATEGORY OF SERVICE	R	ATE	CATE	GORY OF SERVICE	RATE		
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	15.00	Motel, hotel			See Ta	ab Attachment B	
 Pay cable—add'l channel 			Commercial					
 Fire protection 			Pay cable					
 Burglar protection 	Burglar protection • Pay		Pay cable-add'l channel					
Installation: Residential		Fire protection						
 First set 	\$	99.00	Burglar protection					
 Additional set(s) 	\$	60.00	Other services:					
 FM radio (if separate rate) 			Reconnect					
Converter			Disconnect					
			Outlet relocation	\$	60.00			
			Move to new address					

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	40.00
Fios Current TV for Bar/Restaurant	N/A	40.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
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 Local TV	55.00	N/A
Fios TV Test Drive	65.00	N/A
Your Fios TV	65.00	N/A
More Fios TV	85.00	N/A
The MostFios TV	105.00	N/A
Fios TV Mundo Total	105.00	N/A
Fios TV Mundo	85.00	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
HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	, Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	, Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	129.99	Varies
MLS Direct Kick	89.00	Varies
THE DIRECT NICK	05.00	Varies

Category of Service	Residential Rate	Commercial Rate
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No charge	11.99
	\$12 rental,	
Fios Quantum Gateway Router	\$199.99 purchase	N/A
	\$15 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	up to 25.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to 100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
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	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged 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
Unreturned/Damaged STB Fios TV One	375.00	375.00

