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					
02/28/2025	\$				
02/20/2020	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	2024/2				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the conduction of the conduction of the owner as the conduction of the c	ess of the cable syste on the last day of the unting period.	m. ne accounting period should su	•	062559
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon Virginia LLC				
				062559	920242
				062559	2024/2
	9000 Junction Dr				
	Annapolis Junction, MD USA 20701				
	INSTRUCTIONS: In line 1, give any business or trade names used to i	dentify the busine	ss and operation of the sys	tem unless	these
С	names already appear in space B. In line 2, give the mailing address o				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Verizon Fios TV (Silver Spring, MD) VHO 4				
	MAILING ADDRESS OF CABLE SYSTEM:				
	13101 Columbia Pike 2 (Number, street, rural route, apartment, or suite number)				
	Silver Spring, MD 20904				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	HERNDON	VA			
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A -		1
	Alliance	MD	B B		3
	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 sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062559 Verizon Virginia LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# **HERNDON** VA 3 A First C 5 ABERDEEN MD Community ANDREWS AIR FORCE BASE MD 3 **ANNAPOLIS** В 4 MD В ANNE ARUNDEL COUNTY 4 MD ARLINGTON COUNTY VA 3 Α See instructions for C 5 **BALTIMORE COUNTY** MD additional information on alphabetization. 3 **BARNESVILLE** MD **BEL AIR** MD C 5 **BERWYN HEIGHTS** MD Α 3 3 **BLADENSBURG** MD Α Add rows as necessary. Α 3 BOWIE MD 3 **BRENTWOOD** MD Α **BROOKEVILLE** 3 MD Α 3 CAPITOL HEIGHTS MD Α **CHARLES COUNTY** MD 3 Α 3 CHEVERLY MD **CHEVY CHASE** MD Α 3 3 **CHEVY CHASE SECTION FIVE** Α MD **CHEVY CHASE SECTION THREE** Α 3 MD **CHEVY CHASE VIEW** Α 3 MD **CHEVY CHASE VILLAGE** Α 3 MD 3 CLIFTON VA **COLLEGE PARK** 3 MD 3 **COLMAR MANOR** MD Α 3 Α COTTAGE CITY MD **CULPEPER VA** Α 1 DISTRICT HEIGHTS MD Α 3 3 **DUMFRIES VA** Α **EDMONSTON** MD 3 Α 3 **FAIRFAX** VA **FAIRFAX COUNTY** VA Α 3 **FAIRMOUNT HEIGHTS** MD Α 3 VA Α 3 **FALLS CHURCH** 3 **FOREST HEIGHTS** MD Α FORT BELVOIR VA 3 **FREDERICKSBURG VA** D 6 MD Α 3 **GAITHERSBURG**

GARRETT PARK

GLEN ECHO

3

3

MD

MD

Α

Α

GLENARDEN	MD	A	3
GREENBELT	MD	Α	3
HARFORD COUNTY	MD	С	5
HIGHLAND BEACH	MD	В	4
HOWARD COUNTY	MD	В	4
HYATTSVILLE	MD	Α	
KENSINGTON	MD	Δ	3
A PLATA	MD	A A	2
			3 3 3 3
LANDOVER HILLS	MD	A	3
_AUREL	MD	Α	3 3 3 3 3 3
LAYTONSVILLE	MD	Α	3
LEESBURG	VA	Α	3
LOUDOUN COUNTY	VA	Α	3
MANASSAS	VA	A	3
MANASSAS PARK	VA	Α	3
MARTIN'S ADDITIONS	MD	A	3
MONTGOMERY COUNTY	MD		3
		A	3
MORNINGSIDE	MD	A	3
MOUNT RAINIER	MD	A	3
NEW CARROLLTON	MD	Α	3
NORTH BRENTWOOD	MD	Α	3
NORTH CHEVY CHASE	MD	Α	3
DCCOQUAN	VA	A A A	3
POOLESVILLE	MD	Α	3 3 3 3
PRINCE GEORGE'S COUNTY	MD	<u> </u>	3
		A	3
PRINCE WILLIAM COUNTY	VA	A	3
QUANTICO MARINE BASE	VA	Α	3
RIVERDALE PARK	MD	Α	3
ROCKVILLE	MD	Α	3
SEAT PLEASANT	MD	Α	3
SOMERSET	MD	Α	3
SPOTSYLVANIA COUNTY	VA	A D	6
STAFFORD COUNTY	VA	A	2
TAKOMA PARK			3
	MD	A	3
JNIVERSITY PARK	MD	A	
JPPER MARLBORO	MD	Α	3
/IENNA	VA	Α	3
WASHINGTON	DC	Α	3
WASHINGTON GROVE	MD	Α	3

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062559

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.

