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

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
8/21/2026	$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Licensing Section

Digitally signed by Licensing Section
Date: 2026.09.18 11:53:45 -04'00'

A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

2026/1

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 Section. **062715**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Verizon Pennsylvania LLC

06271520261

062715 2026/1

9000 Junction Dr
Annapolis Junction, MD USA 20701

C System

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.

1 **IDENTIFICATION OF CABLE SYSTEM:**
Verizon Fios TV (Philadelphia, PA) VHO 8

2 **MAILING ADDRESS OF CABLE SYSTEM:**
17 East Oregon Ave
(Number, street, rural route, apartment, or suite number)
Philadelphia, PA 19148
(City, town, state, zip code)

D Area Served

Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.

First Community

CITY OR TOWN	STATE
ABINGTON TWP	**PA**

Sample

Below is a sample for reporting communities if you report multiple channel line-ups in Space G.

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**

D
Area Served

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.

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
ABINGTON TWP	MONTGOMER	PA	A	5
ALDAN BORO	DELAWARE	PA	A	5
ALLENTOWN BORO MONMOUTH	MONMOUTH	NJ	C	7
ALLENTOWN CITY	LEHIGH	PA	A	3
ALLOWAY TWP SALEM	SALEM	NJ	A	2
AMBLER BORO	MONTGOMER	PA	A	5
ARDEN	NEW CASTLE	DE	A	2
ARDENCROFT	NEW CASTLE	DE	A	2
ARDENTOWN	NEW CASTLE	DE	A	2
ASTON TWP	DELAWARE	PA	A	2
AUDUBON BORO CAMDEN	CAMDEN	NJ	A	4
AUDUBON PARK BORO CAMDEN	CAMDEN	NJ	A	4
AVONDALE BORO	CHESTER	PA	A	2
BARRINGTON BORO CAMDEN	CAMDEN	NJ	A	4
BEDMINSTER TWP	BUCKS	PA	A	5
BELLEFONTE	NEW CASTLE	DE	A	2
BELLMAWR BORO CAMDEN	CAMDEN	NJ	A	4
BENSALEM TWP	BUCKS	PA	A	5
BERLIN BORO CAMDEN	CAMDEN	NJ	A	4
BERLIN TWP CAMDEN	CAMDEN	NJ	A	4
BETHEL TWP DELAWARE COUNTY	DELAWARE	PA	A	2
BIRMINGHAM TWP	CHESTER	PA	A	2
BORDENTOWN CITY BURLINGTON	BURLINGTON	NJ	A	4
BORDENTOWN TWP BURLINGTON	BURLINGTON	NJ	A	4
BRIDGEPORT BORO	MONTGOMER	PA	A	5
BRIDGETON CITY CUMBERLAND	CUMBERLANI	NJ	A	2
BRISTOL BORO	BUCKS	PA	A	5
BRISTOL TWP	BUCKS	PA	A	5
BROOKHAVEN BORO	DELAWARE	PA	A	2
BROOKLAWN BORO CAMDEN	CAMDEN	NJ	A	4
BRYN ATHYN BORO	MONTGOMER	PA	A	5
BUCKINGHAM TWP	BUCKS	PA	A	5
BUENA VISTA TOWNSHIP	ATLANTIC	NJ	A	1
BURLINGTON TWP BURLINGTON	BURLINGTON	NJ	A	4
CALN TWP	CHESTER	PA	A	3
CAMDEN CITY CAMDEN	CAMDEN	NJ	A	4
CHADDS FORD TWP	DELAWARE	PA	A	2
CHALFONT BORO	BUCKS	PA	A	5
CHARLESTOWN TWP	CHESTER	PA	A	3
CHELTENHAM TWP	MONTGOMER	PA	A	5
CHERRY HILL TWP CAMDEN	CAMDEN	NJ	A	4
CHESILHURST BORO CAMDEN	CAMDEN	NJ	A	4
CHESTER CITY	DELAWARE	PA	A	2
CHESTER HEIGHTS BORO	DELAWARE	PA	A	2
CHESTER TWP	DELAWARE	PA	A	2
CHESTERFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
CHESWOLD	KENT	DE	E	2
CITY OF NEW CASTLE	NEW CASTLE	DE	A	2
CLAYTON BORO GLOUCESTER	GLOUCESTER	NJ	A	2
CLIFTON HEIGHTS BORO	DELAWARE	PA	A	5
COATESVILLE CITY	CHESTER	PA	A	3
COLLEGEVILLE BORO	MONTGOMER	PA	A	5
COLLINGDALE BORO	DELAWARE	PA	A	4
COLLINGSWOOD BORO CAMDEN	CAMDEN	NJ	A	4
CONCORD TWP	DELAWARE	PA	A	2
CONSHOHOCKEN BORO	MONTGOMER	PA	A	5
CORBIN CITY	ATLANTIC	NJ	A	2
CRANBURY TWP MIDDLESEX	MIDDLESEX	NJ	C	6
DARBY BORO	DELAWARE	PA	A	4
DARBY TWP	DELAWARE	PA	A	4
DEERFIELD TWP CUMBERLAND	CUMBERLANI	NJ	A	2
DELAWARE CITY	NEW CASTLE	DE	A	2
DEPTFORD TWP GLOUCESTER	GLOUCESTER	NJ	A	4
DOVER	KENT	DE	E	8
DOVER AIR FORCE BASE	KENT	DE	E	1
DOWNINGTOWN BORO	CHESTER	PA	A	3
DOYLESTOWN BORO	BUCKS	PA	A	5
DOYLESTOWN TWP	BUCKS	PA	A	5
DUBLIN BORO	BUCKS	PA	A	5
EAST AMWELL TWP HUNTERDON	HUNTERDON	NJ	C	6
EAST BRADFORD TWP	CHESTER	PA	A	3
EAST BRANDYWINE 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