basis under specifc FCC rules, regulati Do not list the station here in space G station was carried only on a substit List the station here, and also in space basis. For further information conce in the paper SA3 form. Column 1: List each station's call si each multicast stream associated with cast stream as "WETA-2". Simulcast st WETA-simulcast). Column 2: Give the channel numbe its community of license. For example, on which your cable system carried the Column 3: Indicate in each case wf educational station, by entering the lett (for independent multicast), "E" (for nor For the meaning of these terms, see pa Column 4: If the station is outside ti planation of local service area, see pag Column 5: If you have entered "Yes cable system carried the distant station carried the distant station on a part-tim For the retransmission of a distant in of a written agreement entered into on the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian stations Note: If you are utilizing multiple chann	television state accounting a June 24, 19 b), or 76.63 (I d in the next espect to any tions, or auth G—but do list itute basis. I de in the state and the station and state arms must be station. The state of the station are the FCC h, WRC is Ch e station. The state of the station are the station. The state of the station are the station are the station are the station. The state of the station or before Junited and the station or the station or the station or the station. The see page (V) of the station. For see page (V) ch station. For see, if any, given line-ups,	g period, except get a period, except get a permitting the referring to 76.6 paragraph. It is a paragraph. It is a permitting the referring to 76.6 paragraph. It is a paragraph. It is a permitting the same and the report origination occording to its owner of the reported in the same assigned to mannel 4 in Wash station is a network of a peneral instruction of the remaining the	(1) stations carrine carriage of cer 1(e)(2) and (4))]; is carried by your see Special Statent d both on a substans, see page (v) in program service er-the-air design column 1 (list each the television stanington, D.C. This ork station, an indefor network multiper "E-M" (for none ctions located in the plete column 5, and. Indicate by eractivated channel subject to a royalistween a cable system on any constructions located in the plete column 5, and indicate by eractivated channel subject to a royalistween a cable system on any constructions located in the community with space G for each	ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multisch stream separately; for example tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. ses". If not, enter "No". For an exe paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. It is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further end in the paper SA3 form. by to which the station is licensed by the head of the station is identifed.	Primary Transmitters: Television
In General: In space G, identify every to carried by your cable system during the FCC rules and regulations in effect on FC. 59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute Basis Stations: With rebasis under specific FCC rules, regulation on the station here in space G station was carried only on a substituse. List the station here, and also in space basis. For further information concerning the paper SA3 form. Column 1: List each station's call site each multicast stream associated with cast stream as "WETA-2". Simulcast st WETA-simulcast). Column 2: Give the channel number its community of license. For example, on which your cable system carried the Column 3: Indicate in each case wheelucational station, by entering the lette (for independent multicast), "E" (for nor For the meaning of these terms, see pace Column 4: If the station is outside the planation of local service area, see pace Column 5: If you have entered "Yest cable system carried the distant station carried the distant station on a part-time. For the retransmission of a distant not a written agreement entered into on the cable system and a primary transmittion "E" (exempt). For simulcasts, also explanation of these three categories, see Column 6: Give the location of each FCC. For Mexican or Canadian stations Note: If you are utilizing multiple channel. 1. CALL 2. B'CAST CHANNEL NUMBER	television state accounting June 24, 19 1), or 76.63 (Id in the next espect to any tions, or auth G—but do listitute basis. ce I, if the staterning substitute basis. The state of the station active and a station active active active station. The station whether the station. The station active active station active active station. The station active station. The see page (V) of the station. For see page (V) ch station. For see, if any, given all line-ups, CHANN	g period, except 981, permitting the referring to 76.6 paragraph. y distant stations horizations: stit in space I (the ation was carried itute basis station report origination coording to its own to be reported in the sassigned to hannel 4 in Wash station is a network), "N-M" (all educational), or legeneral instruction accounting period accounting peri	(1) stations carried carriage of cer 1(e)(2) and (4))]; is carried by your as Special Statent d both on a substans, see page (v) in program servicer-the-air design column 1 (list earlier the television stanington, D.C. This ork station, an independent of the television stanington, D.C. This ork station, an independent of the television stanington, becated in the television slocated in the televis	and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multisch stream separately; for example tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. It is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the health of channel line-up.	Primary Transmitters:
basis under specifc FCC rules, regulati Do not list the station here in space G station was carried only on a substit List the station here, and also in space basis. For further information conce in the paper SA3 form. Column 1: List each station's call si each multicast stream associated with cast stream as "WETA-2". Simulcast st WETA-simulcast). Column 2: Give the channel numbe its community of license. For example, on which your cable system carried the Column 3: Indicate in each case wf educational station, by entering the lett (for independent multicast), "E" (for nor For the meaning of these terms, see pa Column 4: If the station is outside tl planation of local service area, see pac Column 5: If you have entered "Yes cable system carried the distant station carried the distant station on a part-time For the retransmission of a distant n of a written agreement entered into on the cable system and a primary transm tion "E" (exempt). For simulcasts, also explanation of these three categories, s Column 6: Give the location of each FCC. For Mexican or Canadian stations Note: If you are utilizing multiple chann 1. CALL SIGN UMBER WTKR 3	tions, or auth G—but do lis itute basis. ce I, if the sta erning substi sign. Do not a a station ac streams mus her the FCC h, WRC is Che station. Whether the station. Whether the sign in column an during the ne basis becomulticast strain or before Junitter or an appearance in the station. For the station. The see page (v) of the station. The see page (v) che station. For the station.	ation was carried it it in space I (the ation was carried it it in space I (the ation was carried it it is satisfied by the station of the ation is a network of the ation in the ation is a network of the ation is a network of the ation in the ation is a network of the ation in the ation is a network of the ation in the ation is a network of the ation in the ation in the ation is a network of the ation in	d both on a substans, see page (v) In program service er-the-air designation of the television standard of the television of the television, D.C. This ork station, an independent of "E-M" (for nonections located in the television standard of the television of the television, an independent of the television, an independent of the television of the tele	nent and Program Log)—if the situte basis and also on some other of the general instructions located be such as HBO, ESPN, etc. Identify ation. For example, report multisch stream separately; for example tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. ses". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the he which the station is identifed.	Television
1. CALL 2. B'CAST 3 SIGN CHANNEL NUMBER WTKR 3	CHANN	4. DISTANT?	A 5. BASIS OF	· 	
SIGN CHANNEL NUMBER WTKR 3		4. DISTANT?	5. BASIS OF	6 LOCATION OF STATION	
	OF STATION	` ,	(If Distant)	o. Look Holl of Chillion	
WSKY	N	No	, ,	Norfolk	
**Of\ I 4	I	No		Manteo	See instructions for
WVBT 43	I	No		Virginia Beach	additional information
WGNT 27	I	No		Portsmouth	on alphabetization.
WAVY 10	N	No		Portsmouth	···]
WTVZ 33	l	No		Norfolk	···]
WVEC 13	N	No		Hampton	
WPXV 49	l	No		Norfolk	
WHRO 15	E	No		Hampton-Norfolk	
WTPC 21		No		Virginia Beach	
WTKR-simulcast 40	N	No		Norfolk	
WSKY-simulcast 4	l	No		Manteo	
WVBT-simulcast 29	i	No		Virginia Beach	
WGNT-simulcast 50		No		Portsmouth	
WAVY-simulcast 31		No		Portsmouth	
TIAT I SIIIIUICAST 31	l N		1	า งาเอกางแก้	
WTV7_cimuloact 20	N			Norfolk	
WTVZ-simulcast 38 WVEC-simulcast 41		No No		Norfolk Hampton	

