This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E
Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/30/23	$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Licensing Division
Digitally signed by Licensing Division
Date: 2023.09.13 11:44:28 -04'00'

A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

2023/1

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 Division. **062715**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Verizon Pennsylvania LLC

06271520231

062715 2023/1

22001 Loudoun County Parkway
Ashburn, VA 20147

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 frst community served below and relist on page 1b with all communities.

First Community

CITY OR TOWN	STATE
AMBLER BORO	**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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.

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 frst community that you list will serve as a form of system identifcation 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 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
AMBLER BORO	PA	A	5
ABINGTON TWP	PA	A	5
ALDAN BORO	PA	A	5
ALLENTOWN BORO MONMOUTH	NJ	C	7
ALLENTOWN CITY	PA	A	3
ALLOWAY TWP SALEM	NJ	A	2
ARDEN	DE	A	2
ARDENCROFT	DE	A	2
ARDENTOWN	DE	A	2
ASTON TWP	PA	A	2
AUDUBON BORO CAMDEN	NJ	A	4
AUDUBON PARK BORO CAMDEN	NJ	A	4
AVONDALE BORO	PA	A	2
BARRINGTON BORO CAMDEN	NJ	A	4
BEDMINSTER TWP	PA	A	5
BELLEFONTE	DE	A	2
BELLMAWR BORO CAMDEN	NJ	A	4
BENSALEM TWP	PA	A	5
BERLIN BORO CAMDEN	NJ	A	4
BERLIN TWP CAMDEN	NJ	A	4
BETHEL TWP DELAWARE COUNTY	PA	A	2
BIRMINGHAM TWP	PA	A	2
BORDENTOWN CITY BURLINGTON	NJ	A	4
BORDENTOWN TWP BURLINGTON	NJ	A	4
BRIDGEPORT BORO	PA	A	5
BRIDGETON CITY CUMBERLAND	NJ	A	2
BRISTOL BORO	PA	A	5
BRISTOL TWP	PA	A	5
BROOKHAVEN BORO	PA	A	2
BROOKLAWN BORO CAMDEN	NJ	A	4
BRYN ATHYN BORO	PA	A	5
BUCKINGHAM TWP	PA	A	5
BURLINGTON TWP BURLINGTON	NJ	A	4
CALN TWP	PA	A	3
CAMDEN CITY CAMDEN	NJ	A	4
CHADDS FORD TWP	PA	A	2
CHALFONT BORO	PA	A	5
CHARLESTOWN TWP	PA	A	3
CHELTENHAM TWP	PA	A	5
CHERRY HILL TWP CAMDEN	NJ	A	4

CHESILHURST BORO CAMDEN	NJ	A	4
CHESTER CITY	PA	A	2
CHESTER HEIGHTS BORO	PA	A	2
CHESTER TWP	PA	A	2
CHESTERFIELD TWP BURLINGTON	NJ	A	4
CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	A	2
CLAYTON BORO GLOUCESTER	NJ	A	2
CLIFTON HEIGHTS BORO	PA	A	5
COATESVILLE CITY	PA	A	3
COLLEGEVILLE BORO	PA	A	5
COLLINGDALE BORO	PA	A	4
COLLINGSWOOD BORO CAMDEN	NJ	A	4
CONCORD TWP	PA	A	2
CONSHOHOCKEN BORO	PA	A	5
CORBIN CITY	NJ	A	2
CRANBURY TWP MIDDLESEX	NJ	C	6
DARBY BORO	PA	A	4
DARBY TWP	PA	A	4
DEERFIELD TWP CUMBERLAND	NJ	A	2
DELAWARE CITY	DE	A	2
DEPTFORD TWP GLOUCESTER	NJ	A	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	E	1
DOWNINGTOWN BORO	PA	A	3
DOYLESTOWN BORO	PA	A	5
DOYLESTOWN TWP	PA	A	5
DUBLIN BORO	PA	A	5
EAST AMWELL TWP HUNTERDON	NJ	C	6
EAST BRADFORD TWP	PA	A	3
EAST BRANDYWINE TWP	PA	A	3
EAST CALN TWP	PA	A	3
EAST COVENTRY TWP	PA	A	3
EAST FALLOWFIELD TWP	PA	A	2
EAST GOSHEN TWP	PA	A	3
EAST LANSDOWNE BORO	PA	A	5
EAST MARLBOROUGH TWP	PA	A	2
EAST NANTMEAL TWP	PA	A	3
EAST NORRITON TWP	PA	A	5
EAST PIKELAND TWP	PA	A	3
EAST ROCKHILL TWP	PA	A	5
EAST VINCENT TWP	PA	A	3
EAST WHITELAND TWP	PA	A	3
EAST WINDSOR TWP MERCER	NJ	B	4
EASTAMPTON TWP BURLINGTON	NJ	A	4
EASTTOWN TWP	PA	A	5
EDGMONT TWP	PA	A	3
EGG HARBOR CITY	NJ	A	2
ELK TWP GLOUCESTER	NJ	A	2
ELSINBORO TWP SALEM	NJ	A	2
ELSMERE	DE	A	2
ESTELL MANOR CITY ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	NJ	A	4
EWING TWP MERCER	NJ	B	5
FALLS TWP	PA	A	5
FIELDSBORO BORO BURLINGTON	NJ	A	4
FOLCROFT BORO	PA	A	4
FORT DIX BURLINGTON	NJ	A	4
FRANCONIA TWP	PA	A	5