BLG	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	Ξ		
Residential:						
 Service to first set 	602,331	\$ 49.24				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	7,458	\$ 35.00				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 15.00	Motel, hotel		See Tab-Attachment B
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
 Burglar protection 		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
• First set	\$ 99.00	Burglar protection		
 Additional set(s) 	\$ 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	15.00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2	00.00	00.00
Fios Current TV	N/A	65.00
Fios Current TV for Bar/Restaurant	N/A	65.00
Fios TV Local	25.00	50.00
FIOS TV Local for Bar/Restaurant	N/A	50.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	120.00
Fios TV Extreme HD	79.99	140.00
Fios TV Ultimate HD	89.99	150.00
Fios Local TV	79.00	N/A
Fios TV Test Drive	95.00	N/A
Your Fios TV	95.00	N/A
More Fios TV	119.00	N/A
The MostFios TV	139.00	N/A
Fios TV Mundo Total	139.00	N/A
Fios TV Mundo	119.00	N/A
Your Fios TV Spotlight Package	95.00	N/A 15.00
Sports Pass	14.00 N/A	15.00 Included
Sports Pass (Ultimate HD Customers) Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Paramount+ with Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
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	149.99	N/A
NBA League Pass	109.99	Varies
NHL Center Ice	69.00	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
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 additional charge	11.99

	Residential	Commercial
Category of Service	Rate	Rate
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	N/A	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged Fios TV+	90.00	N/A
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00
•		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections ,76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 ex planation 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 3. TYPE 1. CALL 2. B'CAST 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WMDE 36 I No Dover **WDCW** 50 No Washington I See instructions for additional information on WRC 4 N No Washington alphabetization. WTTG 5 ı No Washington **WDCA** 20 Washington No Ν **WJLA** 7 No Washington Washington WJLA 24/7 News 7 I No **WUSA** 9 Ν No Washington **WDCA Heroes & Icons** 20 I-M No Washington Washington WZDC-CD 25 I No WMPT 22 Ε Yes 0 Annapolis WDME MeTV 48 Washington I No **WETA** 26 Ε Yes 0 Washington WDVM TV 25 I No Hagerstwon WHUT 32 Ε Yes O Washington 68 **WJAL Merit Street** No Silver Spring ı Dover WMDE-simulcast 36 I No WDCW-simulcast 50 I No Washington

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 ex planation 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WRC-simulcast Ν 4 No Washington WTTG-simulcast 5 No Washington I See instructions for additional information on WDCA-simulcast 20 Ī No Washington alphabetization. WJLA-simulcast 7 Ν No Washington WJLA 24/7 News-simulcast Washington 7 No Ν WUSA-simulcast 9 No Washington WZDC-CD-simulcast 25 No Washington Ī WMPT-simulcast 22 Ε Yes Ε Annapolis Ε WETA-simulcast 26 Ε Yes Washington WDVM-simulcast 25 No ı Hagerstwon WHUT-simulcast 32 Ε Yes Ε Washington WJAL Merit Street-simulcast 68 Silver Spring No Cozi TV [WRC] 4 N-M No Washington **WUSA True Crime Network** 9 N-M No Washington Washington WJLA Charge TV 7 N-M No WJLA CometTV 7 N-M No Washington WDCA Movies! No Washington 20 I-M WETA Kids 26 E-M Yes 0 Washington

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3 EGAL NAME OF OWNER OF CABLE SYSTEM: 062559 Verizon Virginia LLC 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 pasis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multist stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-simulcast)

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in s community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel n 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 ducational 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 exanation 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 able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 f a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
	CHANNEL LINE-UP A							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WJLA TBD TV	7	N-M	No		Washington			
WETA UK HD	26	E-M	Yes	0	Washington	See instructions		
WMPT MPT 2/Create HD	22	E-M	Yes	0	Annapolis	additional inform		
NMPT NHK World	22	E-M	Yes	0	Annapolis	on aipnabetizati		
NMPT PBS Kids	22	E-M	Yes	0	Annapolis			
NDME MeTV-simulcast	48	I	No		Washington			
Antenna TV [WDCW]	50	I-M	No		Washington			
NTTG Buzzr	5	I-M	No		Washington			
NTTG Start TV	5	I-M	No		Washington			
NHUT PBS Kids	32	E-M	Yes	0	Washington			
NZDC-CD TeleXitos	25	I-M	No		Washington			
NETA World	26	E-M	Yes	0	Washington			
NRC American Crimes	4	N-M	No		Washington			
NETA METRO HD	26	E-M	Yes	0	Washington			
NDVM ION Mystery	25	I-M	No		Hagerstwon			
NDVM Rewind TV	25	I-M	No		Hagerstwon			
WDVM ShopLC	25	I-M	No		Hagerstwon			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 ex planation 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WJLA 24/7 News 7 I No Washington WBFF My Network TV 45 No **Baltimore** ı See instructions for additional information on **WBFF** 45 No **Baltimore** alphabetization. WBFF-CHARGE! 45 No **Baltimore WBAL Baltimore** 11 Ν No **WMAR** 2 Ν No Baltimore WJZ 13 Ν Baltimore No WNUV 54 ı No **Baltimore** WRC 4 Ν No Washington WTTG No 5 Washington **WJLA** 7 Ν No Washington **WUSA** Ν Washington 9 No WZDC-CD 25 Yes Washington **WMPT** 22 Ε No Annapolis **WETA** 26 Ε No Washington WHUT 32 Ε No Washington WJLA 24/7 News-simulca No Washington 7 WBFF My Network TV-sim 45 No **Baltimore**

LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#		
Verizon Virginia					062559	Namo	
PRIMARY TRANSMITTE		DN .					
In General: In space G	6, identify ever	y television st	ation (including	translator station	as and low power television stations)		
carried by your cable s	ystem during t	he accounting	period except	(1) stations carrie	ed only on a part-time basis under	G	
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							
				s carried by your	cable system on a substitute program	Television	
basis under specifc FC • Do not list the station				ne Special Staten	nent and Program Log)—if th∈		
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WETA-simulcast).	-Z . Simulcast	sucams musi	. De reported in	column i (list ea	on stream separately, for example		
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its community of licens on which your cable sy	•		annei 4 in vvasi	nington, D.C. This	s may be different from the channel		
Column 3: Indicate	in each case v	whether the st			dependent station, or a noncommercia		
	•	•	**	•	icast), "I" (for independent), "I-M commercial educational multicast)		
For the meaning of the	se terms, see	page (v) of the	e general instru	ictions located in	the paper SA3 form		
				**	es. If not, enter "No". For an ex		
planation of local service Column 5: If you ha					ne paper SA3 form , stating the basis on which you		
•		•	• .	•	ntering "LAC" if your cable systen		
carried the distant stati	•				capacity ty payment because it is the subjec		
					ystem or an association representing		
the cable system and a	a primary trans	mitter or an a	ssociation repre	esenting the prim	ary transmitter, enter the designa		
•		. "=" 15					
tion "E" (exempt). For s			•	•	other basis, enter "O." For a furthe		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable systen 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) WJLA CometTV 7 N-M No Washington Cozi TV [WRC] 4 N-M No Washington See instructions for additional information on WNUV CometTV 54 I-M No **Baltimore** alphabetization. WUTB TBD TV 24 I-M No Baltimore 26 Washington WETA Kids E-M No WJLA TBD TV 7 N-M No Washington WETA UK HD 26 E-M No Washington WNUV Antenna T 54 I-M No **Baltimore** 22 WMPT MPT 2/Crea E-M No **Annapolis** WMPT NHK World 22 E-M No Annapolis WMPT PBS Kids 22 E-M No Annapolis WJZ StartTV 13 N-M No **Baltimore** WTTG Buzzr 5 I-M No Washington WMAR ION Myste 2 N-M No **Baltimore** WTTG Start TV 5 I-M No Washington WHUT PBS Kids 32 E-M No Washington I-M WZDC-CD TeleXit 25 Yes Washington WETA World 26 E-M No Washington

Verizon Virginia		STEM:			SYSTEM ID# 062559	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
		,	, ,		s and low power television stations) ed only on a part-time basis under	G
_				-	tain network programs [sections	Brimanı
substitute program bas			_	or(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
		-		s carried by your	cable system on a substitute program	Television
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					dependent station, or a noncommercia	
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For the meaning of the	se terms, see	page (v) of the	e general instru	ictions located in	the paper SA3 form	
			•	•	es". If not, enter "No". For an ex	
planation of local service Column 5: If you have					, stating the basis on which you	
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carried the distant stati	•				capacity ty payment because it is the subjec	
of a written agreement	entered into o	n or before Ju	une 30, 2009, be	etween a cable s	ystem or an association representing	
					ary transmitter, enter the designa	
explanation of these th			•	•	other basis, enter "O." For a furthe	
		, see page (v) or the general	instructions local	ed in the paper SA3 form	
	e location of ea	ch station. Fo	or U.S. stations,	list the communi	ty to which the station is licensed by the	
FCC. For Mexican or C	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communi he community wi	ty to which the station is licensed by the the which the station is identifed	
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FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WRC American C WJZ Dabl WETA METRO HD	2. B'CAST CHANNEL NUMBER 4 13	nch station. Foons, if any, given neel line-ups, CHANNI 3. TYPE OF STATION N-M N-M E-M	or U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes	list the community with space G for each B 5. BASIS OF CARRIAGE	ty to which the station is licensed by the th which the station is identifed in channel line-up. 6. LOCATION OF STATION Washington Washington Washington	additional information on