EAST GOSHEN TWP	CHESTER	PA	A	3
EAST LANSDOWNE BORO	DELAWARE	PA	A	5
EAST MARLBOROUGH TWP	CHESTER	PA	A	2
EAST NANTMEAL TWP	CHESTER	PA	A	3
EAST NORRITON TWP	MONTGOMER	PA	A	5
EAST PIKELAND TWP	CHESTER	PA	A	3
EAST ROCKHILL TWP	BUCKS	PA	A	5
EAST VINCENT TWP	CHESTER	PA	A	3
EAST WHITELAND TWP	CHESTER	PA	A	3
EAST WINDSOR TWP MERCER	MERCER	NJ	B	4
EASTAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
EASTTOWN TWP	CHESTER	PA	A	5
EDGMONT TWP	DELAWARE	PA	A	3
EGG HARBOR CITY	ATLANTIC	NJ	A	2
EGG HARBOR TOWNSHIP	ATLANTIC	NJ	A	1
ELK TWP GLOUCESTER	GLOUCESTEF	NJ	A	2
ELSINBORO 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
EWING TWP MERCER	MERCER	NJ	B	5
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	GLOUCESTEF	NJ	A	2
FRANKLIN TWP SOMERSET	SOMERSET	NJ	C	6
GLASSBORO BORO GLOUCESTER	GLOUCESTEF	NJ	A	2
GLENOLDEN BORO	DELAWARE	PA	A	4
GLOUCESTER CITY CAMDEN	CAMDEN	NJ	A	4
GLOUCESTER TWP CAMDEN	CAMDEN	NJ	A	4
GREEN LANE BORO	MONTGOMER	PA	A	5
GREENWICH TWP CUMBERLAND	CUMBERLANI	NJ	A	2
HADDON HEIGHTS BORO CAMDEN	CAMDEN	NJ	A	4
HADDON TWP CAMDEN	CAMDEN	NJ	A	4
HADDONFIELD BORO CAMDEN	CAMDEN	NJ	A	4
HAINESPORT TWP BURLINGTON	BURLINGTON	NJ	A	4
HAMILTON TWP ATLANTIC	ATLANTIC	NJ	A	2
HAMILTON TWP MERCER	MERCER	NJ	B	5
HAMMONTON TOWNSHIP	ATLANTIC	NJ	A	1
HARRISON GLOUCESTER	GLOUCESTEF	NJ	A	4
HATBORO BORO	MONTGOMER	PA	A	5
HATFIELD BORO	MONTGOMER	PA	A	5
HATFIELD TWP	MONTGOMER	PA	A	5
HAVERFORD TWP	DELAWARE	PA	A	5
HAYCOCK TWP	BUCKS	PA	A	5
HIGHLAND TWP	CHESTER	PA	A	2
HIGHTSTOWN BORO MERCER	MERCER	NJ	B	4
HILLSBOROUGH TWP SOMERSET	SOMERSET	NJ	C	6
HILLTOWN TWP	BUCKS	PA	A	5
HOPEWELL BORO MERCER	MERCER	NJ	B	5
HOPEWELL TWP CUMBERLAND	CUMBERLANI	NJ	A	2
HOPEWELL TWP MERCER	MERCER	NJ	B	5
HORSHAM TWP	MONTGOMER	PA	A	5
HULMEVILLE BORO	BUCKS	PA	A	5
IVYLAND BORO	BUCKS	PA	A	5
JENKINTOWN BORO	MONTGOMER	PA	A	5
KENNETT SQUARE BORO	CHESTER	PA	A	2
KENNETT TWP	CHESTER	PA	A	2
KENT COUNTY	KENT	DE	E	2
LANGHORNE BORO	BUCKS	PA	A	5
LANGHORNE MANOR BORO	BUCKS	PA	A	5
LANSDALE BORO	MONTGOMER	PA	A	5
LANSDOWNE BORO	DELAWARE	PA	A	5
LAWNSIDE BORO CAMDEN	CAMDEN	NJ	A	4
LAWRENCE TWP MERCER	MERCER	NJ	B	5
LEIPSIC	KENT	DE	E	2
LIMERICK TWP	MONTGOMER	PA	A	5
LITTLE CREEK	KENT	DE	E	2
LONDON GROVE TWP	CHESTER	PA	A	2
LONDONDERRY TWP CHESTER	CHESTER	PA	A	2
LOWER ALLOWAYS CREEK TWP SALEM	SALEM	NJ	A	2
LOWER CHICHESTER TWP	DELAWARE	PA	A	2
LOWER FREDERICK TWP	MONTGOMER	PA	A	5
LOWER GWYNEDD TWP	MONTGOMER	PA	A	5
LOWER MAKEFIELD TWP	BUCKS	PA	A	5
LOWER MERION TWP	MONTGOMER	PA	A	5
LOWER MORELAND TWP	MONTGOMER	PA	A	5
LOWER POTTSGROVE TWP	MONTGOMER	PA	A	3
LOWER PROVIDENCE TWP	MONTGOMER	PA	A	5
LOWER SALFORD TWP	MONTGOMER	PA	A	5
LOWER SOUTHAMPTON TWP	BUCKS	PA	A	5
LOWER TOWNSHIP	CAPE MAY	NJ	A	1
LUMBERTON TWP BURLINGTON	BURLINGTON	NJ	A	4
MALVERN BORO	CHESTER	PA	A	3
MANNINGTON TWP SALEM	SALEM	NJ	A	2
MANSFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
MANTUA TWP GLOUCESTER	GLOUCESTEF	NJ	A	4
MAPLE SHADE TWP BURLINGTON	BURLINGTON	NJ	A	4
MARCUS HOOK BORO	DELAWARE	PA	A	2
MARLBOROUGH TWP	MONTGOMER	PA	A	5
MARPLE TWP	DELAWARE	PA	A	5

