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	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	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Verizon Virginia LLC									
				062716	320242					
				062716	2024/2					
	9000 Junction Dr									
	Annapolis Junction, MD USA 20701									
С	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					
C	names already appear in space B. In line 2, give the mailing address o	f the system, if diff	ferent from the address give	en in space	B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	Verizon Fios TV (Richmond, VA) VHO 9									
	MAILING ADDRESS OF CABLE SYSTEM:									
	3011 Hungary Spring Rd. (Number, street, rural route, apartment, or suite number)									
	Richmond, VA 23228									
	(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	∍ 1b					
Area	with all communities.	T								
Served	CITY OR TOWN STATE									
First	RICHMOND	VA								
Community	Below is a sample for reporting communities if you report multiple cha			1						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#					
Sample	Alda Alliance	MD MD	A B		2					
	Gering	MD	В		3					
		2	_							

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.

TORINI SASE. PAGE 1D.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Verizon Virginia LLC			062716							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses										
below the identified city or town.	ie paiks siloulu b	e reported in pare	iluleses							
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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
RICHMOND	VA	A	1	First						
CHESTERFIELD COUNTY	VA	A	1	Community						
HENRICO COUNTY	VA	A	1							
POWHATAN COUNTY	VA	Α	1							
				See instructions for						
				additional information on alphabetization.						
				on alphabetization.						
				Add rows as necessary.						
				,						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC

SYSTEM ID#

062716

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	65,671	\$ 49.24			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	913	\$ 35.00			
Converter					
 Residential 					
 Non-residential 					
		1			

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

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
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
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus Fox Soccer Plus (Bar/Rest.)	14.99 N/A	14.99 Varies
` ,	N/A N/A	
Sports Pass (Bar/Rest.) Cinemax	15.00	Varies 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 1 list two boxes (cach)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
55. 10p Box. 6 . box65	. to additional orlarge	11.00

Catamamy of Camilaa	Residential	Commercial
Category of Service	Rate	Rate
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
Fine Minelane Devitor	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Variana Bantan	\$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