FRANKLIN TWP GLOUCESTER	NJ	A	2
FRANKLIN TWP SOMERSET	NJ	C	6
GLASSBORO BORO GLOUCESTER	NJ	A	2
GLENOLDEN BORO	PA	A	4
GLOUCESTER CITY CAMDEN	NJ	A	4
GLOUCESTER TWP CAMDEN	NJ	A	4
GREEN LANE BORO	PA	A	5
GREENWICH TWP CUMBERLAND	NJ	A	2
HADDON HEIGHTS BORO CAMDEN	NJ	A	4
HADDON TWP CAMDEN	NJ	A	4
HADDONFIELD BORO CAMDEN	NJ	A	4
HAINESPORT TWP BURLINGTON	NJ	A	4
HAMILTON TWP ATLANTIC	NJ	A	2
HAMILTON TWP MERCER	NJ	B	5
HARRISON GLOUCESTER	NJ	A	4
HATBORO BORO	PA	A	5
HATFIELD BORO	PA	A	5
HATFIELD TWP	PA	A	5
HAVERFORD TWP	PA	A	5
HAYCOCK TWP	PA	A	5
HIGHLAND TWP	PA	A	2
HIGHTSTOWN BORO MERCER	NJ	B	4
HILLSBOROUGH TWP SOMERSET	NJ	C	6
HILLTOWN TWP	PA	A	5
HOPEWELL BORO MERCER	NJ	B	5
HOPEWELL TWP CUMBERLAND	NJ	A	2
HOPEWELL TWP MERCER	NJ	B	5
HORSHAM TWP	PA	A	5
HULMEVILLE BORO	PA	A	5
IVYLAND BORO	PA	A	5
JENKINTOWN BORO	PA	A	5
KENNETT SQUARE BORO	PA	A	2
KENNETT TWP	PA	A	2
KENT COUNTY	DE	E	2
LANGHORNE BORO	PA	A	5
LANGHORNE MANOR BORO	PA	A	5
LANSDALE BORO	PA	A	5
LANSDOWNE BORO	PA	A	5
LAWNSIDE BORO CAMDEN	NJ	A	4
LAWRENCE TWP MERCER	NJ	B	5
LEIPSIC	DE	E	2
LIMERICK TWP	PA	A	5
LITTLE CREEK	DE	E	2
LONDON GROVE TWP	PA	A	2
LONDONDERRY TWP CHESTER	PA	A	2
LOWER ALLOWAYS CREEK TWP SALEM	NJ	A	2
LOWER CHICHESTER TWP	PA	A	2
LOWER FREDERICK TWP	PA	A	5
LOWER GWYNEDD TWP	PA	A	5
LOWER MAKEFIELD TWP	PA	A	5
LOWER MERION TWP	PA	A	5
LOWER MORELAND TWP	PA	A	5
LOWER POTTSGROVE TWP	PA	A	3
LOWER PROVIDENCE TWP	PA	A	5
LOWER SALFORD TWP	PA	A	5
LOWER SOUTHAMPTON TWP	PA	A	5
LUMBERTON TWP BURLINGTON	NJ	A	4
MALVERN BORO	PA	A	3
MANNINGTON TWP SALEM	NJ	A	2

MANSFIELD TWP BURLINGTON	NJ	A	4
MANTUA TWP GLOUCESTER	NJ	A	4
MAPLE SHADE TWP BURLINGTON	NJ	A	4
MARCUS HOOK BORO	PA	A	2
MARLBOROUGH TWP	PA	A	5
MARPLE TWP	PA	A	5
MCGUIRE AIR FORCE BASE	NJ	A	4
MEDFORD LAKES BORO BURLINGTON	NJ	A	4
MEDFORD TWP BURLINGTON	NJ	A	4
MEDIA BORO	PA	A	4
MERCHANTVILLE BORO CAMDEN	NJ	A	4
MIDDLE TWP CAPE MAY	NJ	A	1
MIDDLETOWN	DE	A	2
MIDDLETOWN TWP BUCKS COUNTY	PA	A	3
MIDDLETOWN TWP DELAWARE COUNTY	PA	A	2
MILFORD TWP	PA	A	5
MILLBOURNE BORO	PA	A	5
MILLSTONE TWP MONMOUTH	NJ	C	6
MODENA BORO	PA	A	2
MONROE TWP GLOUCESTER	NJ	A	2
MONROE TWP MIDDLESEX	NJ	C	6
MONTGOMERY TWP	PA	A	5
MONTGOMERY TWP SOMERSET	NJ	C	6
MORRISVILLE BORO	PA	A	5
MORTON BORO	PA	A	4
MOUNT EPHRAIM BORO CAMDEN	NJ	A	4
MOUNT HOLLY TWP BURLINGTON	NJ	A	4
MOUNT LAUREL TWP BURLINGTON	NJ	A	4
MUNICIPALITY OF NORRISTOWN	PA	A	5
NARBERTH BORO	PA	A	5
NATIONAL PARK BORO GLOUCESTER	NJ	A	4
NETHER PROVIDENCE TWP	PA	A	4
NEW BRITAIN BORO	PA	A	5
NEW BRITAIN TWP	PA	A	5
NEW CASTLE COUNTY	DE	A	2
NEW GARDEN TWP	PA	A	2
NEW HANOVER TWP	PA	A	3
NEW HANOVER TWP BURLINGTON	NJ	A	4
NEW HOPE BORO	PA	A	5
NEW LONDON TWP	PA	A	2
NEWARK	DE	A	2
NEWLIN TWP	PA	A	2
NEWPORT	DE	A	2
NEWTOWN BORO	PA	A	5
NEWTOWN TWP BUCKS COUNTY	PA	A	5
NEWTOWN TWP DELWARE COUNTY	PA	A	5
NORTH HANOVER TWP BURLINGTON	NJ	A	4
NORTH WALES BORO	PA	A	5
NORTHAMPTON TWP	PA	A	5
NORWOOD BORO	PA	A	4
OAKLYN BORO CAMDEN	NJ	A	4
ODESSA	DE	A	2
PARKESBURG BORO	PA	A	2
PARKSIDE BORO	PA	A	2
PEMBERTON TWP BURLINGTON	NJ	A	4
PENN TWP CHESTER	PA	A	2
PENNDEL BORO	PA	A	5
PENNINGTON BORO MERCER	NJ	B	5
PENNSAUKEN TWP CAMDEN	NJ	A	4