Verizon Virginia		STEM:			SYSTEM ID# 062717	Namo
		NN .			002717	
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 Substitute program bass Substitute Basis S casis under specific FC Do not list the station station was carried in List the station here, a basis. For further initing the paper SA3 for Column 1: List each cast stream as "WETA WETA-simulcast). Column 2: Give the station wour cable sy Column 3: Indicate deducational station, by for independent multic For the meaning of the Column 4: If the station column 5: If you ha cable system carried the carried the distant stati	G, identify every ystem during the ons in effect on .61(e)(2) and (.61(e)(2) and	y television stane accounting and June 24, 19 4), or 76.63 (r) din the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not I has a station ac streams must be the FCC has been station. Whether the station accommercial page (v) of the the local senage (v) of the es" in column on during the me basis became 24, 190 (a) the local senage whether the station accommercial page (v) of the the local senage (v) of the es" in column on during the me basis became 24, 190 (a) the series accounting the me basis became 24, 190 (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	g period, except 81, permitting the ferring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station cording to its over the tereport origination cording to its over the reported in was assigned to annel 4 in Wash tation is a network the tereported in the distance of I educational), if I educational), if I educational, if I educational educat	(1) stations carried to carriage of cert (e)(2) and (4))]; as a carried by your of the Special Statement of the Special Spe	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.	G Primary Transmitters: Television
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	entered into on a primary trans simulcasts, also ree categories e location of ea Canadian statio	n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ine 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, e the name of th	etween a cable sy senting the prima channel on any o instructions locate list the communit ne community witl	y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the match the station is identified.	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	entered into on a primary trans simulcasts, also ree categories e location of ea Canadian statio	n or before Jumitter or an actor enter "E". If , see page (v) ch station. Fons, if any, givenel line-ups,	nne 30, 2009, be ssociation repre you carried the of the general in the U.S. stations, e the name of the use a separate	etween a cable sy senting the prima channel on any o instructions locate list the communit ne community with space G for each	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the hands which the station is identifed.	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	entered into on a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givennel line-ups, CHANN 3. TYPE OF	nne 30, 2009, be ssociation repre you carried the of the general in or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the hands which the station is identifed.	
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	entered into on a primary trans simulcasts, also ree categories a location of each canadian station g multiple chared. 2. B'CAST CHANNEL NUMBER	n or before Jumitter or an actor enter "E". If , see page (v) ch station. Fons, if any, givennel line-ups, CHANN 3. TYPE	nne 30, 2009, be ssociation repre you carried the of the general in or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable sy senting the prima channel on any o instructions locate list the communit ne community with space G for each	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up. 6. LOCATION OF STATION	
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN	entered into on a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	nne 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk	
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	nne 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char CHANNEL NUMBER 16 21	n or before Ju mitter or an ac o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION E	nne 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WHRO-simulcast WHRO World WHRO Kids	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 21 16	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION E I E-M	nne 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk	additional information
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World WHRO Kids WHRO Create	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 21 16 16	n or before Ju mitter or an ac o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION E I E-M E-M	nne 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk	additional information
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna T	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 21 16 16 16	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givenel line-ups, CHANN 3. TYPE OF STATION E I E-M E-M E-M	nne 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Color of the sexplanation of the	entered into on a primary trans simulcasts, also ree categories a location of each canadian station g multiple chare. 2. B'CAST CHANNEL NUMBER 16 21 16 16 16 50 33	n or before Jumitter or an aspect of enter "E". If an aspect of station. For each of enter "E". If an aspect of station. For each of enter "E". If an aspect of station. For each of enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an enter it and enter it and enter it and enter it and enter it an	ine 30, 2009, be ssociation repre you carried the of the general in the control of the general of the control o	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Portsmouth	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing. 1. CALL SIGN WHRO-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna TOWNIV CometTV WAVY Bounce TV	entered into on a primary trans simulcasts, also ree categories a location of each canadian station g multiple chare. 2. B'CAST CHANNEL NUMBER 16 21 16 16 16 50 33	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION E I E-M E-M I-M I-M	nne 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the match which the station is identifed. I channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing. 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna TOWTVZ CometTV WAVY Bounce TV WTVZ Stadium	entered into on a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 16 16 50 33 31	n or before Jumitter or an aspect of enter "E". If see page (v) ch station. For each of enter "E". If and the see page (v) ch station. For each of enter "E". If any, givenel line-ups, CHANN 3. TYPE OF STATION E I E-M E-M E-M I-M I-M N-M	nne 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. In channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing. 1. CALL SIGN WHRO-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna TV WTVZ CometTV WAVY Bounce TV WTVZ Stadium WAVY getTV	entered into on a primary trans simulcasts, also ree categories a location of eacanadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 21 16 16 50 33 31 31 33	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For each station, if any, givened line-ups, CHANN 3. TYPE OF STATION E I E-M E-M I-M I-M I-M I-M	nne 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth Norfolk Norfolk	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing. 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna TOWNIVI COMETV WAVY BOUNCE TV WAVY Stadium WAVY getTV WAVY CBN	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 16 16 50 33 31 31 33 31 31	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION E I E-M E-M I-M I-M N-M I-M N-M	In a 30, 2009, be ssociation repre you carried the of the general in the control of the control	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. In channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth	additional information
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the sexplanation of the sexplanation of the Sign of the sexplanation of the sexpl	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 16 16 50 33 31 31 33 31 31	n or before Jumitter or an aspect of enter "E". If see page (v) ch station. For each of enter "E". If see page (v) ch station. For each of enter "E". If any, givenel line-ups, CHANN 3. TYPE OF STATION E H E-M E-M I-M I-M N-M N-M N-M N-M N-M	In a 30, 2009, be ssociation repre you carried the of the general in the control of the control	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth Portsmouth Portsmouth Portsmouth Portsmouth Portsmouth Portsmouth Portsmouth Portsmouth	additional informatio
of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing. 1. CALL SIGN WHRO-simulcast WTPC-simulcast WHRO World WHRO Kids WHRO Create WGNT Antenna TWWTVZ CometTV WAVY Bounce TV WTVZ Stadium WAVY getTV WAVY CBN WYEC True Crime WVEC ME TV	entered into on a primary trans simulcasts, also ree categories a location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 16 16 16 33 31 31 31 31 31 13	n or before Jumitter or an actor enter "E". If , see page (v) ch station. For ns, if any, givenel line-ups, CHANN 3. TYPE OF STATION E I E-M E-M I-M I-M N-M N-M N-M N-M N-M N-M	In a 30, 2009, be a sociation repre you carried the of the general in the control of the control	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nation which the station is identifed. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth Portsmouth Portsmouth Hampton	additional information
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing	entered into on a primary trans simulcasts, also ree categories e location of ea canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 16 16 16 50 33 31 31 31 31 31 31 31 31 31 31 31 31	n or before Jumitter or an associated associ	In a 30, 2009, be a sociation repre you carried the of the general in the control of the control	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each S. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identified. It is channel line-up. 6. LOCATION OF STATION Hampton-Norfolk Virginia Beach Hampton-Norfolk Hampton-Norfolk Portsmouth Norfolk Portsmouth Norfolk Portsmouth Portsmouth Hampton Hampton Hampton Hampton Hampton Hampton Hampton	additional information