MAURICE RIVER TOWNSHIP	CUMBERLAN	NJ	A	1
MCGUIRE AIR FORCE BASE	BURLINGTON	NJ	A	4
MEDFORD LAKES BORO BURLINGTON	BURLINGTON	NJ	A	4
MEDFORD TWP BURLINGTON	BURLINGTON	NJ	A	4
MEDIA BORO	DELAWARE	PA	A	4
MERCHANTVILLE BORO CAMDEN	CAMDEN	NJ	A	4
MIDDLE TWP CAPE MAY	CAPE MAY	NJ	A	1
MIDDLETOWN	NEW CASTLE	DE	A	2
MIDDLETOWN TWP BUCKS COUNTY	BUCKS	PA	A	3
MIDDLETOWN TWP DELAWARE COUNTY	DELAWARE	PA	A	2
MILFORD TWP	BUCKS	PA	A	5
MILLBOURNE BORO	DELAWARE	PA	A	5
MILLSTONE TWP MONMOUTH	MONMOUTH	NJ	C	6
MODENA BORO	CHESTER	PA	A	2
MONROE TWP GLOUCESTER	GLOUCESTER	NJ	A	2
MONROE TWP MIDDLESEX	MIDDLESEX	NJ	C	6
MONTGOMERY TWP	MONTGOMER	PA	A	5
MONTGOMERY TWP SOMERSET	SOMERSET	NJ	C	6
MORRISVILLE BORO	BUCKS	PA	A	5
MORTON BORO	DELAWARE	PA	A	4
MOUNT EPHRAIM BORO CAMDEN	CAMDEN	NJ	A	4
MOUNT HOLLY TWP BURLINGTON	BURLINGTON	NJ	A	4
MOUNT LAUREL TWP BURLINGTON	BURLINGTON	NJ	A	4
MULLICA TOWNSHIP	ATLANTIC	NJ	A	1
MUNICIPALITY OF NORRISTOWN	MONTGOMER	PA	A	5
NARBERTH BORO	MONTGOMER	PA	A	5
NATIONAL PARK BORO GLOUCESTER	GLOUCESTER	NJ	A	4
NETHER PROVIDENCE TWP	DELAWARE	PA	A	4
NEW BRITAIN BORO	BUCKS	PA	A	5
NEW BRITAIN TWP	BUCKS	PA	A	5
NEW CASTLE COUNTY	NEW CASTLE	DE	A	2
NEW GARDEN TWP	CHESTER	PA	A	2
NEW HANOVER TWP	MONTGOMER	PA	A	3
NEW HANOVER TWP BURLINGTON	BURLINGTON	NJ	A	4
NEW HOPE BORO	BUCKS	PA	A	5
NEW LONDON TWP	CHESTER	PA	A	2
NEWARK	NEW CASTLE	DE	A	2
NEWLIN TWP	CHESTER	PA	A	2
NEWPORT	NEW CASTLE	DE	A	2
NEWTOWN BORO	BUCKS	PA	A	5
NEWTOWN TWP BUCKS COUNTY	BUCKS	PA	A	5
NEWTOWN TWP DELWARE COUNTY	DELAWARE	PA	A	5
NORTH HANOVER TWP BURLINGTON	BURLINGTON	NJ	A	4
NORTH WALES BORO	MONTGOMER	PA	A	5
NORTHAMPTON TWP	BUCKS	PA	A	5
NORTHFIELD CITY	ATLANTIC	NJ	A	1
NORWOOD BORO	DELAWARE	PA	A	4
OAKLYN BORO CAMDEN	CAMDEN	NJ	A	4
ODESSA	NEW CASTLE	DE	A	2
PARKESBURG BORO	CHESTER	PA	A	2
PARKSIDE BORO	DELAWARE	PA	A	2
PEMBERTON TWP BURLINGTON	BURLINGTON	NJ	A	4
PENN TWP CHESTER	CHESTER	PA	A	2
PENNDEL BORO	BUCKS	PA	A	5
PENNINGTON BORO MERCER	MERCER	NJ	B	5
PENNSAUKEN TWP CAMDEN	CAMDEN	NJ	A	4
PENNSBURY TWP	CHESTER	PA	A	2
PERKASIE BORO	BUCKS	PA	A	5
PERKIOMEN TWP	MONTGOMER	PA	A	5
PHILADELPHIA CITY	PHILADELPHI	PA	A	5
PHOENIXVILLE BORO	CHESTER	PA	A	5
PINE HILL BORO CAMDEN	CAMDEN	NJ	A	4
PITMAN BORO GLOUCESTER	GLOUCESTER	NJ	A	4
PITTSGROVE TOWNSHIP	SALEM	NJ	A	1
PLAINSBORO TWP MIDDLESEX	MIDDLESEX	NJ	C	6
PLEASANTVILLE CITY	ATLANTIC	NJ	A	1
PLUMSTEAD TWP	BUCKS	PA	A	5
PLYMOUTH TWP	MONTGOMER	PA	A	5
POCOPSON TWP	CHESTER	PA	A	2
PRINCETON BORO MERCER	MERCER	NJ	B	5
PRINCETON TWP MERCER	MERCER	NJ	B	5
QUAKERTOWN BORO	BUCKS	PA	A	5
QUINTON TWP SALEM	SALEM	NJ	A	2
RADNOR TWP	DELAWARE	PA	A	5
RICHLAND TWP	BUCKS	PA	A	5
RICHLANDTOWN BORO	BUCKS	PA	A	5
RIDLEY PARK BORO	DELAWARE	PA	A	4
RIDLEY TWP	DELAWARE	PA	A	4
ROCKLEDGE BORO	MONTGOMER	PA	A	5
ROCKY HILL BORO SOMERSET	SOMERSET	NJ	C	6
ROOSEVELT BORO MONMOUTH	MONMOUTH	NJ	C	6
ROSE VALLEY BORO	DELAWARE	PA	A	2
ROYERSFORD BORO	MONTGOMER	PA	A	3
RUNNEMEDE BORO CAMDEN	CAMDEN	NJ	A	4
RUTLEDGE BORO	DELAWARE	PA	A	4
SADSBURY TWP	CHESTER	PA	A	2
SALEM CITY SALEM	SALEM	NJ	A	2
SALFORD TWP	MONTGOMER	PA	A	5
SCHUYLKILL TWP	CHESTER	PA	A	5
SCHWENKSVILLE BORO	MONTGOMER	PA	A	5
SELLERSVILLE BORO	BUCKS	PA	A	5
SHAMONG TWP BURLINGTON	BURLINGTON	NJ	A	4
SHARON HILL BORO	DELAWARE	PA	A	4