PENNSBURY TWP	PA	A	2
PERKASIE BORO	PA	A	5
PERKIOMEN TWP	PA	A	5
PHILADELPHIA CITY	PA	A	5
PHOENIXVILLE BORO	PA	A	5
PINE HILL BORO CAMDEN	NJ	A	4
PITMAN BORO GLOUCESTER	NJ	A	4
PLAINSBORO TWP MIDDLESEX	NJ	C	6
PLUMSTEAD TWP	PA	A	5
PLYMOUTH TWP	PA	A	5
POCOPSON TWP	PA	A	2
PRINCETON BORO MERCER	NJ	B	5
PRINCETON TWP MERCER	NJ	B	5
QUAKERTOWN BORO	PA	A	5
QUINTON TWP SALEM	NJ	A	2
RADNOR TWP	PA	A	5
RICHLAND TWP	PA	A	5
RICHLANDTOWN BORO	PA	A	5
RIDLEY PARK BORO	PA	A	4
RIDLEY TWP	PA	A	4
ROCKLEDGE BORO	PA	A	5
ROCKY HILL BORO SOMERSET	NJ	C	6
ROOSEVELT BORO MONMOUTH	NJ	C	6
ROSE VALLEY BORO	PA	A	2
ROYERSFORD BORO	PA	A	3
RUNNEMEDE BORO CAMDEN	NJ	A	4
RUTLEDGE BORO	PA	A	4
SADSBURY TWP	PA	A	2
SALEM CITY SALEM	NJ	A	2
SALFORD TWP	PA	A	5
SCHUYLKILL TWP	PA	A	5
SCHWENKSVILLE BORO	PA	A	5
SELLERSVILLE BORO	PA	A	5
SHAMONG TWP BURLINGTON	NJ	A	4
SHARON HILL BORO	PA	A	4
SHILOH BORO CUMBERLAND	NJ	A	2
SILVERDALE BORO	PA	A	5
SKIPPACK TWP	PA	A	5
SOUDERTON BORO	PA	A	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	C	6
SOUTH COATESVILLE BORO	PA	A	2
SOUTHAMPTON TWP BURLINGTON	NJ	A	4
SPRINGFIELD TWP	PA	A	5
SPRINGFIELD TWP BURLINGTON	NJ	A	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	A	5
STOW CREEK TWP CUMBERLAND	NJ	A	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	A	4
TAVISTOCK BORO CAMDEN	NJ	A	4
TELFORD BORO BUCKS	PA	A	5
TELFORD BORO MONTGOMERY	PA	A	5
THORNBURY TWP CHESTER COUNTY	PA	A	3
THORNBURY TWP DELAWARE COUNTY	PA	A	3
TOWAMENCIN TWP	PA	A	5
TOWNSEND	DE	A	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	B	5
TRAINER BORO	PA	A	2
TRAPPE BORO	PA	A	5
TREDYFFRIN TWP	PA	A	5