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062717 Verizon Virginia LLC 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION

. =	=						
Verizon Virginia LLC	CABLE SYST	EM:			S	062717	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG)			
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT				<u> </u>	<u>'</u>		Carriage:
During the accounting per	_			is. anv nonne	etwork television progran	n	Special Statement and
broadcast by a distant stat	ion?				☐Yes	X No	Program Log
Note: If your answer is "No' log in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you m	ust complete the prograr	n	
2. LOG OF SUBSTITUTE	PROGRA	MS					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for present the state of the state	ce, please a of every nor distant statis gulations, o tion. Do no Lucy" or "NE n was broad sign of the saddant static at thand day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition network televition and that your authorization it use general of the Basketball: deast live, ente estation broadce on's location (the own, if any, the when your system substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purchase of the subs	rogram) that d for the programinstruction "basketball" lo." lo." lo." station is lice station is ide program. Use cable system 15 p.m. to 6:2 mming that y l; enter the le	, during the accounting gramming of another statements on sold located in the paper? List specific program ensed by the FCC or, in ntified). In a numerals, with the monormal cases accurated the ensemble of the enter "P" if the listed prosecution of the programment of the enter "P" if the listed prosecution of the paper of the enter "P" if the listed prosecution of the paper of the enter "P" if the listed prosecution of the paper o	tion th y	
effect on October 19, 1976.							
	HRSTITLIT	E PROGRAM	•		EN SUBSTITUTE RIAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATIONS ECCATION	AND DAT	FROM — TO		
\	 	 					
		<u> </u>	 				
		<u> </u>					
		ļ			_		
					_		
\		 					
			 		<u> </u>		
·			ļ				
					_		
		ļ					
					_		
					_		
[T	T	T			7	