FORM SA3E. PAGE 3.					SYSTEM ID#	1
Verizon Virginia		/STEM:			062716	Namo
		ON .			002710	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC 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	G, identify every ystem during toons in effect on .61(e)(2) and (isis, as explaine stations: With a C rules, regulation on a substand also in spaformation concern. In station's call associated with station with the station concerns.	y television standard with the accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5), or authors account to any attions, or authors account to any attitute basis. The account is account to a station account to a station account to a station account in June 24, 19 (4), and a station account in June 24, 19 (4), and a station account in June 24, 19 (4), and a station account in June 24, 19 (4), and account in June 24,	g period, except 981, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis station report origination coording to its ov	(1) stations carried to carriage of certification (2) and (4))]; is carried by your one Special Statem d both on a substitute, see page (v) on program service er-the-air designar	s and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha	e. For example stem carried the in each case we entering the least), "E" (for note that is every eation is outside the area, see particular each entered "Y	e, WRC is Che station. whether the setter "N" (for noncommercial page (v) of the the local seriage (v) of the es" in column	tation is a network), "N-M" (all educational), cone general instructional), cone general instructional, all, you must co	nington, D.C. This ork station, an index of retwork multicor "E-M" (for nonce ctions located in the distant"), enter "Yetions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
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Television basis under specific FCC rules, regulations, or authorizations: - Do not list the station was carried only on a substitute basis. - Do not list the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Inicidate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "-M" (for independent multicast), "E (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Yes'. If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station of unity the accounting pe	Verizon Virginia	ER OF CABLE SY a LLC	/STEM:			SYSTEM ID# 062716	Nome
Gurined by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC role and regulations in effect on June 24, 1981, permitting the carriage of cetain network programs [sections 75.594(s)2) and (4), 77.635(s)(2) and (4), 07.763 (s)(2) and (4),	PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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 CHANNEL SIGN 2. B'CAST CHANNEL SIGN 2. CHANNEL SIGN 2. CHANNEL SIGN 2. CHANNEL SIGN 2. CHANNEL SIGN 3. TYPE CHANNEL SIGN 2. CHANNEL SIGN 2. CHANNEL SIGN 3. TYPE C	In General: In space Coarried 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, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi. Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every system during the consine effect on a factorial situations: With a consine system and also in spar formation concern. In the consideration of a distant entered into on a part-thick in a distant entered into on a part-thick entered	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations to report origination coording to its own to be reported in the referring to the report origination coording to its own to be reported in the report origination coording to its own to be reported in the report origination coording to its own to be reported in the report origination coording to its own to be reported in the report origination as assigned to annel 4 in Wash tation is a network that is a network of the general instruction of the general instruction accounting periodic ause of lack of a seam that is not some 30, 2009, be second in representation of the general or U.S. stations,	in (1) stations carried to carriage of certific (2) and (4))]; is carried by your one Special Statem of the Special Special Statem of the Special Statem of the Special Special Statem of the Special	and only on a part-time basis under an network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. In the station of the basis on which your terring "LAC" if your cable system capacity. If y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form.	
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WWBT ION Myste 12 N-M No Richmond WRIC Laff 8 N-M No Petersburg	WWBT Circle WRIC COZI TV WUPV The365 WTVR 6 Xtra WUPV Bounce TV WUPV Grit TV WNVT World WCVE Create WRLH CometTV WRLH Charge TV	CHANNEL NUMBER 12 8 65 6 65 22 23 35 35	OF STATION N-M I-M I-M I-M E-M E-M I-M	(Yes or No) No	5. BASIS OF CARRIAGE	Richmond Petersburg Ashland Richmond Ashland Richmond Richmond Richmond Richmond Richmond Richmond	additional information
WRIC Laff 8 N-M No Petersburg	WWBT Circle WRIC COZI TV WUPV The365 WTVR 6 Xtra WUPV Bounce TV WUPV Grit TV WNVT World WCVE Create WRLH CometTV WRLH Charge TV WCVE PBS Kids	CHANNEL NUMBER 12 8 65 6 65 22 23 35 35 23	OF STATION N-M N-M I-M I-M E-M E-M I-M	(Yes or No) No	5. BASIS OF CARRIAGE	Richmond Petersburg Ashland Richmond Ashland Richmond Richmond Richmond Richmond Richmond Richmond Richmond	additional information
	WWBT Circle WRIC COZI TV WUPV The365 WTVR 6 Xtra WUPV Bounce TV WUPV Grit TV WNVT World WCVE Create WRLH CometTV WRLH Charge TV WCVE PBS Kids	CHANNEL NUMBER 12 8 65 6 65 22 23 35 35 23 6	OF STATION N-M N-M I-M I-M E-M E-M I-M E-M I-M	(Yes or No) No	5. BASIS OF CARRIAGE	Richmond Petersburg Ashland Richmond Ashland Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond Richmond	additional information
WRIC Rewind 8 N-M No Petersburg	WWBT Circle WRIC COZI TV WUPV The365 WTVR 6 Xtra WUPV Bounce TV WUPV Grit TV WNVT World WCVE Create WRLH CometTV WRLH Charge TV WCVE PBS Kids WTVR Antenna TV	CHANNEL NUMBER 12 8 65 6 65 22 23 35 35 23 6 12	OF STATION N-M I-M I-M I-M E-M I-M I-M I-M I-M I-M I-M	(Yes or No) No	5. BASIS OF CARRIAGE	Richmond Petersburg Ashland Richmond Ashland Richmond	additional information
	WWBT Circle WRIC COZI TV WUPV The365 WTVR 6 Xtra WUPV Bounce TV WUPV Grit TV WNVT World WCVE Create WRLH CometTV WRLH Charge TV WCVE PBS Kids WTVR Antenna TV WWBT True Crime	CHANNEL NUMBER 12 8 65 6 65 22 23 35 23 6 12 12	OF STATION N-M N-M I-M I-M E-M I-M E-M I-M N-M N-M	(Yes or No) No	5. BASIS OF CARRIAGE	Richmond Petersburg Ashland Richmond Ashland Richmond	additional information

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Virginia LLC 062716 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