TRENTON CITY MERCER	NJ	B	5
TRUMBAUERSVILLE BORO	PA	A	5
TULLYTOWN BORO	PA	A	5
UPLAND BORO	PA	A	2
UPPER CHICHESTER TWP	PA	A	2
UPPER DARBY TWP	PA	A	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	A	2
UPPER DUBLIN TWP	PA	A	5
UPPER FREDERICK TWP	PA	A	5
UPPER FREEHOLD TWP MONMOUTH	NJ	C	7
UPPER GWYNEDD TWP	PA	A	5
UPPER MAKEFIELD TWP	PA	A	5
UPPER MERION TWP	PA	A	5
UPPER MORELAND TWP	PA	A	5
UPPER OXFORD TWP	PA	A	2
UPPER POTTSGROVE TWP	PA	A	3
UPPER PROVIDENCE TWP DELAWARE	PA	A	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	A	5
UPPER SALFORD TWP	PA	A	5
UPPER SOUTHAMPTON TWP	PA	A	5
UPPER UWCHLAN TWP	PA	A	3
UWCHLAN TWP	PA	A	3
VALLEY TWP	PA	A	2
VINELAND CITY CUMBERLAND	NJ	A	2
VOORHEES TWP CAMDEN	NJ	A	4
WALLACE TWP	PA	A	3
WARMINSTER TWP	PA	A	5
WARRINGTON TWP (BUCKS)	PA	A	5
WARWICK TWP (BUCKS)	PA	A	3
WASHINGTON TWP GLOUCESTER	NJ	A	4
WATERFORD TWP CAMDEN	NJ	A	4
WEST BRADFORD TWP	PA	A	3
WEST BRANDYWINE TWP	PA	A	3
WEST CALN TWP	PA	A	2
WEST CHESTER BORO	PA	A	3
WEST CONSHOHOCKEN BORO	PA	A	5
WEST DEPTFORD TWP GLOUCESTER	NJ	A	4
WEST GOSHEN TWP	PA	A	3
WEST GROVE BORO	PA	A	2
WEST MARLBOROUGH TWP	PA	A	2
WEST NANTMEAL TWP	PA	A	3
WEST NORRITON TWP	PA	A	5
WEST PIKELAND TWP	PA	A	3
WEST POTTSGROVE TWP	PA	A	3
WEST ROCKHILL TWP	PA	A	5
WEST VINCENT TWP	PA	A	3
WEST WHITELAND TWP	PA	A	3
WEST WINDSOR TWP MERCER	NJ	B	4
WESTAMPTON TWP BURLINGTON	NJ	A	4
WESTTOWN TWP	PA	A	3
WEYMOUTH TWP ATLANTIC	NJ	A	2
WHITEMARSH TWP	PA	A	5
WHITPAIN TWP	PA	A	5
WILLINGBORO TWP BURLINGTON	NJ	A	5
WILLISTOWN TWP	PA	A	3
WINSLOW TWP CAMDEN	NJ	A	4
WOODBURY CITY GLOUCESTER	NJ	A	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	A	4
WOODLAND TWP BURLINGTON	NJ	A	4

WOODLYNNE BORO CAMDEN	NJ	A	4	
WORCESTER TWP	PA	A	5	
WRIGHTSTOWN BORO BURLINGTON	NJ	A	4	
WRIGHTSTOWN TWP	PA	A	5	
WYOMING	DE	E	1	
YARDLEY BORO	PA	A	5	
YEADON BORO	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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	**481,228**	**$ 40.12**			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	**9,250**	**$ 35.00**			
Converter					
• Residential					
• Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		**Installation: Non-residential**			
• Pay cable	**$ 15.00**	• Motel, hotel		**See Tab Attachment B**	
• Pay cable—add'l channel		• Commercial			
• Fire protection		• Pay cable			
•Burglar protection		• Pay cable-add'l channel			
Installation: Residential		• Fire protection			
• First set	**$ 99.00**	• Burglar protection			
• Additional set(s)	**$ 60.00**	**Other services:**			
• FM radio (if separate rate)		• Reconnect			
• Converter		• Disconnect			
		• Outlet relocation	**$ 60.00**		
		• Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	70.00	N/A
Fios TV Test Drive	85.00	N/A
Your Fios TV	85.00	N/A
More Fios TV	109.00	N/A
The MostFios TV	129.00	N/A
Fios TV Mundo Total	129.00	N/A
Fios TV Mundo	109.00	N/A
Your Fios TV Spotlight Package	85.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	139.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Wireless Router	$18 rental, $299.99 purchase	$15 rental, $299.99 purchase
Verizon Router	$18 rental, $399.99 purchase	$18 rental, $399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to $100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to $100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to $100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: **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:

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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.

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 A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDPN	2	I	No		Wilmington
KYW	3	N	No		Philadelphia
WACP	4	I	No		Atlantic City
WPVI	6	N	No		Philadelphia
WCAU	10	N	No		Philadelphia
WHYY	12	E	Yes	O	Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	I	No		Allentown
WPSG	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City
WNJT	52	E	Yes	O	Trenton
WTVE	25	I	No		Reading
WWSI	62	I	No		Atlantic City
WPPT	35	E	Yes	O	Philadelphia
WLVT	39	E	Yes	O	Allentown

See instructions for additional information on alphabetization.

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

SYSTEM ID# 062715

Name

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WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
KYW-simulcast	26	N	No		Philadelphia
WACP-simulcast	4	I	No		Atlantic City
WPVI-simulcast	64	N	No		Philadelphia
WCAU-simulcast	67	N	No		Philadelphia
WHYY-simulcast	55	E	Yes	E	Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WNJT-simulcast	52	E	Yes	E	Trenton
WTVE-simulcast	25	I	No		Reading
WWSI-simulcast	62	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown

See instructions for additional information on alphabetization.

