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 Period	2024/2								
B Owner	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 Pennsylvania LLC								
				0630092024	.2				
				063009 2024/2	<u>?</u>				
	9000 Junction Dr Annapolis Junction, MD USA 20701								
С	INSTRUCTIONS: In line 1, give any business or trade names used to i								
	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Harrisburg, PA) VHO 14								
	MAILING ADDRESS OF CABLE SYSTEM: 210 Pine Street (Number, street, rural route, apartment, or suite number) Harrisburg, PA 17101 (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.	·	•						
Served	CITY OR TOWN	STATE							
First	CAMP HILL BORO	PA							
Community	Below is a sample for reporting communities if you report multiple cha		·	1					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB GRP#					
Sample	Alliance	MD	A B	2					
	Gering	MD	В	3					

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

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063009 Verizon Pennsylvania 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 identification 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. CH LINE UP SUB GRP# CITY OR TOWN STATE **CAMP HILL BORO** PA First **CARROLL TWP** PΑ Α Community **CONEWAGO TWP** PA Α **DERRY TWP** PA Α **DILLSBURG BORO** PA Α **EAST PENNSBORO TWP** Α PA 1 See instructions for **FAIRVIEW TWP** PA Α additional information on alphabetization. **HAMPDEN TWP** PA Α **HIGHSPIRE BORO** PA Α **HUMMELSTOWN BORO** PA Α **LEMOYNE BORO** PA Α Add rows as necessary. PA LONDONDERRY TWP DAUPHIN Α PA Α **LOWER ALLEN TWP** PA **LOWER PAXTON TWP** Α **LOWER SWATARA TWP** PA Α 1 **MECHANICSBURG BORO** PA Α PA MIDDLESEX TWP Α MIDDLETOWN BORO PA Α **MONAGHAN TWP** PΑ Α **MONROE TWP** PA Α **NEW CUMBERLAND BORO** PA Α NORTH LONDONDERRY TWP PA Α PALMYRA BORO PA Α **PAXTANG BORO** PA Α PA PENBROOK BORO **ROYALTON BORO** PA Α 1 SHIREMANSTOWN BORO PA Α SILVER SPRING TWP PA Α **SOUTH HANOVER TWP** PA Α SOUTH LONDONDERRY TWP PA Α PA STEELTON BORO Α SUSQUEHANNA TWP PA Α SWATARA TWP PA Α **UPPER ALLEN TWP** PA Α WEST HANOVER TWP PA Α WORMLEYSBURG BORO PA Α

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

963009

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.

BL	OCK 1		ıT	BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:				ı			
 Service to first set 	28,065	\$	49.24	ı			
 Service to additional set(s) 				ıÏ			
• FM radio (if separate rate)				ıľ			
Motel, hotel				ıÏ			
Commercial	369	\$	35.00	ıÏ			
Converter				ıľ			
Residential				ıÏ			
Non-residential				ıľ			
		†····		ı P			

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			
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		
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	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
·r =		

Catamany of Samina	Residential Rate	Commercial Rate
Category of Service		
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
Fine Wineless Deuten	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Variana Dantan	\$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:	l:		SYSTEM ID#	
Verizon Pennsylv	ania LLC			063009	Name
PRIMARY TRANSMITTERS	S: TELEVISION				
carried by your cable syst FCC rules and regulation 76.59(d)(2) and (4), 76.61	tem during the ac s in effect on Jund 1(e)(2) and (4), or	ccounting period excep ne 24, 1981, permitting r 76.63 (referring to 76	ot (1) stations carrie the carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program basis, Substitute Basis Stat			ns carried by your	cable system on a substitute progran	Transmitters: Television
basis under specifc FCC • Do not list the station he station was carried onl	ere in space G—b	but do list it in space I	the Special Staten	nent and Program Log)—if the	
	mation concernin			itute basis and also on some othe of the general instructions located	
each multicast stream ass	sociated with a st	tation according to its	over-the-air design	es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example	
Column 2: Give the chits community of license.	For example, WR	RC is Channel 4 in Wa		tion for broadcasting over-the-air ir s may be different from the channe	
educational station, by en (for independent multicas For the meaning of these Column 4: If the static planation of local service Column 5: If you have cable system carried the carried the distant station For the retransmission of a written agreement en the cable system and a pition "E" (exempt). For sim explanation of these three Column 6: Give the lo	each case wheth tering the letter "Ibt), "E" (for noncorterms, see page on is outside the learea, see page (vertex entered "Yes" in distant station durion a part-time bar of a distant multipatered into on or barimary transmitter nulcasts, also entered e categories, see cation of each standian stations, if multiple channel limiter, "Entered line of the categories of each standian stations, if multiple channel limiter,"	her the station is a network), "N-M "M" (for network), "N-M "mmercial educational) (a (v) of the general instru- (b) of the general instru- (c) of the general instru- (d) of the general instru- (e) of the accounting per- (e) asis because of lack or (e) ticast stream that is not (e) before June 30, 2009, (e) or an association rep- (e) er "E". If you carried the (e) page (v) of the general (e) tation. For U.S. stations (f) any, give the name of	" (for network multi, or "E-M" (for noncructions located in "distant"), enter "Y (ctions located in thomplete column 5, eriod. Indicate by elf activated channel t subject to a royall between a cable suresenting the prima e channel on any cal instructions locates, list the communit the communit the community wite space G for each	res". If not, enter "No". For an ex the paper SA3 form that stating the basis on which you netering "LAC" if your cable syster capacity the payment because it is the subject system or an association representing any transmitter, enter the designation of the basis, enter "O." For a furthe the din the paper SA3 form the ty to which the station is licensed by the the which the station is identified.	
1-					
SIGN	B'CAST 3. TY CHANNEL OF NUMBER ST		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
					See instructions for additional information on alphabetization.
					Ï