SHILOH BORO CUMBERLAND	CUMBERLAN	NJ	A	2
SILVERDALE BORO	BUCKS	PA	A	5
SKIPPACK TWP	MONTGOMER	PA	A	5
SOUDERTON BORO	MONTGOMER	PA	A	5
SOUTH BRUNSWICK TWP MIDDLESEX	MIDDLESEX	NJ	C	6
SOUTH COATESVILLE BORO	CHESTER	PA	A	2
SOUTHAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
SPRINGFIELD TWP	MONTGOMER	PA	A	5
SPRINGFIELD TWP BURLINGTON	BURLINGTON	NJ	A	4
SPRINGFIELD TWP DELAWARE COUNTY	DELAWARE	PA	A	5
STOW CREEK TWP CUMBERLAND	CUMBERLAN	NJ	A	2
SUSSEX COUNTY	SUSSEX	DE	D	5
SWARTHMORE BORO	DELAWARE	PA	A	4
TAVISTOCK BORO CAMDEN	CAMDEN	NJ	A	4
TELFORD BORO BUCKS	BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	MONTGOMER	PA	A	5
THORNBURY TWP CHESTER COUNTY	CHESTER	PA	A	3
THORNBURY TWP DELAWARE COUNTY	DELAWARE	PA	A	3
TOWAMENCIN TWP	MONTGOMER	PA	A	5
TOWNSEND	NEW CASTLE	DE	A	2
TOWNSHIP OF FAIRFIELD	CUMBERLAN	NJ	A	1
TOWNSHIP OF ROBBINSVILLE MERCER	MERCER	NJ	B	5
TRAINER BORO	DELAWARE	PA	A	2
TRAPPE BORO	MONTGOMER	PA	A	5
TREDYFFRIN TWP	CHESTER	PA	A	5
TRENTON CITY MERCER	MERCER	NJ	B	5
TRUMBAUERSVILLE BORO	BUCKS	PA	A	5
TULLYTOWN BORO	BUCKS	PA	A	5
UPLAND BORO	DELAWARE	PA	A	2
UPPER CHICHESTER TWP	DELAWARE	PA	A	2
UPPER DARBY TWP	DELAWARE	PA	A	5
UPPER DEERFIELD TWP CUMBERLAND	CUMBERLAN	NJ	A	2
UPPER DUBLIN TWP	MONTGOMER	PA	A	5
UPPER FREDERICK TWP	MONTGOMER	PA	A	5
UPPER FREEHOLD TWP MONMOUTH	MONMOUTH	NJ	C	7
UPPER GWYNEDD TWP	MONTGOMER	PA	A	5
UPPER MAKEFIELD TWP	BUCKS	PA	A	5
UPPER MERION TWP	MONTGOMER	PA	A	5
UPPER MORELAND TWP	MONTGOMER	PA	A	5
UPPER OXFORD TWP	CHESTER	PA	A	2
UPPER POTTSGROVE TWP	MONTGOMER	PA	A	3
UPPER PROVIDENCE TWP DELAWARE	DELAWARE	PA	A	5
UPPER PROVIDENCE TWP MONTGOMERY	MONTGOMER	PA	A	5
UPPER SALFORD TWP	MONTGOMER	PA	A	5
UPPER SOUTHAMPTON TWP	BUCKS	PA	A	5
UPPER UWCHLAN TWP	CHESTER	PA	A	3
UWCHLAN TWP	CHESTER	PA	A	3
VALLEY TWP	CHESTER	PA	A	2
VINELAND CITY CUMBERLAND	CUMBERLAN	NJ	A	2
VOORHEES TWP CAMDEN	CAMDEN	NJ	A	4
WALLACE TWP	CHESTER	PA	A	3
WARMINSTER TWP	BUCKS	PA	A	5
WARRINGTON TWP (BUCKS)	BUCKS	PA	A	5
WARWICK TWP (BUCKS)	BUCKS	PA	A	3
WASHINGTON TWP GLOUCESTER	GLOUCESTER	NJ	A	4
WATERFORD TWP CAMDEN	CAMDEN	NJ	A	4
WEST BRADFORD TWP	CHESTER	PA	A	3
WEST BRANDYWINE TWP	CHESTER	PA	A	3
WEST CALN TWP	CHESTER	PA	A	2
WEST CHESTER BORO	CHESTER	PA	A	3
WEST CONSHOHOCKEN BORO	MONTGOMER	PA	A	5
WEST DEPTFORD TWP GLOUCESTER	GLOUCESTER	NJ	A	4
WEST GOSHEN TWP	CHESTER	PA	A	3
WEST GROVE BORO	CHESTER	PA	A	2
WEST MARLBOROUGH TWP	CHESTER	PA	A	2
WEST NANTMEAL TWP	CHESTER	PA	A	3
WEST NORRITON TWP	MONTGOMER	PA	A	5
WEST PIKELAND TWP	CHESTER	PA	A	3
WEST POTTSGROVE TWP	MONTGOMER	PA	A	3
WEST ROCKHILL TWP	BUCKS	PA	A	5
WEST VINCENT TWP	CHESTER	PA	A	3
WEST WHITELAND TWP	CHESTER	PA	A	3
WEST WINDSOR TWP MERCER	MERCER	NJ	B	4
WESTAMPTON TWP BURLINGTON	BURLINGTON	NJ	A	4
WESTTOWN TWP	CHESTER	PA	A	3
WEYMOUTH TWP ATLANTIC	ATLANTIC	NJ	A	2
WHITEMARSH TWP	MONTGOMER	PA	A	5
WHITPAIN TWP	MONTGOMER	PA	A	5
WILLINGBORO TWP BURLINGTON	BURLINGTON	NJ	A	5
WILLISTOWN TWP	CHESTER	PA	A	3
WINSLOW TWP CAMDEN	CAMDEN	NJ	A	4
WOODBURY CITY GLOUCESTER	GLOUCESTER	NJ	A	4
WOODBURY HEIGHTS BORO GLOUCESTER	GLOUCESTER	NJ	A	4
WOODLAND TWP BURLINGTON	BURLINGTON	NJ	A	4
WOODLYNNE BORO CAMDEN	CAMDEN	NJ	A	4
WOOLWICH TOWNSHIP	GLOUCESTER	NJ	A	1
WORCESTER TWP	MONTGOMER	PA	A	5
WRIGHTSTOWN BORO BURLINGTON	BURLINGTON	NJ	A	4
WRIGHTSTOWN TWP	BUCKS	PA	A	5
WYOMING	KENT	DE	E	1
YARDLEY BORO	BUCKS	PA	A	5
YEADON BORO	DELAWARE	PA	A	5

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

E

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.

Categories of service shall not be left blank. If a cable operator does not serve a specific category a "zero" or a "N/A" (not applicable) must be reported in the appropriate space.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	**355,185**	**$ 50.67**			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	**6,029**	**$ 50.00**			
Equipment					
• Residential					
• Non-residential					
Broadcast Fees	**361,214**	**$ 16.49**			

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDPN	2	I	No		Wilmington, DE
KYW	3	N	No		Philadelphia, PA
WACP	4	I	No		Atlantic City, NJ
WPVI	6	N	No		Philadelphia, PA
WCAU	10	N	No		Philadelphia, PA
WHYY	12	E	Yes	O	Wilmington, DE
WTXF	29	I	No		Philadelphia, PA
WUVP	65	I	No		Vineland, NJ
WFMZ	69	I	No		Allentown, PA
WPSG Philly 57	57	I	No		Philadelphia, PA
WPHL	17	I	No		Philadelphia, PA
WPPX	61	I	No		Wilmington, DE
WMCN	44	I	No		Atlantic City, NJ
WNJT	52	E	Yes	O	Trenton, NJ
WTVE	51	I	No		Reading, PA
WWSI	62	I	No		Atlantic City, NJ
WPPT MHz Worldvie	35	E	Yes	O	Philadelphia, PA
WLVT	39	E	Yes	O	Allentown, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

PRIMARY TRANSMITTERS: TELEVISION

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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).