TORWI GAGE: I AGE 3:								Accounting	1 EIIIOD. 2024/2
LEGAL NAME OF OWNER OF	CABLE SYST	EM:					S	YSTEM ID#	Name
Verizon Virginia LLC								062716	Name
SUBSTITUTE CARRIAGE	E. SDECIA	I STATEMEN	NT AND PROGRAM LOC	2					
In General: In space I, ident	_	_			stant statio	n that your ca	ahla evetam	carried on a	
substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	CC r	ules, regul	ations, or aut	horizations.	For a further	
form.									Substitute Carriage:
1. SPECIAL STATEMENT						.4	:	_	Special
 During the accounting per broadcast by a distant state 		ir cable system	i carry, on a substitute bas	SIS, a	any nonne	etwork televis	on progran		Statement and
Note: If your answer is "No		rest of this pag	ne blank. If your answer is	"Ye	es " vou m	ust complete			Program Log
log in block 2.	, 10010 110	root or time pay	jo blank. Il your anower lo		o, you iii	act complete	and program		
2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subst				whe	erever pos	ssible, if their	meaning is	3	
clear. If you need more spa			al pages. ision program (substitute p	oroc	ram) that	during the a	ccounting		
period, was broadcast by a								tion	
under certain FCC rules, re	,		10 ()						
SA3 form for futher informa titles, for example, "I Love I				r "ba	asketball".	List specific	c program		
			r "Yes." Otherwise enter "N	No."	•				
			asting the substitute progra						
the case of Mexican or Car			ne community to which the				FCC or, in		
			tem carried the substitute			,	vith the mor	nth	
first. Example: for May 7 given									
to the nearest five minutes.			gram was carried by your					ly	
stated as "6:00–6:30 p.m."	схаттрю. с	i program cam	cd by a system nom o.o r.	. 10	p.111. to 0.2	20.00 p.iii. 3i	louid bc		
			was substituted for progra					d	
to delete under FCC rules a gram was substituted for pr									
effect on October 19, 1976.		that your syste	eni was pennilied to delete	c ui	idei i CC i	rules and reg	ulations in		
				П					
9	I IBSTITI IT	E PROGRAM				EN SUBSTIT IAGE OCCU	_	7. REASON	
	2. LIVE?	3. STATION'S		5	5. MONTH	6. TII		FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	1 1	AND DAY	FROM —	то		
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ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 6.

ACCOUNTING	PERIOD: 2024/2							Г	UKIVI SA	SE. PAGE 6.			
Name	LEGAL NAME OF	OWNER OF CABL	SYSTEM:						SYS	STEM ID#			
Hallie	Verizon Virg	jinia LLC								062716			
J		is space ties in v	with column 5 of sp										
Part-Time Carriage Log	hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the												
	television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."												
			DATE	S AND HOURS	OF F	PART-TIME CAF	RRIAGE						
	CALL SIGN	WHEN	I CARRIAGE OCC		i i	CALL SIGN	WHEN	I CARRIAGE O		ED			
		DATE	HOU FROM	RS TO			DATE	FROM	OURS	то			
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	SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Ve	rizon Virginia LLC		062716	Name
Ins all (as paç	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's sect identified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmompute this a	ission service mount, see 31,287,833.85	K Gross Receipts
IIVII	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount	of gross receipts)	
Instr Co Go If y fee	PYRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. our 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. our system did carry any distant television stations, you must complete the applicable p companying this form and attach the schedule to your statement of account.	arts of the DSE	E Schedule	L 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 entered on II	ine 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be selow.	entered on line	e 2 in block	
	eart 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho n block 4 below.	ould be entered	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 fe system's gross receipts for the accounting period.			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	31,287,833.85	
	This is your minimum fee.	\$	332,902.55	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	nn 4, you must	check	
Block 3		\$	-	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	332,902.55	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, enter		0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	333,627.55	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 page (i) o	f the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062716	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
Chamers	Enter the total number of channels on which the cable system carried television broadcast stations	34	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	362	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Be Contacted for Further Information	Name Daniel J Margolis Telephone (703) 558	3-9832	
	Address 9000 Junction Dr (Number, street, rural route, apartment, or suite number)		
	Annapolis Junction, MD USA 20701 (City, town, state, zip)		
	Email daniel.margolis@verizon.com Fax (optional)		
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.		
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]		
	X /s/ Paula M. Valdez		
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settin		
	Typed or 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 Office 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 Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC SYSTEM ID# 062716	Nama
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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_
(interest charge) * 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.