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable systen 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER STATION (If Distant) WBFF My Networ 45 ı No **Baltimore WBFF** 45 No **Baltimore** ı See instructions for additional information on WBFF CHARGE! 45 I-M No **Baltimore** alphabetization. **WBAL** 11 Ν No **Baltimore** WMAR **Baltimore** 2 Ν No WJZ 13 Ν No **Baltimore** WNUV 54 ī **Baltimore** No WZDC-CD 25 ı Yes 0 Washington 22 **WMPT** Ε No Annapolis **WETA** 26 Yes Ε 0 Washington WHUT 32 Ε Yes 0 Washington WBFF My Networ 45 No **Baltimore** WBFF-simulcast 45 ı No **Baltimore** WBAL-simulcast 11 Ν No **Baltimore Baltimore** WMAR-simulcast 2 Ν No WJZ-simulcast 13 Ν No **Baltimore** WNUV-simulcast 54 No ı **Baltimore** WZDC-CD-simulc 25 ı Yes Washington

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FORM SA3E. PAGE 3.	ER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon Virgini		0.L			062559	Namo
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s	system during t	he accounting	g period except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
76.59(d)(2) and (4), 76	6.61(e)(2) and ((4), or 76.63 (referring to 76.6		tain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0						
 Do not list the station station was carried 	•		t it in space I (th	ne Special Staten	nent and Program Log)—if the	
	•		ation was carrie	d both on a subs	titute basis and also on some othe	
basis. For further in in the paper SA3 for		erning substi	tute basis statio	ns, see page (v)	of the general instructions located	
Column 1: List eac	h station's call	-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).				`		
			•		tion for broadcasting over-the-air ir s may be different from the channel	
on which your cable sy	stem carried th	he station.		_	·	
					lependent station, or a noncommercia cast), "I" (for independent), "I-M	
	U	`	,,	`	commercial educational multicast)	
For the meaning of the					the paper SA3 form ′es". If not, enter "No". For an ex	
planation of local servi	ce area, see pa	age (v) of the	general instruct	tions located in th	ne paper SA3 form	
_			-	•	, stating the basis on which you ntering "LAC" if your cable systen	
carried the distant stat		•	• .	•		
					ty payment because it is the subjec ystem or an association representing	
_					ary transmitter, enter the designa	
` ' '			•	•	other basis, enter "O." For a furthe	
					red in the paper SA3 form ty to which the station is licensed by the	
				-	th which the station is identifed	
Note: If you are utilizing	ig multiple chai		· · · · · · · · · · · · · · · · · · ·		n channer line-up.	-
		1	EL LINE-UP			-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
GIGIN	NUMBER	STATION	(163 01 140)	(If Distant)		
WETA World	26	E-M	Yes	0		
WJZ Dabl	13	N-M	No		Washington	
WETA METRO HE	26				Washington Washington	See instructions for
WNUV the Nest		E-M	Yes	0		additional information on
	54	E-M I-M	Yes No	O	Washington	See instructions for additional information on alphabetization.
	54			0	Washington Washington	additional information on
	54			0	Washington Washington	additional information on
	54			0	Washington Washington	additional information on
	54			O	Washington Washington	additional information on
	54			0	Washington Washington	additional information on
	54			O	Washington Washington	additional information on
	54			O	Washington Washington	additional information on
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FURINI SASE. PAGE 3.	-D OF 015: - :	0.7514			SYSTEM ID	\#
Verizon Virginia		STEM:			06255	Namo
PRIMARY TRANSMITTE		DN .				
In General: In space Garried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify even ystem during the ons in effect or .61(e)(2) and (is, as explaine tations: With r C rules, regula- here in space only on a subs- and also in space formation concern. In station's call associated with -2". Simulcast e channel numbers of the channel states of the stem carried the	y television state accounting in June 24, 194, or 76.63 (in d in the next prespect to any attions, or auth G—but do list ittute basis. ace I, if the state erning substitute sign. Do not in his a station acceptable acceptable in the station acceptable in the station acceptable in the station acceptable in the station acceptable in the station.	g period except 81, permitting to referring to 76.6 paragraph distant station orizations: t it in space I (the ation was carried tute basis station report origination coording to its on be reported in the paragraph of the station and assigned to the station was carried to be reported in the station of the station the station of the station of the station of the station of the station was carried to the station of the stati	(1) stations carriche carriage of ce 61(e)(2) and (4))]; as carried by your the Special Stater ad both on a subsons, see page (v) on program service ver-the-air design column 1 (list eat the television statington, D.C. This	is and low power television stations) and only on a part-time basis under ratain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example tition for broadcasting over-the-air ir s may be different from the channel dependent station, or a noncommercia	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	east), "E" (for no se terms, see pation is outside ce area, see paye entered "Yield distant status on on a part-time distant entered into on a primary transsimulcasts, also ree categories e location of eacanadian statio	oncommercial page (v) of the local servage (v) of the es" in column on during the ame basis becamulticast strength or before Jumitter or an acoenter "E". If a see page (v) ch station. Fo ins, if any, givennel line-ups,	I educational), a general instru- vice area, (i.e. ' general instruct 4, you must occurred ause of lack of lac	or "E-M" (for nonouctions located in translations located in the street of the street	Yes". If not, enter "No". For an ex ne paper SA3 form, stating the basis on which you ntering "LAC" if your cable systen capacity ty payment because it is the subjec system or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the the which the station is identifed	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WZDC-CD TeleXit	25	I-M	No	(II Biotant)	Washington	
WETA World	26	E-M	Yes	0	Washington	
WRC American Ci	4	N-M	No		Washington	See instructions for additional information or
WETA METRO HD	26	E-M	Yes	0	Washington	alphabetization.
WDVM ION Myste	_5 25	I-M	No		Hagerstwon	
WDVM Rewind TV	25	I-M	No		Hagerstwon	
WDVM ShopLC	25	I-M	No		Hagerstwon	