FORM SA3E. PAGE 3.					0\/0==11.ID//	il
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Verizon Pennsy	/Ivania LLC				063009	
PRIMARY TRANSMITTE	RS: TELEVISI	ON				
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, 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	system during tons in effect of a fall (e)(2) and sis, as explained tations: With CC rules, regul here in space only on a substand also in spot formation confirm. In station's call associated with a section and last in special technical regions. The confirming the least, "E" (for rese terms, see parse entered "Years, see pave entered "Years, as explained to the control of the contro	the accounting the accounting June 24, 19 (4), or 76.63 and in the next respect to an ations, or autored Gamma ations and the station are streams must be the FCC and the station of the station whether the station whether the station concommercial page (v) of the ation and the local second graph (v) of the ation of the a	g period except 981, permitting i (referring to 76. a paragraph by distant station horizations: st it in space I (the tation was carried tation was carried tation was carried report origination coording to its often be reported in has assigned to mannel 4 in Wast station is a netwon metwork), "N-M" all educational), me general instruction 4, you must con an 4, you must con	t (1) stations carrithe carriage of ce 61(e)(2) and (4))] as carried by your the Special State ed both on a subsons, see page (v) on program service ver-the-air design a column 1 (list eat the television station, D.C. This cork station, an incomplete column 5 to the television station, and the control of the television station, and the control of the television station, and the column 1 (for network multion "E-M" (for non uctions located in the complete column 5 to the colu	Yes". If not, enter "No". For an ex	Primary Transmitters: Television
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	ion on a part-ti ion of a distan entered into c a primary trans simulcasts, als tree categories	me basis bed t multicast strong or before J smitter or an a so enter "E". I s, see page (v	ream that is not lune 30, 2009, b association repr f you carried the v) of the genera	subject to a roya between a cable s resenting the prime channel on any I instructions loca	I capacity Ity payment because it is the subject ystem or an association representin eary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form	
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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID:				
Verizon Pennsy	/Ivania LLC				063009	Name			
PRIMARY TRANSMITTE	RS: TELEVISI	ON							
carried by your cable s FCC rules and regulat	system during ions in effect of 6.61(e)(2) and	the accountin n June 24, 19 (4), or 76.63	ng period except 981, permitting to (referring to 76.	(1) stations carri the carriage of ce	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a	G Primary Transmitters:			
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations. • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 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 channe									
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case e entering the locast), "E" (for rese terms, see ation is outside ce area, see pave entered "Yes entered "Yes entered into common a partition of a distant at entered into common entered into	whether the setter "N" (for a concommercial page (v) of the context the local seage (v) of the conduring the context that the	network), "N-M" al educational), ne general instruction at a general instruction 4, you must contain a accounting per cause of lack of ream that is not lune 30, 2009, be association reprof you carried the lack of the general or U.S. stations we the name of	(for network mult or "E-M" (for non- uctions located in "distant"), enter "\ ctions located in the properties of the column 5 riod. Indicate by e activated channel subject to a royal petween a cable seesenting the prime e channel on any I instructions loca , list the community we	Yes". If not, enter "No". For an ex the paper SA3 form is, stating the basis on which you entering "LAC" if your cable syster el capacity lity payment because it is the subject system or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifed				
		CHANN	EL LINE-UP	Δ		-			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WPMT Antenna T	43	I-M	No		York	1			
WITF PBS Kids	33	Е-М	No		Harrisburg	See instructions for			
WXBU TBD Netwo	15	I-M	No		Lancaster	additional information on alphabetization.			
WHTM Laff	27	N-M	No		Harrisburg				

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Primary Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF		EM:			S	YSTEM ID#	Name
Verizon Pennsylvania	LLC					063009	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	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, regu	lations, or authorizations.	For a further	I Substitute
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant sta	riod, did you			is, any nonne	etwork television program		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the progra	ım	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every no distant state agulations, o ation. Do no Lucy" or "NE m was broad sign of the sadcast stationation and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach addition nnetwork telev ion and that your authorization it use general of the BA Basketball: deast live, entestation broadcaph's location (the when your system a program carrillisted programons in effect du	al pages. ision program (substitute pour cable system substitute s. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for prograuring the accounting period	orogram) that d for the properal instruction "basketball" No." station is lice station is ide program. Use cable system 15 p.m. to 6:: amming that yel; enter the le	during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in intified). In a numerals, with the most accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro-	nth	
					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		
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Name	Verizon Pen								963009		
	PART-TIME CA	ARRIAGE LOG									
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "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."										
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE				
	CALL SIGN	WHEN	I CARRIAGE OCCI	JRRED		CALL SIGN	WHE1	N CARRIAGE OCC	URRED		
	CALL SIGN	DATE	HOU! FROM	RS TO		CALL SIGN	DATE	HOL FROM	JRS TO		
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LEG	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# rizon Pennsylvania LLC 063009	Name
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. CORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
COP'Instru Cor Cor If you fee	VRIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Bour system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. Bour system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.	L Copyright Royalty Fee
bloc ▶ If pa 3 be ▶ If pa	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 13,390,501.87	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ - Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	
	Line 3. Add lines 1 and 2 and enter here \$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	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	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 063009	
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	22	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	354	
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) 558-9832	
	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)		
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)		
O 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 identified in line 1 of space B; or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.		
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]		
	X /s/ 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp	·	
	Typed or printed name: Paula M. Valdez		
	Title: Assistant Secretary, Verizon Pennsylvania 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 law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
Verizon Pennsylvania LLC 063009	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.	Special Statement Concerning Gross Receipts Exclusion
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	
Name 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)	
* 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 suffciency of the fling, a determination that would be made by a court of law.