

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

SA3E Long Form

Return completed workbook by
email to

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in
the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/21/2026	\$
	ALLOCATION NUMBER

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. <i>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.</i> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 062897 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Pennsylvania LLC 06289720261 062897 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. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) VHO 11</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafra Way (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) VHO 11			2	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafra Way (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (City, town, state, zip code)														
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D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td>PETERS TWP</td><td>PA</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>				CITY OR TOWN	STATE	PETERS TWP	PA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
PETERS TWP	PA																							
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID#

062897

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.

D
Area
Served

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
PETERS TWP	WASHINGTON	PA	A	1
UPPER ST CLAIR TWP	ALLEGHENY	PA	A	1
ALEPPO TWP	ALLEGHENY	PA	A	1
MT LEBANON TWP	ALLEGHENY	PA	A	1
OHIO TWP	ALLEGHENY	PA	A	1
ASPINWALL BORO	ALLEGHENY	PA	A	1
BETHEL PARK BORO	ALLEGHENY	PA	A	1
AVALON BORO	ALLEGHENY	PA	A	1
MCCANDLESS TWP	ALLEGHENY	PA	A	1
ROSS TWP	ALLEGHENY	PA	A	1
BALDWIN BORO	ALLEGHENY	PA	A	1
SHALER TWP	ALLEGHENY	PA	A	1
WEST VIEW BORO	ALLEGHENY	PA	A	1
BALDWIN TWP	ALLEGHENY	PA	A	1
OHARA TWP	ALLEGHENY	PA	A	1
INDIANA TWP	ALLEGHENY	PA	A	1
BELL ACRES BORO	ALLEGHENY	PA	A	1
SEWICKLEY BORO	ALLEGHENY	PA	A	1
FRANKLIN PARK BORO	ALLEGHENY	PA	A	1
BELLEVUE BORO	ALLEGHENY	PA	A	1
HAMPTON TWP	ALLEGHENY	PA	A	1
NOTTINGHAM TWP	WASHINGTON	PA	A	1
BEN AVON BORO	ALLEGHENY	PA	A	1
MONROEVILLE BORO	ALLEGHENY	PA	A	1
SEWICKLEY HILLS BORO	ALLEGHENY	PA	A	1
BEN AVON HEIGHTS BORO	ALLEGHENY	PA	A	1
LEETSDALE BORO	ALLEGHENY	PA	A	1
EDGEWORTH BORO	ALLEGHENY	PA	A	1
BLAWNOX BORO	ALLEGHENY	PA	A	1
CORAOPOLIS BORO	ALLEGHENY	PA	A	1
FOX CHAPEL BORO	ALLEGHENY	PA	A	1
BOROUGH OF GLEN OSBORNE	ALLEGHENY	PA	A	1
SHARPSBURG BORO	ALLEGHENY	PA	A	1
ETNA BORO	ALLEGHENY	PA	A	1
BRADDOCK BORO	ALLEGHENY	PA	A	1
FOREST HILLS BORO	ALLEGHENY	PA	A	1
EAST MCKEESPORT BORO	ALLEGHENY	PA	A	1
BRADDOCK HILLS BORO	ALLEGHENY	PA	A	1
EAST PITTSBURGH BORO	ALLEGHENY	PA	A	1
FINDLAY TWP	ALLEGHENY	PA	A	1
BRENTWOOD BORO	ALLEGHENY	PA	A	1
GREENTREE BORO	ALLEGHENY	PA	A	1
SWISSVALE BORO	ALLEGHENY	PA	A	1
BRIDGEVILLE BORO	ALLEGHENY	PA	A	1
WILMERDING BORO	ALLEGHENY	PA	A	1
ROSSLYN FARMS BORO	ALLEGHENY	PA	A	1
CARNEGIE BORO	ALLEGHENY	PA	A	1
MOON TWP	ALLEGHENY	PA	A	1
TURTLE CREEK BORO	ALLEGHENY	PA	A	1
CASTLE SHANNON BORO	ALLEGHENY	PA	A	1
ROBINSON TWP	ALLEGHENY	PA	A	1
CHALFANT BORO	ALLEGHENY	PA	A	1
CHURCHILL BORO	ALLEGHENY	PA	A	1
LEET TWP	ALLEGHENY	PA	A	1
COLLIER TWP	ALLEGHENY	PA	A	1
PENN HILLS TWP	ALLEGHENY	PA	A	1
NORTH VERSAILLES TWP	ALLEGHENY	PA	A	1
CRAFTON BORO	ALLEGHENY	PA	A	1
EDGEWOOD BORO	ALLEGHENY	PA	A	1
NEVILLE TWP	ALLEGHENY	PA	A	1
CRESCENT TWP	ALLEGHENY	PA	A	1
SOUTH FAYETTE TWP	ALLEGHENY	PA	A	1
KILBUCK TWP	ALLEGHENY	PA	A	1
DORMONT BORO	ALLEGHENY	PA	A	1
WILKINSBURG BORO	ALLEGHENY	PA	A	1
WILKINS TWP	ALLEGHENY	PA	A	1
ELIZABETH TWP	ALLEGHENY	PA	A	1
EMSWORTH BORO	ALLEGHENY	PA	A	1
SCOTT TWP	ALLEGHENY	PA	A	1
WHITEHALL BORO	ALLEGHENY	PA	A	1
SOUTH PARK TWP	ALLEGHENY	PA	A	1
HEIDELBURG BORO	ALLEGHENY	PA	A	1
GLENFIELD BORO	ALLEGHENY	PA	A	1
JEFFERSON HILLS BORO	ALLEGHENY	PA	A	1
SEWICKLEY HEIGHTS BORO	ALLEGHENY	PA	A	1