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062559 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 S/D LOCATION OF STATION

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2024/2			
LEGAL NAME OF OWNER OF Verizon Virginia LLC	CABLE SYST	FEM:			\$	062559	Name			
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOC							
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations.	For a further	Substitute			
1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special			
During the accounting per	During the accounting period, did your coble system carry, on a substitute basis, any perpetuark television program									
broadcast by a distant sta					Yes		Statement and Program Log			
Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete the progra	m				
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	nce, please of every no distant statigulations, of tion. Do no Lucy" or "NE mass broadsign of the statication adding static and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach addition innetwork televition and that your authorization of use general each Basketball: deast live, enterstation broadcaph's location (thous, if any, the when your system of a program carrulisted program carrunons in effect di	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute orgram was carried by your ied by a system from 6:01: I was substituted for programing the accounting period	orogram) that d for the program instruction "basketball" lo." station is lice station is ide program. Use cable system 15 p.m. to 6:24 mming that y i; enter the le	, during the accounting gramming of another states on slocated in the paper. List specific program ensed by the FCC or, in ntified). The numerals, with the most accurate 28:30 p.m. should be your system was require tter "P" if the listed pro	nth ely				
	LIDOTITLIT				EN SUBSTITUTE	7. REASON				
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION				
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					
					<u> </u>					
					<u> </u>					
					<u> </u>					
						"				
			·		<u> </u>					
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		 				+				

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062559 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** DATE **FROM** TO TO

LEG	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
	rizon Virginia LLC			062559	Name
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amoun amounts (gross receipts) paid to your cable system by subscribers for the system's secribentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary	transm	ission service	K Gross Receipts
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.		(Amount	of gross receipts)	
• Cor • Cor • If you fee • If you	YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In pour system did not carry any distant television stations, leave block 3 blank. Enter the air from block 1 on line 1 of block 4, and calculate the total royalty fee. In pour system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of	the DS	E Schedule	Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e enter	red on I	ine 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	d on lin	e 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	entere	d on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	295,075,646.69	
	This is your minimum fee.	\$		3,139,604.88	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column television. No part 9, block A of the DSE schedule. If none, enter zero	nn 4, yo	ou mus	t check	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE			0.00	
	schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		2,383,336.23	
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		\$	3,139,604.88	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.			0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725.00	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	\$		3,140,329.88	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See pa	ige (i) c	f the	

Name	LEGAL NAME	OF OWNER OF	CABLE SY	STEM:	SYSTEM ID#
1401116	Verizon V	irginia LL	C		062559
M Channels	to its subs	ons: You muscribers and ne total num	(2) the o	1) the number of channels on which the cable system carried television broadcast station able system's total number of activated channels, during the accounting period. Inannels on which the cable adcast stations	s 87
				ctivated channels arried television broadcast stations	393
	and nonl	broadcast s	ervices		393
N Individual to Be Contacted for Further			this stat	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.) Dis Telephone (703)	s) 558-9832
Information					M
	Address	9000 Ju (Number, stre		Dr ute, apartment, or suite number)	
		Annapo (City, town, s		ction, MD USA 20701	
	Email	, ,,	,	margolis@verizon.com Fax (optional)	
					,
0	CERTIFICA	ATION (This	stateme	nt of account must be certifed and signed in accordance with Copyright Office regulations	5.)
Certification	• I, the und	ersigned, he	ereby cer	ify that (Check one, but only one, of the boxes.)	
	(Owner	other than	corpora	cion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
				corporation or partnership) I am the duly authorized agent of the owner of the cable system hat the owner is not a corporation or partnership; or	as identified
		r or partner ne 1 of spac		officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the second s	he cable system
	are true, co		d correct	of account and hereby declare under penalty of law that all statements of fact contained herei to the best of my knowledge, information, and belief, and are made in good faith.	n
			X	/s/ Paula M. Valdez	
			(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the book on type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility	
			Typed o	r printed name: Paula M. Valdez	
			Title:	Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership)	
			Date:	February 28, 2025	

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 the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in to 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 lav

	EM ID# 62559 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that lead at the constant of all in a constitut DCC.	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

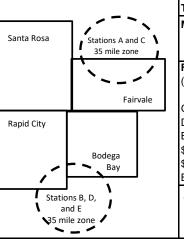
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification of		
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
,	A (independent)	1.0		SERVICE AREA OF FF	ROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6.384.00

