

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).
If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

**SA3E
Long Form**

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Section at (202) 707-8150.

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
3/2/2026	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/2																											
B Owner	<p>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.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 062715																											
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Pennsylvania LLC</p> <p style="text-align: right;">06271520252 062715 2025/2</p> <p>9000 Junction Dr Annapolis Junction, MD USA 20701</p>																											
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																											
	1	<p>IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Philadelphia, PA) VHO 8</p>																										
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: 17 East Oregon Ave <small>(Number, street, rural route, apartment, or suite number)</small> Philadelphia, PA 19148 <small>(City, town, state, zip code)</small></p>																										
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 25%;">STATE</td> <td colspan="2"></td> </tr> <tr> <td>AMBLER BORO</td> <td>PA</td> <td colspan="2"></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 12.5%;">STATE</th> <th style="width: 12.5%;">CH LINE UP</th> <th style="width: 12.5%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE			AMBLER BORO	PA			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																											
AMBLER BORO	PA																											
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																									
Alda	MD	A	1																									
Alliance	MD	B	2																									
Gering	MD	B	3																									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715
---	-----------------------------

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 first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

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 8).

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 8 of the DSE Schedule) in the appropriate columns below.

D
Area
Served

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
AMBLER BORO	MONTGOMER	PA	A	5
TREDYFFRIN TWP	CHESTER	PA	A	5
ABINGTON TWP	MONTGOMER	PA	A	5
CHARLESTOWN TWP	CHESTER	PA	A	3
ALDAN BORO	DELAWARE	PA	A	5
HULMEVILLE BORO	BUCKS	PA	A	5
LOWER SOUTHAMPTON TWP	BUCKS	PA	A	5
ALLEN TOWN CITY	LEHIGH	PA	A	3
BENSALEM TWP	BUCKS	PA	A	5
ALLOWAY TWP SALEM	SALEM	NJ	A	2
HORSHAM TWP	MONTGOMER	PA	A	5
ARDEN	NEW CASTLE	DE	A	2
ARDENCROFT	NEW CASTLE	DE	A	2
MONTGOMERY TWP	MONTGOMER	PA	A	5
ARDENTOWN	NEW CASTLE	DE	A	2
LOWER GWYNEDD TWP	MONTGOMER	PA	A	5
ASTON TWP	DELAWARE	PA	A	2
SPRINGFIELD TWP	MONTGOMER	PA	A	5
AUDUBON BORO CAMDEN	CAMDEN	NJ	A	4
WHITPAIN TWP	MONTGOMER	PA	A	5
AUDUBON PARK BORO CAMDEN	CAMDEN	NJ	A	4
RADNOR TWP	DELAWARE	PA	A	5
AVONDALE BORO	CHESTER	PA	A	2
EASTTOWN TWP	CHESTER	PA	A	5
BARRINGTON BORO CAMDEN	CAMDEN	NJ	A	4
EAST BRADFORD TWP	CHESTER	PA	A	3
BEDMINSTER TWP	BUCKS	PA	A	5
POCOPSON TWP	CHESTER	PA	A	2
BELLEFONTE	NEW CASTLE	DE	A	2
BIRMINGHAM TWP	CHESTER	PA	A	2
BELLMAWR BORO CAMDEN	CAMDEN	NJ	A	4
LANGHORNE MANOR BORO	BUCKS	PA	A	5
THORNBURY TWP DELAWARE COUNTY	DELAWARE	PA	A	3
BERLIN BORO CAMDEN	CAMDEN	NJ	A	4
THORNBURY TWP CHESTER COUNTY	CHESTER	PA	A	3
BERLIN TWP CAMDEN	CAMDEN	NJ	A	4
WESTTOWN TWP	CHESTER	PA	A	3
BETHEL TWP DELAWARE COUNTY	DELAWARE	PA	A	2
WEST BRADFORD TWP	CHESTER	PA	A	3
WEST CHESTER BORO	CHESTER	PA	A	3
BORDENTOWN CITY BURLINGTON	BURLINGTON	NJ	A	4
WEST GOSHEN TWP	CHESTER	PA	A	3
BORDENTOWN TWP BURLINGTON	BURLINGTON	NJ	A	4
UPPER DUBLIN TWP	MONTGOMER	PA	A	5
BRIDGEPORT BORO	MONTGOMER	PA	A	5
HATFIELD BORO	MONTGOMER	PA	A	5
BRIDGETON CITY CUMBERLAND	CUMBERLAN	NJ	A	2
LANSDALE BORO	MONTGOMER	PA	A	5
BRISTOL BORO	BUCKS	PA	A	5
TOWAMENCIN TWP	MONTGOMER	PA	A	5
BRISTOL TWP	BUCKS	PA	A	5
HATFIELD TWP	MONTGOMER	PA	A	5
BROOKHAVEN BORO	DELAWARE	PA	A	2
UPPER GWYNEDD TWP	MONTGOMER	PA	A	5
BROOKLAWN BORO CAMDEN	CAMDEN	NJ	A	4
WEST PIKELAND TWP	CHESTER	PA	A	3
BRYN ATHYN BORO	MONTGOMER	PA	A	5
UPPER MERION TWP	MONTGOMER	PA	A	5
BUCKINGHAM TWP	BUCKS	PA	A	5
EAST MARLBOROUGH TWP	CHESTER	PA	A	2
BURLINGTON TWP BURLINGTON	BURLINGTON	NJ	A	4
EAST GOSHEN TWP	CHESTER	PA	A	3
CALN TWP	CHESTER	PA	A	3
UPPER MAKEFIELD TWP	BUCKS	PA	A	5
CAMDEN CITY CAMDEN	CAMDEN	NJ	A	4
NEWTOWN TWP BUCKS COUNTY	BUCKS	PA	A	5
CHADDS FORD TWP	DELAWARE	PA	A	2
LOWER MAKEFIELD TWP	BUCKS	PA	A	5
CHALFONT BORO	BUCKS	PA	A	5
PHOENIXVILLE BORO	CHESTER	PA	A	5
WRIGHTSTOWN TWP	BUCKS	PA	A	5
CHELLENHAM TWP	MONTGOMER	PA	A	5
MIDDLETOWN	NEW CASTLE	DE	A	2
CHERRY HILL TWP CAMDEN	CAMDEN	NJ	A	4
NEWTOWN BORO	BUCKS	PA	A	5