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

HAYSVILLE BORO	ALLEGHENY	PA	A	1
NORTH BRADDOCK BORO	ALLEGHENY	PA	A	1
WALL BORO	ALLEGHENY	PA	A	1
HOMESTEAD BORO	ALLEGHENY	PA	A	1
WHITE OAK BORO	ALLEGHENY	PA	A	1
NORTH STRABANE TWP	WASHINGTON	PA	A	1
INGRAM BORO	ALLEGHENY	PA	A	1
KENNEDY TWP	ALLEGHENY	PA	A	1
THORNBURG BORO	ALLEGHENY	PA	A	1
STOWE TWP	ALLEGHENY	PA	A	1
MCKEES ROCKS BORO	ALLEGHENY	PA	A	1
MILLVALE BORO	ALLEGHENY	PA	A	1
MUNHALL BORO	ALLEGHENY	PA	A	1
PLEASANT HILLS BORO	ALLEGHENY	PA	A	1
NORTH FAYETTE TWP	ALLEGHENY	PA	A	1
PENNSBURY VILLAGE BORO	ALLEGHENY	PA	A	1
PLUM BORO	ALLEGHENY	PA	A	1
OAKDALE BORO	ALLEGHENY	PA	A	1
RESERVE TWP	ALLEGHENY	PA	A	1
RANKIN BORO	ALLEGHENY	PA	A	1
PITCARIN BORO	ALLEGHENY	PA	A	1
PITTSBURGH CITY	ALLEGHENY	PA	A	1
WEST HOMESTEAD BORO	ALLEGHENY	PA	A	1
DUQUESNE CITY	ALLEGHENY	PA	A	1
TOWNSHIP OF CANTON	ALLEGHENY	PA	A	1
WHITAKER BORO	ALLEGHENY	PA	A	1
WEST DEER TWP	ALLEGHENY	PA	A	1

Form SA3E Long Form (Rev. 05-17)

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC					SYSTEM ID# 062897	Name	
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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 multi-cast 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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
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		
KDKA	2	N	No		Pittsburgh, PA		
KDKA+	19	I	No		Jeannette, PA		
WTAE	4	N	No		Pittsburgh, PA		
WPCB	40	I	No		Greensburg, PA		
WPGH	53	I	No		Pittsburgh, PA		
WPNT	22	I	No		Pittsburgh, PA		
WPXI	11	N	No		Pittsburgh, PA		
WQED	13	E	No		Pittsburgh, PA		
WQED PBS Kids	13	E-M	No		Pittsburgh, PA		
WINP	16	I	No		Pittsburgh, PA		
KDKA-simulcast	2	N	No		Pittsburgh, PA		
KDKA+-simulcast	19	I	No		Jeannette, PA		
WTAE-simulcast	4	N	No		Pittsburgh, PA		
WPCB-simulcast	40	I	No		Greensburg, PA		
WPGH-simulcast	53	I	No		Pittsburgh, PA		
WPNT-simulcast	22	I	No		Pittsburgh, PA		
WPXI-simulcast	11	N	No		Pittsburgh, PA		
WQED-simulcast	13	E	No		Pittsburgh, PA		

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC		SYSTEM ID# 062897	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 37,283,251.75 (Amount of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 37,283,251.75 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 396,693.80		
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? ☒ 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. \$ - Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ -		
Block 4	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. \$ 396,693.80 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 \$ 397,418.80 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# 062897
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 33 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 351	
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, <i>but only one</i> , 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	

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