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CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WPVI Localish HD	6	N-M	No		Philadelphia, PA
WDPN-simulcast	2	I	No		Wilmington, DE
KYW-simulcast	3	N	No		Philadelphia, PA
WACP-simulcast	4	I	No		Atlantic City, NJ
WPVI-simulcast	6	N	No		Philadelphia, PA
WCAU-simulcast	10	N	No		Philadelphia, PA
WHYY-simulcast	12	E	Yes	E	Wilmington, DE
WTXF-simulcast	29	I	No		Philadelphia, PA
WUVP-simulcast	65	I	No		Vineland, NJ
WFMZ-simulcast	69	I	No		Allentown, PA
WPSG Philly 57-sim	57	I	No		Philadelphia, PA
WPHL-simulcast	17	I	No		Philadelphia, PA
WPPX-simulcast	61	I	No		Wilmington, DE
WMCN-simulcast	44	I	No		Atlantic City, NJ
WNJT-simulcast	52	E	Yes	E	Trenton, NJ
WTVE-simulcast	51	I	No		Reading, PA
WWSI-simulcast	62	I	No		Atlantic City, NJ
WLVT-simulcast	39	E	Yes	E	Allentown, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

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G

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGTW-simulcast	48	I	No		Burlington, NJ
WCAU Cozi TV	10	N-M	No		Philadelphia, PA
WFMZ AccuWeather	69	I-M	No		Allentown, PA
WPHL My Network T	17	I-M	No		Philadelphia, PA
WPVI CHARGE!	6	N-M	No		Philadelphia, PA
WPHL Grit	17	I-M	No		Philadelphia, PA
WPHL Comet	17	I-M	No		Philadelphia, PA
WTXF Movies!	29	I-M	No		Philadelphia, PA
WDPN Heroes & Ico	2	I-M	No		Wilmington, DE
WHYY YKids	12	E-M	Yes	O	Wilmington, DE
WHYY Y2	12	E-M	Yes	O	Wilmington, DE
WNJT NHK World	52	E-M	Yes	O	Trenton, NJ
WLVT France 24	39	E-M	Yes	O	Allentown, PA
WDPN Retro Televis	2	I-M	No		Wilmington, DE
WWSI exitos TV	62	I-M	No		Atlantic City, NJ
KYW StartTV	3	N-M	No		Philadelphia, PA
WUVP True Crime N	65	I-M	No		Vineland, NJ
WUVP Bounce TV	65	I-M	No		Vineland, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

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Column 3: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WTXF Buzzr	29	I-M	No		Philadelphia, PA
WGTW	48	I	No		Burlington, PA
WBPH	60	I	Yes	O	Allentown, PA
KYW Dabl	3	N	No		Philadelphia, PA
WCAU American Cri	10	N	No		Philadelphia, PA
WLVT Create	39	E-M	Yes	O	Allentown, PA
WPPT World	35	E-M	Yes	O	Philadelphia, PA
WBPH-simulcast	60	I	Yes	E	Allentown, PA
WTXF QVC	29	I	No		Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

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CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDPN	2	I	No		Wilmington, DE
WCBS	2	N	No		New York, NY
KYW	3	N	No		Philadelphia, PA
WNBC	4	N	No		New York, NY
WNYW	5	I	No		New York, NY
WLVT Create	39	E-M	Yes	O	Allentown, PA
WPPT World	35	E-M	No		Philadelphia, PA
WPVI	6	N	No		Philadelphia, PA
WABC	7	N	No		New York, NY
WWOR	9	I	No		Secaucus, NJ
WCAU	10	N	No		Philadelphia, PA
WPIX	11	I	No		New York, NY
WHYY	12	E	No		Wilmington, DE
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WUVP	65	I	No		Vineland, NJ
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WPSG Philly 57	57	I	No		Philadelphia, PA
WPHL	17	I	No		Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

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G

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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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WPPX	61	I	No		Wilmington, DE
WMCN	44	I	No		Atlantic City, NJ
WNJT	52	E	No		Trenton, NJ
WNET	13	E	No		Newark, NJ
WTVE	51	I	No		Reading, PA
WWSI	62	I	No		Atlantic City, NJ
WPPT MHz Worldvie	35	E-M	No		Philadelphia, PA
WLVT	39	E	Yes	O	Allentown, PA
WACP	4	I	No		Atlantic City, NJ
WPVI Localish HD	6	N-M	No		Philadelphia, PA
WDPN-simulcast	2	I	No		Wilmington, DE
WPIX-simulcast	11	I	No		New York, NY
WCBS-simulcast	2	N	No		New York, NY
KYW-simulcast	3	N	No		Philadelphia, PA
WNBC-simulcast	4	N	No		New York, NY
WNYW-simulcast	5	I	No		New York, NY
WPVI-simulcast	6	N	No		Philadelphia, PA
WABC-simulcast	7	N	No		New York, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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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 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: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WWOR-simulcast	9	I	No		Secaucus, NJ
WCAU-simulcast	10	N	No		Philadelphia, PA
WHYY-simulcast	12	E	No		Wilmington, DE
WTXF-simulcast	29	I	No		Philadelphia, PA
WUVP-simulcast	65	I	No		Vineland, NJ
WFMZ-simulcast	69	I	No		Allentown, PA
WPSG Philly 57-sim	32	I	No		Philadelphia, PA
WPHL-simulcast	17	I	No		Philadelphia, PA
WPPX-simulcast	61	I	No		Wilmington, DE
WMCN-simulcast	44	I	No		Atlantic City, NJ
WNJT-simulcast	52	E	No		Trenton, NJ
WTVE-simulcast	51	I	No		Reading, PA
WACP-simulcast	4	I	No		Atlantic City, NJ
WWSI-simulcast	62	I	No		Atlantic City, NJ
WLVT-simulcast	39	E	Yes	E	Allentown, PA
WGTW-simulcast	48	I	No		Burlington, NJ
WCAU Cozi TV	10	N-M	No		Philadelphia, PA
WPHL My Network T	17	I-M	No		Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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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.