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	Verizon Virg		E SYSTEM:						S	*YSTEM ID# 062717	
	DART TIME CA	PRIACE LOG									
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
			DATE	S AND HOURS (OF F	PART-TIME CAR	RRIAGE				
		WHEN	N CARRIAGE OCCI	IRRED			WHE	N CARRIAGE O		RRED	
	CALL SIGN	VVIILI	HOU			CALL SIGN	WITE		OUR:		
		DATE	FROM	TO			DATE	FROM		TO	
									-=		
									=		
									-=-		
							l				
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		
			_								
			_								
			_								
			_								
			_								

LEG	AL NAME OF OWNER OF CABLE SYSTEM: rizon Virginia LLC	SYSTEM ID# 062717	Name		
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)					
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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block					
▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line			
Block 1					
	Enter the result here. This is your minimum fee.	\$ 274,599.00			
Block 2					
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	\$ 274,599.00	Cable systems submitting		
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	additional deposits under Section 111(d)(7) should contact		
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Verizon Virginia LLC	062717			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.				
Gnameis	Enter the total number of channels on which the cable system carried television broadcast stations	33			
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	542			
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)				
for Further Information	Name Patrick Merrick Telephone	703-447-0209			
	Address 22001 Loudoun County Parkway				
	(Number, street, rural route, apartment, or suite number) Ashburn, VA 20147				
	(City, town, state, zip) Email patrick.merrick@verizon.com Fax (optional)				
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	ations.)			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation 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.				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]				
	X /s/ Christy K. Reyes				
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa				
	Typed or printed name: Christy K. Reyes				
	Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)				
	Date: February 28, 2022				

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 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 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.

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	N.
Verizon Virginia	a LLC	062717	Name
The Satellite Hor lowing sentence: "In determ service of scribers at For more information paper SA3 form. During the account made by satellite X NO	mining the total number of subscribers and the gross amounts paid to the cable system for the bas f providing secondary transmissions of primary broadcast transmitters, the system shall not includ and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 ation on when to exclude these amounts, see the note on page (vii) of the general instructions in t	sic de sub- 19." the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payment or underpay on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	/ment.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply I	line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	line 2 by the number of days late and enter the sum here	- 74	
* To view the	space L, (page 7)		
	Licensing Division at (202) 707-8150 or licensing@loc.gov.		
NOTE: If you are	decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the or	riginal	
Owner Address			
First community : Accounting perio			

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 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 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.

	Cable Worksheet		Total amount of remittance			Initials		
	Wo	rksheet						
			Date of remittance	□Check	□Check □EFT		☐FILING FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period								
	□Janua	ary 1 - June 30, 2017	Г	July 1 - Decem	ber 31, 2017			
	□Letter	r sent	С	☐Information red	ceived			
□Accepted		С	Phone call/Date	e/Contact				
Space B Owner								
	□Letter sent		Г	☐Information red	ceived			
			Г	Phone call/Date	e/Contact			
Space D Area Served								
	Letter sent		С	☐Information red	ceived			
	□Accep	oted	Г	Phone call/Date	e/Contact			
Space E Secondary Transission								
Service Subscribers:	□Letter	r sent		☐Information received				
and Rates	□Accep	oted		Phone call/Date	e/Contact			
Space G Primary Transmitters:								
Television	Letter	r sent]	☐Information re	ceived			
	□Accep	oted	[☐Phone call/Dat	e/Contact			
Space H Primary Transmitters:					_			
Radio	□Accer	nted	Г	☐Phone call/Dat	e/Contact			

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