		φ0,00-1.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

U.S. Copyright Office

DSE SCHEDULE, PAGE		= 0.40==				CTEM ID#					
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia I.I.C. 06255										
-	Verizon Virginia LLC					062559					
	SUM OF DSEs OF CATEGOR		NS:								
	• Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 4.75										
	Enter the sum here and in line		4.75								
	Instructions:										
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by f	the letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	": for each indep	endent station, give the DSE	as "1.0": for	each network or noncom-						
	mercial educational station, giv			- ,							
Category "O"			CATEGORY "O" STATION	S: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WMPT	0.250									
	WETA	0.250									
	WHUT	0.250									
	WETA Kids	0.250									
	WETA UK HD	0.250									
Add rows as necessary.	WMPT MPT 2/Create HD										
Remember to conviall	WMPT NHK World	0.250									
formula into new	WMPT PBS Kids	0.250									
rows.	WHUT PBS Kids	0.250									
	WETA World	0.250									
	WETA METRO HD	0.250									
	WZDC-CD	1.000									
	WZDC-CD TeleXitos	1.000									

Name	Verizon Virg	OWNER OF CABLE SYSTEM: J inia LLC					S	062559
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 9 give the type- Column 6	st the call sign of all dista 2: For each station, give to correspond with the info 3: For each station, give to 4: Divide the figure in colute tat least to the third decir 5: For each independent sovalue as ".25." 6: Multiply the figure in copoint. This is the station's	ne number of hot mation given in some total number of the figure and point. This is station, give the "	urs your cable system space J. Calculate on of hours that the stati re in column 3, and gothe "basis of carriagottype-value" as "1.0." ure in column 5, and ure in column 5, and	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each networ	tion during the accounting each station. er the air during the acco decimals in column 4. The station. rk or noncommercial edu n column 6. Round to no	ounting period. is figure must cational station, less than the	
Capacity		C	ATEGORY L	AC STATIONS: (COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS D BY	. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	ΞE
			÷	=		x	=	
			÷	=		x	=	
			÷			x x	<u>=</u>	
			·····			x	<u>-</u>	
			÷	=		x	=	
			÷	=		x	=	
			÷	-		X	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effet Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ve the call sign of each stated by your system in substact on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a program shown by the bork programs during number of live, respond with the intention to the calendar in 2 by the figure	ram that your system letter "P" in column 7 ing that optional carri- nonnetwork programs formation in space I. year: 365, except in 8 in column 3, and give	was permitted to of space I); and age (as shown by a carried in substance I have been been been been been been been be	o delete under FCC rules d the word "Yes" in column titution for programs that blumn 4. Round to no les	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BA	ASIS STATIONS	: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
						÷		_
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	of SUBSTITUTE-BAS of each station. um here and in line 3 of p		dule,	▶	0.00		
5		ER OF DSEs: Give the am s applicable to your systen		exes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				-	4.75	
of DSEs	2. Number o	of DSEs from part 3 ●				•	0.00	
	3. Number o	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	ER OF DSEs						4.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF ON Verizon Virgini		SYSTEM:					S	49 YSTEM ID# 062559	Name
nstructions: Bloc	k A must be com	pleted.							
n block A: If your answer if "	Yes " leave the re	emainder of	nart 6 and nart	7 of the DSE sche	edule blank ar	nd complete na	rt 8 (nage 16) o	f the	6
schedule.	,			7 01 110 202 00110	dalo blank a	ia complete pa	rt o, (pago 10) o		
If your answer if "	No, complete bio			ELEVISION MA	ARKETS				Computation of
s the cable system	located wholly o	outside of all	major and sma	ıller markets as del	fined under s	ection 76.5 of F	CC rules and re	gulations in	3.75 Fee
ffect on June 24,			DO NOT COM	DI ETE TUE DEM	AINIDED OF				
	lete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF	PARI 6 AND 7			
No—Comp	ete blocks b allo								
		BLO	CK B: CARR	IAGE OF PERM	AITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulat he DSE Sch	ions prior to Ju edule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explan	ation of permitt	ed stations, see	the	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC m A Stations carr 76.61(b)(c)] B Specialty stat C Noncommeric D Grandfathere instructions for E Carried pursus *F A station pre	ules and regied pursuant ion as define cal education d station (76 or DSE sche lant to individe viously carr UHF station	ulations cited be to the FCC many distance of in 76.5(kk) (in all station [76.565) (see paragedule). Usual waiver of Fied on a part-ting within grade-B	me or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(I). 76.63(a) referring a stitution of gassis prior to June 2.50 assis prior to June 2.50 ass	on June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s une 25, 1981	76.63(a) referrin 6.61(e)(1) stations in the		
Column 3:	*(Note: For thos this schedule to	e stations id determine th	entified by the ne DSE.)	n parts 2, 3, and 4 letter "F" in column	n 2, you must	complete the v	<u>-</u> .	1	
1. CALL SIGN	PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	PERMITTED BASIS	3. DSE	
WMPT	С	0.25	WMPT PB		0.25	WMPT NHI	М	0.25	
WETA	С	•	WHUT PBS		0.25				
WHUT	C	•	WETA Wo		0.25				
WETA Kids WETA UK F		0.25 0.25	WETA ME		0.25				
WETA OK F	M M	0.25	WZDC-CD	M B	1.00 1.00				
								4.75	
		E	BLOCK C: CO	MPUTATION OF	3.75 FEE		<u> </u>	<u> </u>	•
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove					
				r of DSEs subjec 7 of this schedu		rate.			
ine 4: Enter gros	ss receipts from	space K (p	page 7)				x 0.0	375	Do any of the DSEs represe
ine 5: Multiply lir	ne 4 by 0.0375	and enter s	um here				X 0.0	<u> </u>	partially permited/ partially
	·						Х		nonpermitted carriage?
ine 6: Enter tota	i number of DS	⊏s irom line	<i>:</i> 0						9 instructions
ine 7: Multiply lin	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, space	e L (page 7))		0.00	