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CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WFMZ AccuWeather	69	I-M	No		Allentown, PA
WPVI CHARGE!	6	N-M	No		Philadelphia, PA
WPHL Grit	17	I-M	No		Philadelphia, PA
WPHL Comet	17	I-M	No		Philadelphia, PA
WTXF Movies!	29	I-M	No		Philadelphia, PA
WDPN Heroes & Ico	2	I-M	No		Wilmington, DE
WHYY YKids	12	E-M	No		Wilmington, DE
WHYY Y2	12	E-M	No		Wilmington, DE
WNJT NHK World	52	E-M	No		Trenton, NJ
WLVT France 24	39	E-M	Yes	O	Allentown, PA
WDPN Retro Televis	2	I-M	No		Wilmington, DE
WWSI exitos TV	62	I-M	No		Atlantic City, NJ
KYW StartTV	3	N-M	No		Philadelphia, PA
WUVP True Crime N	65	I-M	No		Vineland, NJ
WUVP Bounce TV	65	I-M	No		Vineland, NJ
WTXF Buzzr	29	I-M	No		Philadelphia, PA
WNYW Movies!	5	I-M	No		New York, NY
WGTW TBN	48	I	No		Burlington, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPH	60	I	Yes	O	Allentown, NJ
KYW Dabl	3	N	No		Philadelphia, PA
WCAU American Cri	10	N	No		Philadelphia, PA
WBPH-simulcast	60	I	Yes	E	Allentown, PA
WTXF QVC	29	I-M	No		Philadelphia, PA
WNYW ROAR	5	I-M	No		New York, NY
WNYW Catchy Com	5	I-M	No		New York, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

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G

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CHANNEL LINE-UP C

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCBS	2	N	No		New York, NY
WJLP	33	I	No		Middletown Twp, NJ
WNBC	4	N	No		New York, NY
WNYW	5	I	No		New York, NY
WRNN	48	I	No		Kingston, NY
WABC	7	N	No		New York, NY
WWOR	9	I	No		Secaucus, NJ
WLNY	55	I	No		River Head, NY
WPIX	11	I	No		New York, NY
WNJU	47	N	No		Linden, NJ
WNET	13	E	No		Newark, NJ
WFUT	68	I	No		Smithtown, NY
WMBC Estrella	63	I	No		Newton, NJ
WZME	43	I	No		Bridgeport, CT
WLIW	21	E	Yes	O	Garden City, NY
WNJN	50	E	Yes	O	Montclair, NJ
WNYE	25	E	No		New York, NY
WPXN	31	I	No		New York, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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CHANNEL LINE-UP C

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WXTV	41	I	No		Paterson, NJ
WABC Localish HD	7	N-M	No		New York, NY
WCBS-simulcast	2	N	No		New York, NY
WNET-simulcast	13	E	No		Newark, NJ
WNBC-simulcast	28	N	No		New York, NY
WNYW-simulcast	5	I	No		New York, NY
WRNN-simulcast	48	I	No		Kingston, NY
WJLP-simulcast	33	I	No		Middletown Twp, NJ
WABC-simulcast	7	N	No		New York, NY
WWOR-simulcast	9	I	No		Secaucus, NJ
WLNY-simulcast	55	I	No		River Head, NY
WPIX-simulcast	11	I	No		New York, NY
WNJU-simulcast	47	N	No		Linden, NJ
WFUT-simulcast	68	I	No		Smithtown, NY
WMBC Estrella HD	63	I	No		Newton, NJ
WZME-simulcast	43	I	No		Bridgeport, CT
WLIW-simulcast	21	E	Yes	E	Garden City, NY
WNJN-simulcast	50	E	Yes	E	Montclair, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

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G

Primary Transmitters: Television

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP C

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WNYE-simulcast	25	E	No		New York, NY
WPXN-simulcast	31	I	No		New York, NY
WXTV-simulcast	41	I	No		Paterson, NJ
WNBC Cozi TV	4	N-M	No		New York, NY
WNJU TeleXitos	47	N-M	No		Newton, NJ
WPIX Antenna TV	11	I-M	No		Linden, NY
WLIW Create	21	E-M	Yes	O	Garden City, NY
WNET Thirteen PBS	13	E-M	No		Newark, NJ
WXTV Bounce TV	41	I-M	No		Paterson, NJ
WMBC New Tang Dy	63	I-M	No		Newton, NJ
WNJN NHK World	50	E-M	Yes	O	Montclair, NJ
WCBS StartTV	2	N-M	No		New York, NY
WPXN Court TV	31	I	No		New York, NY
WJLP MeTV Toons	33	I-M	No		Middletown Twp, NJ
WWOR Buzzr	9	I-M	No		Secaucus, NJ
WWOR Heroes & Ico	9	I-M	No		Secaucus, NJ
WPXN Grit	31	I	No		New York, NY
WNYW Movies!	5	I-M	No		New York, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP C

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WFUT getTV	68	I-M	No		Smithtown, NY
WLIW All Arts	21	E-M	Yes	O	Garden City, NY
WLIW All Arts HD	21	E-M	Yes	E	Garden City, NY
WNBC American Cri	4	N-M	No		New York, NY
WCBS Dabl	2	N-M	No		New York, NY
WPXN Bounce TV H	31	I-M	No		New York, NY
WNYW ROAR	5	I-M	No		New York, NY
WNYW Catchy Com	5	I-M	No		New York, NY
WPIX Rewind	11	I-M	No		New York, NY
WZME MeTV Plus	43	I	No		Bridgeport, CT
WLIW NHK World- J	21	E-M	No		Garden City, NY
WNET World	13	E-M	No		Newark, NJ
IN2 TV HD	528	I	No		New York, NY
WLIW World	21	E-M	Yes	O	Garden City, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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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).

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CHANNEL LINE-UP D

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WMDT	47	I	No		Salisbury, MD
WRDE-LD	31	N	No		Salisbury, MD
WBOC	16	I	No		Salisbury, MD
WBOC FOX	21	N	No		Salisbury, MD
WMDT	47	N	No		Salisbury, MD
WBAL	11	N	No		Baltimore, MD
WDPB	12	E	No		Seaford, DE
WBOC-LD Telemund	42	I	No		Georgetown, DE
WGDV WeatherNatio	32	I	No		Salisbury, MD
WMPT	22	E	No		Annapolis, MD
WMDT-simulcast	47	I	No		Salisbury, MD
WBOC FOX-simulca	21	I	No		Salisbury, MD
WBOC-simulcast	16	N	No		Salisbury, MD
WMDT-simulcast	47	N	No		Salisbury, MD
WBAL-simulcast	11	N	No		Baltimore, MD
WBOC-LD Telemund	42	I	No		Georgetown, DE
WGDV WeatherNatio	32	I	No		Salisbury, MD
WBAL Me TV	11	N-M	No		Baltimore, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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CHANNEL LINE-UP D

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WMDT Me TV	47	I-M	No		Salisbury, MD
WBOC Antenna TV	16	N-M	No		Salisbury, MD
WGDV Bounce TV	32	I-M	No		Salisbury, MD
WGDV Heroes & Ico	32	I-M	No		Salisbury, MD
WRDE-COZI	31	N-M	No		Salisbury, MD
WRDE-LD NBC-simu	31	N	No		Salisbury, MD
WDPB PBS HD	12	E	No		Seaford, DE
WMPT PBS HD	22	E	No		Annapolis, MD
WBOC Delmarva Sp	16	I	No		Georgetown, DE
WBOC Delmarva-sir	16	I	No		Georgetown, DE