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

SYSTEM ID# 062715

Name

PRIMARY TRANSMITTERS: TELEVISION

G

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WGTW-simulcast	48	I	No		Burlington
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WFMZ Accuweath	69	I-M	No		Allentown
WPHL Antenna TV	17	I-M	No		Philadelphia
WPVI ThisTV	6	N-M	No		Philadelphia
WPHL Grit	17	I-M	No		Philadelphia
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	Yes	O	Allentown
WHYY Ykids	12	E-M	Yes	O	Wilmington
WHYY Y2	12	E-M	Yes	O	Wilmington
WNJT NHK World	52	E-M	Yes	O	Trenton
WLVT France 24	39	E-M	Yes	O	Allentown
WPPT World	35	E-M	Yes	O	Philadelphia
WDPN Retro Telev	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia

See instructions for additional information on alphabetization.

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SYSTEM ID# 062715

Name

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CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WGTW	48	I	No		Burlington
WTXF Buzzr	42	I-M	No		Philadelphia
WBPH	60	I	Yes	O	Allentown
KYW Dabl	3	N	No		Philadelphia
WCAU LX	10	N	No		Philadelphia
WBPH-simulcast	60	I	Yes	E	Allentown
WTXF The Grio	29	I	No		Philadelphia

See instructions for additional information on alphabetization.

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

SYSTEM ID# 062715

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WDPN	2	I	No		Wilmington
WCBS	2	N	No		New York
KYW	3	N	No		Philadelphia
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WPVI	6	N	No		Philadelphia
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WCAU	10	N	No		Philadelphia
WPIX	11	I	No		New York
WHYY	12	E	No		Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
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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.

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 B

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNJT	52	E	No		Trenton
WNET	13	E	No		Newark
WTVE	25	I	No		Reading
WWSI	62	I	No		Atlantic City
WPPT	35	E	No		Philadelphia
WLVT	39	E	Yes	O	Allentown
WACP	4	I	No		Atlantic City
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WPIX-simulcast	33	I	No		New York
WCBS-simulcast	56	N	No		New York
KYW-simulcast	26	N	No		Philadelphia
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WPVI-simulcast	64	N	No		Philadelphia
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WCAU-simulcast	67	N	No		Philadelphia

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.

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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 B

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHYY-simulcast	55	E	No		Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland
WFMZ-simulcast	69	I	No		Allentown
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WNJT-simulcast	52	E	No		Trenton
WTVE-simulcast	25	I	No		Reading
WACP-simulcast	4	I	No		Atlantic City
WWSI-simulcast	62	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WPHL Antenna TV	17	I-M	No		Philadelphia
WFMZ AccuWeath	69	I-M	No		Allentown
WPVI ThisTV	6	N-M	No		Philadelphia
WPHL Grit	17	I-M	No		Philadelphia

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 B

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	Yes	O	Allentown
WHYY Ykids	12	E-M	No		Wilmington
WHYY Y2	12	E-M	No		Wilmington
WNJT NHK World	52	E-M	No		Trenton
WLVT France 24	39	E-M	Yes	O	Allentown
WPPT World	35	E-M	No		Philadelphia
WDPN Retro Telev	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WPIX Grit	33	I-M	No		New York
WNYW Catchy Co	44	I-M	No		New York
WNYW Movies!	44	I-M	No		New York

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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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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGTW TBN	**48**	**I**	**No**		**Burlington**
WBPH	**60**	**I**	**Yes**	**O**	**Allentown**
KYW Dabl	**3**	**N**	**No**		**Philadelphia**
WCAU LX	**10**	**N**	**No**		**Philadelphia**
WBPH-simulcast	**60**	**I**	**Yes**	**E**	**Allentown**
WGTW-simulcast	**48**	**I**	**No**		**Burlington**
WTXF The Grio	**29**	**I**	**No**		**Philadelphia**
WNYW The Grio	**44**	**I-M**	**No**		**New York**

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	62	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WLNY	55	I	No		River Head
WPIX	11	I	No		New York
WNJU	47	N	No		Linden
WNET	13	E	No		Newark
WFUT	67	I	No		Smithtown
WMBC	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	E	Yes	O	Garden City
WNJN	50	E	Yes	O	Montclair
WNYE	25	E	No		New York
WPXN	31	I	No		New York

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 C

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WXTV	41	I	No		Paterson
WABC Localish H	45	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WNET-simulcast	13	E	No		Newark
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	62	I	No		Kingston
WJLP-simulcast	33	I	No		Middletown Twp
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	55	I	No		River Head
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	47	N	No		Linden
WFUT-simulcast	67	I	No		Smithtown
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	E	Yes	E	Garden City
WNJN-simulcast	51	E	Yes	E	Montclair

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

SYSTEM ID# 062715

Name

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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.

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 C

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNYE-simulcast	25	E	No		New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	41	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No		New York
WNJU TeleXitos	47	N-M	No		Newton
Antenna TV [WPIX	33	I-M	No		Linden
WABC ThisTV	45	N-M	No		New York
WLIW Create	21	E-M	Yes	O	Garden City
WNET Thirteen PB	13	E-M	No		Newark
WLIW World	21	E-M	Yes	O	Garden City
WXTV Bounce TV	41	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton
WNYW The Grio	44	I-M	No		New York
WNJN NHK World	50	E-M	Yes	O	Montclair
WCBS StartTV	56	N-M	No		New York
WJLP Laff	33	I-M	No		Middletown Twp
WJLP ION Mystery	33	I-M	No		Middletown Twp
WWOR Buzzr	38	I-M	No		Secaucus

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.
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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.