ACCOUNTING PERIOD: 2024/2

Name	Verizon Virgini		SYSTEM:						S	962559
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fit A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compan	or to June 25, call sign for ea the DSE for the accounting the basis of call call the program (d)(1),76.61(e) (e)(3)). Carriage under call instructions the station's De the DSE figure B, column 3 call information your call instructions the station's De the DSE figure B, column 3 call information your call instructions the station's De the DSE figure B, column 3 call information your call information your call information your call sign and the program of the program	1981, under forme ch distant station is station for a sing period and year arriage on which the egulations cited benning: Carriage, control of the carriage under FCC certain FCC rules, in the paper SA3 SE for the current res listed in column of part 6 for this status give in columns	r FCC rules gover dentifed by the gle accounting in which the care station was colow pertain to for a part-time berring to 76.61(eC rules, sections regulations, or form. If accounting per ins 2 and 5 and ation.	verni lette perioriag arriet thos asis sasis (1))(1)) s 76 auth riod list	ntifed by the letter "F" ing part-time and subser "F" in column 2 of pod, occurring between e and DSE occurred (ed by listing one of the e in effect on June 24, of specialty program). 59(d)(3), 76.61(e)(3), norizations. For further as computed in parts the smaller of the two	stitute carri art 6 of the n January 1 (e.g., 1981) e following n, 1981.) ming unde n, or 76.63 (r explanation 2, 3, and 4 figures he	age.) DSE schedule 1, 1978 and Jur 1) letters: r FCC rules, se referring to on, see page (v	ections (i) of the le. should b	981. ne entered
		PERMITTE	D DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	Р	ERIOD		CARRIAGE	<u> </u>	DSE		DSE
-	Instructions: Block A	must he com	nleted			<u> </u>				
7	In block A:		protou.							
Computation	_		te blocks B and C		nor	t 9 of the DSE cohod	ulo			
of the Syndicated	ii your answer is	No, leave blo		•	•	t 8 of the DSE schedu LEVISION MARKI				
Exclusivity			BLOCI	X A. WAJOK	IE	LEVISION WARRI				
Surcharge	Is any portion of the or	cable system w	ithin a top 100 maj	or television mar	ket a	as defned by section 76	6.5 of FCC	rules in effect J	une 24, 1	1981?
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8			
	BI OCK B: C	arriage of VHE	/Grade B Contour	Stations		RI OCK	C: Compu	itation of Exem	nt DSE	
	Is any station listed in				- I	Vas any station listed	<u> </u>			
	commercial VHF stati				- 11	nity served by the cabl		•		
	or in part, over the ca	-			to	o former FCC rule 76.	,			
			n its appropriate per	mitted DSE		Yes—List each sta X No—Enter zero an			ite permit	ted DSE
	X No—Enter zero a	ina proceed to p	alt o.			X No—Enter zero an	ia proceed t	o part o.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
								-		
		-								
								-		
								-		
		ı L	TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC SYSTEM ID# 062559	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank, NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Nama	LEGAL NAM		SYSTEM ID#
Name	,	Verizon Virginia LLC	062559
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here ▶ \$	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge. \$	
8		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	rt
0		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	· ·	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	w
Base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	I
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ \$	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	3.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

. = 2 11 11	AND OF CHAIR OF CARLE OVERTILE	0)/0==14.15.//	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Veriz	on Virginia LLC	062559	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶\$		
	B. Enter 0.00701 of gross receipts		
	(the amount in section 1)		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi		
	Space G.	on annormic	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta clusion, you must:	ke advantage of	of
uns ex	dusion, you must.		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deteri and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exemp	ot in part 7, you	Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block in	A and B below.	Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations		Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant to that community.	t station you	Stations
Step 2 outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are dis	tant Fach	
subscri	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide	te that a cable	
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your iber groups.	· system's	
	n section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant ibers in the group.	to all of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave of this schedule; or,	e it in parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave 6 of this schedule.	t in block B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general spaper SA3 form.	eral instructions	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or	the preceding	
page. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou for that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062559 Verizon Virginia LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