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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CHANNEL LINE-UP E

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WMAR	2	N	No		Baltimore, MD
KYW	3	N	No		Philadelphia, PA
WBOC	16	N	No		Salisbury, MD
WBOC FOX	21	I	No		Salisbury, MD
WPVI	6	N	No		Philadelphia, PA
WMDT	47	N	No		Salisbury, MD
WCAU	10	N	No		Philadelphia, PA
WBAL	11	N	No		Baltimore, MD
WHYY	12	E	Yes	O	Wilmington, DE
WTXF	29	I	No		Philadelphia, PA
WUVP	65	I	No		Vineland, NJ
WFMZ	69	I	No		Allentown, PA
WPSG Philly 57	57	I	No		Philadelphia, PA
WPHL	17	I	No		Philadelphia, PA
WPPX	61	I	No		Wilmington, DE
WMCN	44	I	No		Atlantic City, NJ
WMDT	47	I	No		Salisbury, MD
WNJT	52	E	Yes	O	Trenton, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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CHANNEL LINE-UP E

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WTVE	51	I	No		Reading, PA
WWSI	62	I	No		Atlantic City, NJ
WPPT MHz Worldvie	35	E	Yes	O	Philadelphia, PA
WLVT	39	E	Yes	O	Allentown, PA
WDPN	2	I	No		Wilmington, DE
WACP	4	I	No		Atlantic City, NJ
WPVI Localish HD	6	N-M	No		Philadelphia, PA
WDPN-simulcast	2	I	No		Wilmington, DE
WMAR-simulcast	2	N	No		Baltimore, MD
KYW-simulcast	3	N	No		Philadelphia, PA
WBOC-simulcast	16	N	No		Salisbury, MD
WBOC FOX-simulca	21	I	No		Salisbury, MD
WPVI-simulcast	6	N	No		Philadelphia, PA
WMDT-simulcast	47	N	No		Salisbury, MD
WCAU-simulcast	10	N	No		Philadelphia, PA
WHYY-simulcast	12	E	Yes	E	Wilmington, DE
WTXF-simulcast	29	I	No		Philadelphia, PA
WUVP-simulcast	65	I	No		Vineland, NJ

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon Pennsylvania LLC

SYSTEM ID#
062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP E

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WFMZ-simulcast	69	I	No		Allentown, PA
WPSG Philly 57-sim	57	I	No		Philadelphia, PA
WPHL-simulcast	17	I	No		Philadelphia, PA
WPPX-simulcast	61	I	No		Wilmington, DE
WMCN-simulcast	44	I	No		Atlantic City, NJ
WMDT-simulcast	47	I	No		Salisbury, MD
WNJT-simulcast	52	E	Yes	E	Trenton, NJ
WTVE-simulcast	51	I	No		Reading, PA
WWSI-simulcast	62	I	No		Atlantic City, NJ
WACP-simulcast	4	I	No		Atlantic City, NJ
WLVT-simulcast	39	E	Yes	E	Allentown, PA
WCAU Cozi TV	10	N-M	No		Philadelphia, PA
WMAR Grit TV	2	N-M	No		Baltimore, MD
WMDT Me TV	47	I-M	No		Salisbury, MD
WPHL My Network T	17	I-M	No		Philadelphia, PA
WFMZ AccuWeather	69	I-M	No		Allentown, PA
WPVI CHARGE!	6	N-M	No		Philadelphia, PA
WPHL Grit	17	I-M	No		Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# **062715**

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP E

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WPHL Comet	17	I-M	No		Philadelphia, PA
WTXF Movies!	29	I-M	No		Philadelphia, PA
WDPN Heroes & Ico	2	I-M	No		Wilmington, DE
WHYY YKids	12	E-M	Yes	O	Wilmington, DE
WHYY Y2	12	E-M	Yes	O	Wilmington, DE
WNJT NHK World	52	E-M	Yes	O	Trenton, NJ
WLVT France 24	39	E-M	Yes	O	Allentown, PA
WBOC Antenna TV	16	N-M	No		Salisbury, MD
WDPN Retro Televis	2	I-M	No		Wilmington, DE
WWSI exitos TV	62	I-M	No		Atlantic City, NJ
KYW StartTV	3	N-M	No		Philadelphia, PA
WUVP True Crime N	65	I-M	No		Vineland, NJ
WUVP Bounce TV	65	I-M	No		Vineland, NJ
WTXF Buzzr	29	I-M	No		Philadelphia, PA
WGTW TBN	48	I	No		Burlington, NJ
WBPH	60	I	Yes	O	Allentown, PA
WCAU American Cri	10	N	No		Philadelphia, PA
KYW Dabl	3	N	No		Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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: Indicate 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP E

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPH-simulcast	60	I	Yes	O	Allentown, PA
WLVT Create	39	E-M	Yes	O	Allentown, PA
WPPT World	35	E-M	Yes	O	Philadelphia, PA
WGTW-simulcast	48	I	No		Burlington, PA
WTXF QVC	29	I-M	No		Philadelphia, PA
WBOC Delmarva Sp	16	I	No		Georgetown, DE

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

H

Primary Transmitters: Radio

PRIMARY TRANSMITTERS: RADIO

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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon Pennsylvania LLC

SYSTEM ID# 062715

Name

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

I

Substitute Carriage: Special Statement and Program Log

In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ☐ **Yes** ☒ **No**

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast 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).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM	TO	

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

J

Part-Time Carriage 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 AND HOURS OF PART-TIME CARRIAGE

CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED			
	DATE	HOURS FROM		HOURS TO		DATE	HOURS FROM		HOURS TO
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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. . . . . **$ 170,177,928.45** (Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

K
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. **$ 170,177,928.45**

Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. **$ 1,810,693.16**

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?

[X] Yes—Complete the DSE schedule. [ ] 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. **$ 1,143,386.06**

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. **$ 1,143,386.06**

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. **$ 1,810,693.16**

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.

Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . **$ 1,811,418.16**

EFT Trace # or TRANSACTION ID #

Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.

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

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.

1. Enter the total number of channels on which the cable system carried television broadcast stations **161**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services **407**

N

Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)

Name **Brandon Schreck** Telephone **(973) 229-6555**

Address **9000 Junction Dr**
(Number, street, rural route, apartment, or suite number)

Annapolis Junction, MD USA 20701
(City, town, state, zip)

Email brandon.schreck@verizonwireless.com Fax (optional)

O

Certification

CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)

• **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 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.