First
Community

See instructions for additional information on alphabetization.

Add rows as necessary.

CHESILHURST BORO CAMDEN	CAMDEN	NJ	A	4
TOWNSEND	NEW CASTLE	DE	A	2
CHESTER CITY	DELAWARE	PA	A	2
NEW CASTLE COUNTY	NEW CASTLE	DE	A	2
CHESTER HEIGHTS BORO	DELAWARE	PA	A	2
NEWTOWN TWP DELWARE COUNTY	DELAWARE	PA	A	5
CHESTER TWP	DELAWARE	PA	A	2
EAST WHITELAND TWP	CHESTER	PA	A	3
CHESTERFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
WEST WHITELAND TWP	CHESTER	PA	A	3
WARWICK TWP (BUCKS)	BUCKS	PA	A	3
CITY OF NEW CASTLE	NEW CASTLE	DE	A	2
WARRINGTON TWP (BUCKS)	BUCKS	PA	A	5
CLAYTON BORO GLOUCESTER	GLOUCESTER	NJ	A	2
WARMINSTER TWP	BUCKS	PA	A	5
CLIFTON HEIGHTS BORO	DELAWARE	PA	A	5
DOYLESTOWN TWP	BUCKS	PA	A	5
COATESVILLE CITY	CHESTER	PA	A	3
DELAWARE CITY	NEW CASTLE	DE	A	2
COLLEGEVILLE BORO	MONTGOMER	PA	A	5
TAVISTOCK BORO CAMDEN	CAMDEN	NJ	A	4
COLLINGDALE BORO	DELAWARE	PA	A	4
COLLINGSWOOD BORO CAMDEN	CAMDEN	NJ	A	4
LAWNSIDE BORO CAMDEN	CAMDEN	NJ	A	4
CONCORD TWP	DELAWARE	PA	A	2
HADDON TWP CAMDEN	CAMDEN	NJ	A	4
CONSHOHOCKEN BORO	MONTGOMER	PA	A	5
HADDONFIELD BORO CAMDEN	CAMDEN	NJ	A	4
CORBIN CITY	ATLANTIC	NJ	A	2
HADDON HEIGHTS BORO CAMDEN	CAMDEN	NJ	A	4
DARBY BORO	DELAWARE	PA	A	4
DARBY TWP	DELAWARE	PA	A	4
NEWARK	NEW CASTLE	DE	A	2
DEERFIELD TWP CUMBERLAND	CUMBERLAND	NJ	A	2
WHITEMARSH TWP	MONTGOMER	PA	A	5
DEPTFORD TWP GLOUCESTER	GLOUCESTER	NJ	A	4
DOWNINGTOWN BORO	CHESTER	PA	A	3
DOYLESTOWN BORO	BUCKS	PA	A	5
MIDDLETOWN TWP DELAWARE COUNTY	DELAWARE	PA	A	2
DUBLIN BORO	BUCKS	PA	A	5
EDMONT TWP	DELAWARE	PA	A	3
PENNDDEL BORO	BUCKS	PA	A	5
NORTHAMPTON TWP	BUCKS	PA	A	5
EAST BRANDYWINE TWP	CHESTER	PA	A	3
WILLISTOWN TWP	CHESTER	PA	A	3
EAST CALN TWP	CHESTER	PA	A	3