	SYSTEM:				S	YSTEM ID# 062559	
			E FEES FOR EACH SU				
FIRS	ST SUBSCRIBER	R GROUP		SECOND	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	0		O COMMUNITY/ AREA O				
CALL SIGN DSE	CALL SIGN	N DSE	E FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE WMPT 0.25 WMPT MPT 2/Crea 0.25 WMPT NHK World 0.25 WMPT PBS Kids 0.25				
WMPT 0.2	5		WMPT	0.25			
WMPT MPT 2/Create F 0.2	5		WMPT MPT 2/Crea	0.25			
WMPT NHK World 0.2	5		WMPT NHK World	0.25			
WMPT PBS Kids 0.2	5		WMPT PBS Kids	0.25			
WETA 0.2	5						
WETA Kids 0.2	5						
WETA UK HD 0.2	5						
WHUT 0.2	5						
WHUT PBS Kids 0.2	5						
WETA World 0.2	5						
WETA Metro HD 0.2	5						
otal DSEs		2.75	Total DSEs			1.00	
Gross Receipts First Group	•	6,060,847.79	Gross Receipts Second	d Group	s 4,5	87,039.60	
oroso rescripto i not Group	<u>*</u>	0,000,047.70	Gross rescripts describ	Gloup	4,0	31,000.00	
3ase Rate Fee First Group	\$	138,838.87	Base Rate Fee Second	d Group	\$	48,806.10	
THIF	D SUBSCRIBER	R GROUP		FOURTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			WZDC-CD	1.00			
			WZDC-CD TeleXite	1.00			
					-		
	111						
		0.00	T-4-1 DOF		•	2.00	
otal DSEs		0.00	Total DSEs			2.00	
	<u>s</u> 19	0.00	Total DSEs Gross Receipts Fourth	Group	\$ 48,9	2.00 40,779.40	
Total DSEs Gross Receipts Third Group	s 19	90,968,337.07	Gross Receipts Fourth			40,779.40	
	s 19						
ross Receipts Third Group	\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth	Group		40,779.40	

LEGAL NAME OF OWNER Verizon Virginia LL		E SYSTEM:				S	YSTEM ID# 062559	Name
BL		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WZDC-CD	1.00							Base Rate Fee
WZDC-CD TeleXito	1	-						and
WETA	0.25	-						Syndicated
WETA III	0.25							Exclusivity
WETA UK HD WHUT	0.25	-	•					Surcharge
WHUT PBS Kids	0.25 0.25							for Partially
WETA World	0.25							Distant
WETA METRO HD	0.25	-	•			n		Stations
		-				" 		
	•		•					
	•							
Total DSEs			3.75	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 44,518,	642.83	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gre			886.50	Base Rate Fee Sec		\$	0.00	
S	EVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-	•			n		
		-						
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
222,233 0	1.				- · P	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
se Rate Fee: Add the er here and in block			riber group	as shown in the boxe	s above.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OW Verizon Virginia		LE SYSTEM:				S	YSTEM ID# 062559	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAG		BER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	MUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 6,06	0,847.79	Gross Receipts Sec	ond Group	\$ 4,58	87,039.60	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$ 190,96	8,337.07	Gross Receipts Fou	rth Group	\$ 48,94	40,779.40	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the hase ra	te fees for each subs	scriber group	as shown in the boxe	es ahove			
Enter here and in blo			group		_ 02010.	\$	0.00	

Nonpermitted 3.75 Stations

Name	YSTEM ID# 062559						-C	
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH	
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN
and								
Syndicat		-				-		
Exclusiv								
Surcharg								
for					•			
Partially					•			
Distant								
Stations					•			
Otations			.					
					•			
					•			
							 	
			<u>.</u>				 	
			.					
	0.00			Total DSEs	0.00			otal DSEs
		\$	d Group	Gross Receipts Secon	642.83	\$ 44,518	quo	Gross Receipts First Gr
	0.00	<u>*</u>	u Gioup	Cross rescripto essen				5, 555 ; 1555, p. 6 ; 1151 C.
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group				oup	Base Rate Fee First Gro
	0.00	\$	d Group			\$	oup	3ase Rate Fee First Gro
	0.00	\$	d Group	Base Rate Fee Secon	JP	\$	oup	3ase Rate Fee First Gro
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Green S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Green Science Science Science Base Rate Fee First Green Science Base Rate Ba
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gro S COMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	EVENTH	SCOMMUNITY/ AREA CALL SIGN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	EVENTH	SCOMMUNITY/ AREA CALL SIGN
	O.00	\$ SUBSCRIBER GROU	d Group EIGHTH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE DSE	Base Rate Fee First Green Science Science Science Base Rate Fee First Green Science Base Rate Ba