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.

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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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWOR Heroes &	38	I-M	No		Secaucus
WPIX Grit	33	I-M			New York
WPXN Bounce TV	31	I	No		New York
WNYW Catchy Co	44	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WFUT getTV	67	I-M	No		Smithtown
WLIW All Arts	21	E-M	Yes	O	Garden City
WLIW All Arts-sim	21	E-M	Yes	E	Garden City
WNBC LX	4	N-M	No		New York
WCBS Dabl	2	N-M	No		New York
NHK World HD	50	E-M	Yes	E	Montclair
WPIX Rewind	33	I-M	No		New York
WZME MeTV Plus	43	I	No		Bridgeport

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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMDT CW	47	I	No		Salisbury
WBOC FOX	21	I	No		Salisbury
WBOC	16	N	No		Salisbury
WMDT ABC	47	N	No		Salisbury
WBAL	11	N	No		Baltimore
WDPB	64	E	No		Seaford
WBOC-LD Telemu	42	I	No		Georgetown
WGDV-LD	32	I	No		Salisbury
WMPT	22	E	No		Annapolis
WMDT CW-simulc	47	I	No		Salisbury
WBOC-simulcast	16	N	No		Salisbury
WBOC FOX-simul	21	I	No		Salisbury
WMDT ABC-simul	47	N	No		Salisbury
WBAL-simulcast	59	N	No		Baltimore
WBOC-LD Telemu	42	I	No		Georgetown
WGDV-simulcast	32	I	No		Salisbury
WBAL Me TV	11	N-M	No		Baltimore
WMDT Me TV	47	I-M	No		Salisbury

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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOC Antenna T	16	N-M	No		Salisbury
WGDV Bounce TV	32	I-M	No		Salisbury
WGDV Heroes & I	32	I-M	No		Salisbury
WRDE-LD	4	N	No		Salisbury
WRDE-Cozi	4	N-M	No		Salisbury
WRDE-LD-simulca	4	N-M	No		Salisbury
WDPB PBS HD	64	E-M	No		Seaford
WMPT PBS HD	22	E-M	No		Annapolis
WBOC Delmarva S	42	I	No		Georgetown

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 CHANNEL 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
KYW	3	N	No		Philadelphia
WBOC	16	N	No		Salisbury
WBOC FOX	21	I	No		Salisbury
WPVI	6	N	No		Philadelphia
WMDT CW	47	I	No		Salisbury
WCAU	10	N	No		Philadelphia
WBAL	11	N	No		Baltimore
WHYY	12	E	Yes	O	Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	I	No		Allentown
WPSG	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City
WMDT ABC	47	N	No		Salisbury
WNJT	52	E	Yes	O	Trenton

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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTVE	25	I	No		Reading
WWSI	62	I	No		Atlantic City
WPPT	35	E	Yes	O	Philadelphia
WLVT	39	E	Yes	O	Allentown
WDPN	2	I	No		Wilmington
WACP	4	I	No		Atlantic City
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WMAR-simulcast	52	N	No		Baltimore
KYW-simulcast	26	N	No		Philadelphia
WBOC-simulcast	16	N	No		Salisbury
WBOC FOX-simul	21	I	No		Salisbury
WPVI-simulcast	64	N	No		Philadelphia
WMDT CW-simulc	47	I	No		Salisbury
WCAU-simulcast	67	N	No		Philadelphia
WHYY-simulcast	55	E	Yes	E	Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	I	No		Vineland

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 CHANNEL 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
WPSG-simulcast	32	I	No		Philadelphia
WPHL-simulcast	54	I	No		Philadelphia
WPPX-simulcast	61	I	No		Wilmington
WMCN-simulcast	44	I	No		Atlantic City
WMDT ABC-simul	47	N	No		Salisbury
WNJT-simulcast	52	E	Yes	E	Trenton
WTVE-simulcast	25	I	No		Reading
WWSI-simulcast	62	I	No		Atlantic City
WACP-simulcast	4	I	No		Atlantic City
WLVT-simulcast	39	E	Yes	E	Allentown
Cozi TV [WCAU]	10	N-M	No		Philadelphia
WMAR Grit TV	52	N-M	No		Baltimore
WMDT Me TV	47	I-M	No		Salisbury
WPHL Antenna TV	17	I-M	No		Philadelphia
WFMZ AccuWeath	69	I-M	No		Allentown
WPVI ThisTV	6	N-M	No		Philadelphia
WPHL Grit	17	I-M	No		Philadelphia

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 CHANNEL 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
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	No		Allentown
WHYY Ykids	12	E-M	Yes	O	Wilmington
WHYY Y2	12	E-M	Yes	O	Wilmington
WNJT NHK World	52	E-M	Yes	O	Trenton
WLVT France 24	39	E-M	Yes	O	Allentown
WPPT World	35	E-M	Yes	O	Philadelphia
WBOC Antenna T	16	N-M	No		Salisbury
WDPN Retro Telev	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WGTW TBN	48	I	No		Burlington
WBPH	60	I	Yes	O	Allentown