EAST COVENTRY TWP	CHESTER	PA	A	3
EAST FALLOWFIELD TWP	CHESTER	PA	A	2
MALVERN BORO	CHESTER	PA	A	3
EAST LANSDOWNE BORO	DELAWARE	PA	A	5
YARDLEY BORO	BUCKS	PA	A	5
LANGHORNE BORO	BUCKS	PA	A	5
EAST NANTMEAL TWP	CHESTER	PA	A	3
VOORHEES TWP CAMDEN	CAMDEN	NJ	A	4
EAST NORRITON TWP	MONTGOMER	PA	A	5
LOWER MORELAND TWP	MONTGOMER	PA	A	5
EAST PIKELAND TWP	CHESTER	PA	A	3
UPPER MORELAND TWP	MONTGOMER	PA	A	5
EAST ROCKHILL TWP	BUCKS	PA	A	5
UPPER SOUTHAMPTON TWP	BUCKS	PA	A	5
EAST VINCENT TWP	CHESTER	PA	A	3
ODESSA	NEW CASTLE	DE	A	2
NEW BRITAIN BORO	BUCKS	PA	A	5
EASTAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
PLUMSTEAD TWP	BUCKS	PA	A	5
NEW BRITAIN TWP	BUCKS	PA	A	5
EGG HARBOR CITY	ATLANTIC	NJ	A	2
ELK TWP GLOUCESTER	GLOUCESTER	NJ	A	2
EL SINBORO TWP SALEM	SALEM	NJ	A	2
ELSMERE	NEW CASTLE	DE	A	2
ESTELL MANOR CITY ATLANTIC	ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	BURLINGTON	NJ	A	4
FALLS TWP	BUCKS	PA	A	5
FIELDSBORO BORO BURLINGTON	BURLINGTON	NJ	A	4
FOLCROFT BORO	DELAWARE	PA	A	4
FORT DIX BURLINGTON	BURLINGTON	NJ	A	4
FRANCONIA TWP	MONTGOMER	PA	A	5
FRANKLIN TWP GLOUCESTER	GLOUCESTER	NJ	A	2
UWCHLAN TWP	CHESTER	PA	A	3
NEW HANOVER TWP BURLINGTON	BURLINGTON	NJ	A	4
GLASSBORO BORO GLOUCESTER	GLOUCESTER	NJ	A	2
NORTH HANOVER TWP BURLINGTON	BURLINGTON	NJ	A	4
GLENOLDEN BORO	DELAWARE	PA	A	4
SPRINGFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
GLOUCESTER CITY CAMDEN	CAMDEN	NJ	A	4
GLOUCESTER TWP CAMDEN	CAMDEN	NJ	A	4
GREEN LANE BORO	MONTGOMER	PA	A	5
SCHUYLKILL TWP	CHESTER	PA	A	5
GREENWICH TWP CUMBERLAND	CUMBERLAND	NJ	A	2
IVYLAND BORO	BUCKS	PA	A	5
LOWER MERION TWP	MONTGOMER	PA	A	5
HATBORO BORO	MONTGOMER	PA	A	5
HILLTOWN TWP	BUCKS	PA	A	5