Typed or printed name: **Paula M. Valdez**

Title: **Assistant Secretary, Verizon Pennsylvania LLC**
(Title of official position held in corporation or partnership)

Date: August 28, 2026

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

P

Special Statement Concerning Gross Receipts Exclusion

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. . . . . $

Name	Name
Mailing Address	Mailing Address

INTEREST ASSESSMENTS

Q

Interest Assessment

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 . . . . .

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -

x 0.00274

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@copyright.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 Office, 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 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

1

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Pennsylvania LLC**

SYSTEM ID# 062715

SUM OF DSEs OF CATEGORY "O" STATIONS:
• Add the DSEs of each station.
Enter the sum here and in line 1 of part 5 of this schedule. **5.00**

2

Computation of DSEs for Category "O" Stations

Instructions:
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).
In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

Add rows as necessary. Remember to copy all formula into new rows.

CATEGORY "O" STATIONS: DSEs

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WHYY	0.250				
WNJT	0.250				
WPPT MHz Worldview	0.250				
WLVT	0.250				
WHYY YKids	0.250				
WHYY Y2	0.250				
WNJT NHK World	0.250				
WLVT France 24	0.250				
WBPH	1.000				
WLVT Create	0.250				
WPPT World	0.250				
WLIW	0.250				
WNJN	0.250				
WLIW Create	0.250				
WNJN NHK World	0.250				
WLIW All Arts	0.250				
WLIW World	0.250				

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

3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity

Instructions: CAPACITY

Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.

CATEGORY LAC STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM		3. NUMBER OF HOURS STATION ON AIR		4. BASIS OF CARRIAGE VALUE		5. TYPE VALUE		6. DSE
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	
		÷		=		x		=	

SUM OF DSEs OF CATEGORY LAC STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 2 of part 5 of this schedule, ... ▶ **0.00**

4 Computation of DSEs for Substitute-Basis Stations

Instructions:

Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
- Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
- Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

Column 3: Enter the number of days in the calendar year: 365, except in a leap year.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF PROGRAMS		3. NUMBER OF DAYS IN YEAR		4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS		3. NUMBER OF DAYS IN YEAR		4. DSE
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 3 of part 5 of this schedule, ... ▶ **0.00**

5 Total Number of DSEs

TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2 ●	▶	**5.00**
2. Number of DSEs from part 3 ●	▶	**0.00**
3. Number of DSEs from part 4 ●	▶	**0.00**

TOTAL NUMBER OF DSEs ▶ **5.00**

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: CALL SIGN — 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: BASIS OF PERMITTED CARRIAGE — 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 Noncommerical 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	WNJT NHK	M	0.25	WLIW	C	0.25
WNJT	C	0.25	WLVT Fran	M	0.25	WNJN	C	0.25
WPPT MHz	M	0.25	WBPH	C	1.00	WLIW Crea	M	0.25
WLVT	C	0.25	WLVT Crea	M	0.25	WNJN NHK	M	0.25
WHYY YKid	M	0.25	WPPT Wor	M	0.25	WLIW All A	M	0.25
WHYY Y2	M	0.25				WLIW Worl	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 permited/ partially nonpermitted carriage? If yes, see part 9 instructions.

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

Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage

Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)
Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.
Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.
Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).
Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:
(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).
B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).
S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.
Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.
Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.

IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Section.

PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS

1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

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

7

Computation of Base Rate Fee

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.
• 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.
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.

BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

[X] Yes—Complete part 8 of this schedule. [ ] No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1

Enter the amount of gross receipts from space K (page 7). . . . . ▶ $

Section 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

Computation of Base Rate Fee

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

8

Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations

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.

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:

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.

Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

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.

How to Identify a Subscriber Group for Partially Distant Stations

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.

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.)

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.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

• 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:

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.

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

8 Computation of Base Rate Fee for Partially Distant Stations

FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WHYY	**0.25**		
WHYY Ykids	**0.25**		
WHYY Y2	**0.25**		
WNJT	**0.25**		
WNJT NHK World	**0.25**		
WPPT MHz Worldvi	**0.25**		
WPPT World	**0.25**		
WLVT	**0.25**		
WLVT Create	**0.25**		
WLVT France 24	**0.25**		
WBPH	**1.00**		

Total DSEs: **3.50**

Gross Receipts First Group: $ **638,506.32**

Base Rate Fee First Group: $ **17,983.53**

SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WNJT	**0.25**		
WNJT NHK World	**0.25**		
WLVT	**0.25**		
WLVT Create	**0.25**		
WLVT France 24	**0.25**		
WBPH	**1.00**		

Total DSEs: **2.25**

Gross Receipts Second Group: $ **31,603,813.34**

Base Rate Fee Second Group: $ **613,192.99**

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WNJT	**0.25**		
WNJT NHK World	**0.25**		

Total DSEs: **0.50**

Gross Receipts Third Group: $ **16,746,847.67**

Base Rate Fee Third Group: $ **89,093.23**

FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WLVT	**0.25**		
WLVT Create	**0.25**		
WLVT France 24	**0.25**		
WBPH	**1.00**		

Total DSEs: **1.75**

Gross Receipts Fourth Group: $ **24,170,862.15**

Base Rate Fee Fourth Group: $ **384,256.28**

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)

$ **1,143,386.06**

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

8 Computation of Base Rate Fee for Partially Distant Stations

FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: **0.00**

Gross Receipts First Group: $ **94,573,671.45**

Base Rate Fee First Group: $ **0.00**

SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WLIW	**0.25**		
WLIW Create	**0.25**		
WLIW World	**0.25**		
WLIW All Arts	**0.25**		

Total DSEs: **1.00**

Gross Receipts Second Group: $ **1,294,597.34**

Base Rate Fee Second Group: $ **13,774.52**

SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WLIW	**0.25**		
WLIW Create	**0.25**		
WLIW World	**0.25**		
WNJN	**0.25**		
WNJN NHK World	**0.25**		
WLIW All Arts	**0.25**		

Total DSEs: **1.50**

Gross Receipts Third Group: $ **142,611.64**

Base Rate Fee Third Group: $ **2,017.24**

EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WNJT	**0.25**		
WNJT NHK World	**0.25**		
WPPT MHz Worldv	**0.25**		
WPPT World	**0.25**		
WLVT	**0.25**		
WLVT Create	**0.25**		
WLVT France 24	**0.25**		
WBPH	**1.00**		

Total DSEs: **2.75**

Gross Receipts Fourth Group: $ **1,007,018.54**

Base Rate Fee Fourth Group: $ **23,068.28**

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)

$