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 CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCAU LX	**10**	**N**	**No**		**Philadelphia**
KYW Dabl	**3**	**N**	**No**		**Philadelphia**
WBPH-simulcast	**60**	**I**	**Yes**	**E**	**Allentown**
WGTW-simulcast	**48**	**I**	**No**		**Burlington**
WTXF The Grio	**29**	**I**	**No**		**Philadelphia**
WBOC Delmarva S	**42**	**I**	**No**		**Georgetown**

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

K
Gross Receipts

Instructions: The figure you give in this space determines the form you fle 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 identifed 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. . . . . **$ 198,712,839.89** (Amount of gross receipts)

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

COPYRIGHT ROYALTY FEE

L
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 or part 9, 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.

▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.

Block 1

MINIMUM FEE: All cable systems with semiannual gross receipts of $527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.

Line 1. Enter the amount of gross receipts from space K — **$ 198,712,839.89**

Line 2. Multiply the amount in line 1 by 0.01064
Enter the result here.
This is your minimum fee. — **$ 2,114,304.62**

Block 2

DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.

• Did your cable system carry any distant television stations during the accounting period?

[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 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero — **$ 1,321,566.89**

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 — **$ 1,321,566.89**

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 — **$ 2,114,304.62**

Line 2. **SYNDICATED EXCLUSIVITY SURCHARGE:** Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. — **0.00**

Line 3. Line 3. **INTEREST CHARGE:** Enter the amount from line 4, space Q, page 9 (Interest Worksheet) . . . . . — **0.00**

Line 4. **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 . . . . . — **$ 2,115,029.62**

Remit this amount via *electronic payment* payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division 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 **583**

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 **Patrick Merrick** Telephone **703-447-0209**

Address **22001 Loudoun County Parkway**
(Number, street, rural route, apartment, or suite number)

Ashburn, VA
(City, town, state, zip)

Email patrick.merrick@verizon.com Fax (optional)

O

Certifcation

CERTIFICATION (This statement of account must be certifed 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 identifed in line 1 of space B; or

☐ **(Agent of owner other than corporation or partnership)** I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or

☒ **(Officer or partner)** I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.

• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]

X **/s/ Christy K. Reyes**

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 "F" button will avoid enabling Excel's Lotus compatibility settings.

Typed or printed name: **Christy K. Reyes**

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

Date: August 28, 2023

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

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.

Owner

Address

First community served

Accounting period

ID number

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

INSTRUCTIONS FOR DSE SCHEDULE

WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent**: its type-value is 1.00
- **Network:** its type-value is 0.25
- **Noncommercial educational:** its type-value is 0.25

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:
1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.
NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classifcation.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198l, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE	1.064% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If 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.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

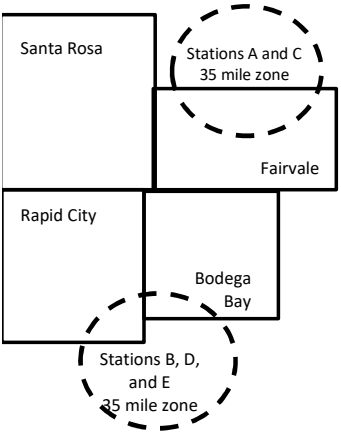
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:
COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carried		**Identification of Subscriber Groups**		
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	GROSS RECEIPTS FROM SUBSCRIBERS
A (independent)	1.0			
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		**TOTAL GROSS RECEIPTS**	$600,000.00

Minimum Fee Total Gross Receipts $600,000.00
x .01064
$6,384.00

First Subscriber Group (Santa Rosa)		**Second Subscriber Group** (Rapid City and Bodega Bay)		**Third Subscriber Group** (Fairvale)	
Gross receipts	$310,000.00	Gross receipts	$170,000.00	Gross receipts	$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	$6,497.20	Base rate fee	$1,907.71	Base rate fee	$1,604.03
$310,000 x .01064 x 1.0 =	3,298.40	$170,000 x .01064 x 1.0 =	1,808.80	$120,000 x .01064 x 1.0 =	1,276.80
$310,000 x .00701 x 1.472 =	3,198.80	$170,000 x .00701 x .083 =	98.91	$120,000 x .00701 x .389 =	327.23
Base rate fee	$6,497.20	Base rate fee	$1,907.71	Base rate fee	$1,604.03

Total Base Rate Fee: $6,497.20 + $1,907.71 + $1,604.03 = $10,008.94

In this example, the cable system would enter $10,008.94 in space L, block 3, line 1 (page 7)

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				
WHYY Ykids	0.250				
WHYY Y2	0.250				
WNJT	0.250				
WNJT NHK World	0.250				
WPPT	0.250				
WPPT World	0.250				
WLVT	0.250				
WLVT Create	0.250				
WLVT France 24	0.250				
WLIW	0.250				
WLIW Create	0.250				
WLIW World	0.250				
WNJN	0.250				
WNJN NHK World	0.250				
WLIW All Arts	0.250				
WBPH	1.000				

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

6

Computation of 3.75 Fee

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.