HAINESPORT TWP BURLINGTON	BURLINGTON	NJ	A	4
HAMILTON TWP ATLANTIC	ATLANTIC	NJ	A	2
WRIGHTSTOWN BORO BURLINGTON	BURLINGTON	NJ	A	4
HARRISON GLOUCESTER	GLOUCESTER	NJ	A	4
UPPER PROVIDENCE TWP MONTGOMERY	MONTGOMERY	PA	A	5
WINSLOW TWP CAMDEN	CAMDEN	NJ	A	4
HAVERFORD TWP	DELAWARE	PA	A	5
WATERFORD TWP CAMDEN	CAMDEN	NJ	A	4
HAYCOCK TWP	BUCKS	PA	A	5
HIGHLAND TWP	CHESTER	PA	A	2
PINE HILL BORO CAMDEN	CAMDEN	NJ	A	4
MEDFORD TWP BURLINGTON	BURLINGTON	NJ	A	4
MEDFORD LAKES BORO BURLINGTON	BURLINGTON	NJ	A	4
LUMBERTON TWP BURLINGTON	BURLINGTON	NJ	A	4
HOPEWELL TWP CUMBERLAND	CUMBERLAND	NJ	A	2
SHAMONG TWP BURLINGTON	BURLINGTON	NJ	A	4
SOUTHAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
PENNSBURY TWP	CHESTER	PA	A	2
JENKINTOWN BORO	MONTGOMERY	PA	A	5
WEST VINCENT TWP	CHESTER	PA	A	3
KENNETT SQUARE BORO	CHESTER	PA	A	2
NEWLIN TWP	CHESTER	PA	A	2
KENNETT TWP	CHESTER	PA	A	2
WORCESTER TWP	MONTGOMERY	PA	A	5
PLYMOUTH TWP	MONTGOMERY	PA	A	5
LOWER SALFORD TWP	MONTGOMERY	PA	A	5
LANSDOWNE BORO	DELAWARE	PA	A	5
SKIPPAK TWP	MONTGOMERY	PA	A	5
MARPLE TWP	DELAWARE	PA	A	5
MORTON BORO	DELAWARE	PA	A	4
LIMERICK TWP	MONTGOMERY	PA	A	5
SPRINGFIELD TWP DELAWARE COUNTY	DELAWARE	PA	A	5
SWARTHMORE BORO	DELAWARE	PA	A	4
LONDON GROVE TWP	CHESTER	PA	A	2
WEST CONSHOHOCKEN BORO	MONTGOMERY	PA	A	5
LONDONDERRY TWP CHESTER	CHESTER	PA	A	2
LOWER ALLOWAYS CREEK TWP SALEM	SALEM	NJ	A	2
LOWER PROVIDENCE TWP	MONTGOMERY	PA	A	5
LOWER CHICHESTER TWP	DELAWARE	PA	A	2
TRAPPE BORO	MONTGOMERY	PA	A	5
LOWER FREDERICK TWP	MONTGOMERY	PA	A	5
PERKIOMEN TWP	MONTGOMERY	PA	A	5
SCHWENKSVILLE BORO	MONTGOMERY	PA	A	5
UPPER SALFORD TWP	MONTGOMERY	PA	A	5
LOWER POTTSBURY TWP	MONTGOMERY	PA	A	3
SELLERSVILLE BORO	BUCKS	PA	A	5
SILVERDALE BORO	BUCKS	PA	A	5
WEST ROCKHILL TWP	BUCKS	PA	A	5
MARLBOROUGH TWP	MONTGOMERY	PA	A	5
SALFORD TWP	MONTGOMERY	PA	A	5
MANSFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
PERKASIE BORO	BUCKS	PA	A	5
MANTUA TWP GLOUCESTER	GLOUCESTER	NJ	A	4
MILFORD TWP	BUCKS	PA	A	5
MAPLE SHADE TWP BURLINGTON	BURLINGTON	NJ	A	4
NARBERTH BORO	MONTGOMERY	PA	A	5
MARCUS HOOK BORO	DELAWARE	PA	A	2
MCGUIRE AIR FORCE BASE	BURLINGTON	NJ	A	4
MODENA BORO	CHESTER	PA	A	2
MEDIA BORO	DELAWARE	PA	A	4
MERCHANTVILLE BORO CAMDEN	CAMDEN	NJ	A	4
VALLEY TWP	CHESTER	PA	A	2
MIDDLE TWP CAPE MAY	CAPE MAY	NJ	A	1
WEST BRANDYWINE TWP	CHESTER	PA	A	3
WEST CALN TWP	CHESTER	PA	A	2
MIDDLETOWN TWP BUCKS COUNTY	BUCKS	PA	A	3
SOUTH COATESVILLE BORO	CHESTER	PA	A	2
MILLBOURNE BORO	DELAWARE	PA	A	5
MONROE TWP GLOUCESTER	GLOUCESTER	NJ	A	2
NEW GARDEN TWP	CHESTER	PA	A	2
MORRISVILLE BORO	BUCKS	PA	A	5
WEST GROVE BORO	CHESTER	PA	A	2
MOUNT EPHRAIM BORO CAMDEN	CAMDEN	NJ	A	4
UPPER UWCHLAN TWP	CHESTER	PA	A	3
MOUNT HOLLY TWP BURLINGTON	BURLINGTON	NJ	A	4
WEST MARLBOROUGH TWP	CHESTER	PA	A	2
MOUNT LAUREL TWP BURLINGTON	BURLINGTON	NJ	A	4
MUNICIPALITY OF NORRISTOWN	MONTGOMERY	PA	A	5
NATIONAL PARK BORO GLOUCESTER	GLOUCESTER	NJ	A	4
WEST NORRITON TWP	MONTGOMERY	PA	A	5
NETHER PROVIDENCE TWP	DELAWARE	PA	A	4
RUTLEDGE BORO	DELAWARE	PA	A	4
NEW HANOVER TWP	MONTGOMERY	PA	A	3
PITMAN BORO GLOUCESTER	GLOUCESTER	NJ	A	4
NEW HOPE BORO	BUCKS	PA	A	5
NEW LONDON TWP	CHESTER	PA	A	2
WASHINGTON TWP GLOUCESTER	GLOUCESTER	NJ	A	4
NEWPORT	NEW CASTLE	DE	A	2
NORTH WALES BORO	MONTGOMERY	PA	A	5
WOODBURY CITY GLOUCESTER	GLOUCESTER	NJ	A	4
WEST DEPTFORD TWP GLOUCESTER	GLOUCESTER	NJ	A	4
NORWOOD BORO	DELAWARE	PA	A	4
WOODBURY HEIGHTS BORO GLOUCESTER	GLOUCESTER	NJ	A	4