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
G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]
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	WPPT Wor	M	0.25	WLIW Worl	M	0.25
WHYY Ykids	M	0.25	WLVT	C	0.25	WNJN	C	0.25
WHYY Y2	M	0.25	WLVT Crea	M	0.25	WNJN NHK	M	0.25
WNJT	C	0.25	WLVT Fran	M	0.25	WLIW All A	M	0.25
WNJT NHK	M	0.25	WLIW	C	0.25	WBPH	M	1.00
WPPT	C	0.25	WLIW Crea	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)

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

SYSTEM ID# 062715

Name

BLOCK A: TELEVISION MARKETS (CONTINUED)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE

6

Computation of 3.75 Fee

Name

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

SYSTEM ID# 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 Division.

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

7 Computation of the Syndicated Exclusivity Surcharge

Instructions: Block A must be completed.
In block A:
If your answer is "Yes," complete blocks B and C, below.
If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.

BLOCK A: MAJOR TELEVISION MARKET

• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?

[X] Yes—Complete blocks B and C . [ ] No—Proceed to part 8

BLOCK B: Carriage of VHF/Grade B Contour Stations

Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?

[ ] Yes—List each station below with its appropriate permitted DSE
[X] No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
		TOTAL DSEs	0.00

BLOCK C: Computation of Exempt DSEs

Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)

[ ] Yes—List each station below with its appropriate permitted DSE
[X] No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
		TOTAL DSEs	0.00

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

SYSTEM ID# 062715

Name

BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE

7

Computation of the Syndicated Exclusivity Surcharge

Section 1

Enter the amount of gross receipts from space K (page 7) . . . . $ **198,712,839.89**

Section 2

A. Enter the total DSEs from block B of part 7 . . . . **0.00**

B. Enter the total number of exempt DSEs from block C of part 7 . . . . **0.00**

C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. **If zero, proceed to part 8.** . . . . $ **0.00**

• Is any portion of the cable system within a top 50 television market as defned by the FCC?

☐ Yes—Complete section 3 below. ☒ No—Complete section 4 below.

SECTION 3: TOP 50 TELEVISION MARKET

Section 3a

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

☒ Yes—Complete part 9 of this schedule. ☐ No—Complete the applicable section below.

If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.

A. Enter 0.00599 of gross receipts (the amount in section1) . . . . $

B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . $

C. Subtract 1.000 from total permitted DSEs (the figure on line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7) **Syndicated Exclusivity Surcharge** . . . . $

Section 3b

If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.

A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . $

B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . $

C. Multiply line B by 3.000 and enter here . . . . $

D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . $

E. Subtract 4.000 from total DSEs (the fgure on line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7) **Syndicated Exclusivity Surcharge** . . . . $

SECTION 4: SECOND 50 TELEVISION MARKET

Section 4a

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

☒ Yes—Complete part 9 of this schedule. ☐ No—Complete the applicable section below.

If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.

A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . $

B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . $

C.Subtract 1.000 from total permitted DSEs (the fgure on line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7) **Syndicated Exclusivity Surcharge** . . . . $

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

7 Computation of the Syndicated Exclusivity Surcharge

Section 4b

If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.

A. Enter 0.00300 of gross receipts (the amount in section 1). . . . ▶ $

B. Enter 0.00189 of gross receipts (the amount in section 1). . . . ▶ $

C. Multiply line B by 3.000 and enter here. . . . ▶ $

D. Enter 0.00089 of gross receipts (the amount in section 1). . . . ▶ $

E. Subtract 4.000 from the total DSEs (the figure on line C 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 surcharge. Enter here and on line 2, block 4, space L (page 7)

Syndicated Exclusivity Surcharge. . . . ▶ $

8 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 9 blank.
- If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. 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 9 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.

8

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**

9

Computation of Base Rate Fee and Syndicated Exclusivity Surcharge 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 televison 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.

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

Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals

Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.

Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.

Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.

Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams

Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.

You must report but not assign a DSE value for the retransmission of a multicast stream that 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.

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

SYSTEM ID# 062715

Name

9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

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	**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: $ **693,533.35**

Base Rate Fee First Group: $ **19,533.37**

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: $ **36,076,226.56**

Base Rate Fee Second Group: $ **699,968.99**

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: $ **18,868,040.21**

Base Rate Fee Third Group: $ **100,377.97**

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: $ **28,548,873.19**

Base Rate Fee Fourth Group: $ **453,855.71**

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)

$ **1,321,566.89**

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

SYSTEM ID# 062715

Name

9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: **0.00**

Gross Receipts First Group: $ **111,526,672.41**

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: $ **1,593,104.69**

Base Rate Fee Second Group: $ **16,950.63**

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: $ **152,541.72**

Base Rate Fee Third Group: $ **2,157.70**

EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA: **0**

CALL SIGN	DSE	CALL SIGN	DSE
WNJT	**0.25**		
WNJT NHK World	**0.25**		
WPPT	**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: $ **1,253,847.76**

Base Rate Fee Fourth Group: $ **28,722.52**

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)

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