OAKLYN BORO CAMDEN	CAMDEN	NJ	A	4
PARKESBURG BORO	CHESTER	PA	A	2
UPPER PROVIDENCE TWP DELAWARE	DELAWARE	PA	A	5
PARKSIDE BORO	DELAWARE	PA	A	2
ROSE VALLEY BORO	DELAWARE	PA	A	2
PEMBERTON TWP BURLINGTON	BURLINGTON	NJ	A	4
PENN TWP CHESTER	CHESTER	PA	A	2
PENNSAUKEN TWP CAMDEN	CAMDEN	NJ	A	4
PHILADELPHIA CITY	PHILADELPHIA	PA	A	5
QUAKERTOWN BORO	BUCKS	PA	A	5
QUINTON TWP SALEM	SALEM	NJ	A	2
TRAINER BORO	DELAWARE	PA	A	2
RICHLAND TWP	BUCKS	PA	A	5
TULLYTOWN BORO	BUCKS	PA	A	5
RICHLANDTOWN BORO	BUCKS	PA	A	5
RIDLEY PARK BORO	DELAWARE	PA	A	4
WESTAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
RIDLEY TWP	DELAWARE	PA	A	4
ROCKLEDGE BORO	MONTGOMER	PA	A	5
ROYERSFORD BORO	MONTGOMER	PA	A	3
SOUDERTON BORO	MONTGOMER	PA	A	5
RUNNEMEDE BORO CAMDEN	CAMDEN	NJ	A	4
SADSBURY TWP	CHESTER	PA	A	2
UPPER CHICHESTER TWP	DELAWARE	PA	A	2
SALEM CITY SALEM	SALEM	NJ	A	2
WOODLYNNE BORO CAMDEN	CAMDEN	NJ	A	4
SHARON HILL BORO	DELAWARE	PA	A	4
SHILOH BORO CUMBERLAND	CUMBERLAND	NJ	A	2
UPLAND BORO	DELAWARE	PA	A	2
STOW CREEK TWP CUMBERLAND	CUMBERLAND	NJ	A	2
UPPER DARBY TWP	DELAWARE	PA	A	5
TELFORD BORO BUCKS	BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	MONTGOMER	PA	A	5
VINELAND CITY CUMBERLAND	CUMBERLAND	NJ	A	2
TRUMB АуЕРSVILLE BORO	BUCKS	PA	A	5
YEADON BORO	DELAWARE	PA	A	5
UPPER DEERFIELD TWP CUMBERLAND	CUMBERLAND	NJ	A	2
UPPER FREDERICK TWP	MONTGOMER	PA	A	5
WEST POTTS GROVE TWP	MONTGOMER	PA	A	3
UPPER OXFORD TWP	CHESTER	PA	A	2
UPPER POTTS GROVE TWP	MONTGOMER	PA	A	3
WEST NANTMEAL TWP	CHESTER	PA	A	3
WALLACE TWP	CHESTER	PA	A	3
WEYMOUTH TWP ATLANTIC	ATLANTIC	NJ	A	2
WILLINGBORO TWP BURLINGTON	BURLINGTON	NJ	A	5
WOODLAND TWP BURLINGTON	BURLINGTON	NJ	A	4
MANNINGTON TWP SALEM	SALEM	NJ	A	2

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">186,390,306.30</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	186,390,306.30	(Amount of gross receipts)	
\$	186,390,306.30					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.		L Copyright Royalty Fee				
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. \$ 186,390,306.30 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 1,983,192.86					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> 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 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. \$ 1,257,814.18 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. \$ 1,257,814.18					
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. \$ 1,983,192.86 Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 3. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. \$ 1,983,917.86 Add Lines 1, 2 and 3 of block 4 and enter total here	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # 						
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 158</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 414</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Brandon Schreck Telephone (973) 229-6555</p> <p>Address 9000 Junction Dr <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Annapolis Junction, MD USA 20701 <small>(City, town, state, zip)</small></p> <p>Email brandon.schreck@verizonwireless.com Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <p>• 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)]</p> <div style="margin-top: 20px;"> X /s/ Paula M. Valdez </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Paula M. Valdez</p> <p style="text-align: center;">_____</p> <p>Title: Assistant Secretary, Verizon Pennsylvania LLC <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: March 2, 2026</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715	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 made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> <hr style="width: 100%;"/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> <hr style="width: 100%;"/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> <hr style="width: 100%;"/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* 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@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____	Q Interest Assessment
--	--

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715	Name
--	------------------------------------	-------------

Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

6

Computation of
3.75 Fee

BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?

- Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.
- No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

- Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
- A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
 - B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)
 - C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
 - D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
 - E Carried pursuant to individual waiver of FCC rules (76.7)
 - *F A station previously carried on a part-time or substitute basis prior to June 25, 1981
 - M Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
 *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WHYY	C	0.25	WHYY Y2	M	0.25	WNJN	M	0.25
WNJT	M	0.25	WNJT NHK	C	0.25	WLIW Crea	C	0.25
WPPT	M	0.25	WLVT Fran	M	0.25	WLIW Worl	M	0.25
WLVT	C	0.25	WPPT Wor	M	0.25	WNJN NHK	M	0.25
WLVT Crea	M	0.25	WBPH	C	1.00	WLIW All A	M	0.25
WHYY YKid	C	0.25	WLIW	M	0.25			

5.00

BLOCK C: COMPUTATION OF 3.75 FEE

Line 1: Enter the total number of DSEs from part 5 of this schedule _____

Line 2: Enter the sum of permitted DSEs from block B above _____

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.
 (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____ **0.00**

Line 4: Enter gross receipts from space K (page 7) _____
x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here _____
x

Line 6: Enter total number of DSEs from line 3 _____

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____ **0.00**

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715
7 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>	
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <input type="checkbox"/> 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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (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)	
	Base Rate Fee. ▶	\$. 0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062715	Name
Section 4 If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.		7
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. 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		Computation of Base Rate Fee

<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) 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. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		8
		Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC						SYSTEM ID# 062715		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WHYY	0.25			WNJT	0.25				
WHYY Ykids	0.25			WNJT NHK World	0.25				
WHYY Y2	0.25			WLVT	0.25				
WNJT	0.25			WLVT Create	0.25				
WNJT NHK World	0.25			WLVT France 24	0.25				
WPPT	0.25			WBPH	1.00				
WPPT World	0.25								
WLVT	0.25								
WLVT Create	0.25								
WLVT France 24	0.25								
WBPH	1.00								
Total DSEs 3.50					Total DSEs 2.25				
Gross Receipts First Group \$ 661,747.95					Gross Receipts Second Group \$ 34,244,560.48				
Base Rate Fee First Group \$ 18,638.13					Base Rate Fee Second Group \$ 664,430.08				
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WNJT	0.25			WLVT	0.25				
WNJT NHK World	0.25			WLVT Create	0.25				
				WLVT France 24	0.25				
				WBPH	1.00				
Total DSEs 0.50					Total DSEs 1.75				
Gross Receipts Third Group \$ 18,028,734.69					Gross Receipts Fourth Group \$ 26,316,370.62				
Base Rate Fee Third Group \$ 95,912.87					Base Rate Fee Fourth Group \$ 418,364.50				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 1,257,814.18			

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC						SYSTEM ID# 062715		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WLIW	0.25				
				WLIW Create	0.25				
				WLIW World	0.25				
				WLIW All Arts	0.25				
Total DSEs _____ 0.00					Total DSEs _____ 1.00				
Gross Receipts First Group \$ 102,786,470.82					Gross Receipts Second Group \$ 3,089,690.15				
Base Rate Fee First Group \$ 0.00					Base Rate Fee Second Group \$ 32,874.30				
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WLIW	0.25			WNJT	0.25				
WLIW Create	0.25			WNJT NHK World	0.25				
WLIW World	0.25			WPPT	0.25				
WNJN	0.25			WPPT World	0.25				
WNJN NHK World	0.25			WLVT	0.25				
WLIW All Arts	0.25			WLVT Create	0.25				
				WLVT France 24	0.25				
				WBPH	1.00				
Total DSEs _____ 1.50					Total DSEs _____ 2.75				
Gross Receipts Third Group \$ 151,980.66					Gross Receipts Fourth Group \$ 1,110,750.93				
Base Rate Fee Third Group \$ 2,149.77					Base Rate Fee Fourth Group \$ 25,444.53				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations