**U.S. COPYRIGHT OFFICE**
**INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT**
**The SA3E is a U.S. Copyright Office Form**
**Email completed workbook to:**
coplicsoa@loc.gov

***Submitting the form:***

· This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

· When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

## General Instructions

· *Alphabetization:* Alphabetization is NOT required for any spaces.

· *Excel:* The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by

· *Protection:* All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**

the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

## General Data Input tab

· Ensure that the proper accounting period is filled in numerical format (*e.g.,* "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.

· Space A – fill in the accounting period in text form (*e.g.,* for 2017/1, fill-in "January 1 – June 30, 2017")

· Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

· Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January-June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER. free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

· Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

## Gross Receipts tab

**subscriber groups.**

· Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.

· Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to

**Notes tab**

· The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

**Signals tab**

· Enter the call signs, broadcast channel numbers, type of station, location of station, and enter/select what the basis of carriage would be if the station was distant (*e.g.,* "O" "E" or "LAC") (filling in this column will not automatically classify the signal as distant on Space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.

· It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.

· Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E long form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.

· **Detailed instructions are located at the end of the paper SA3 form, located at:**
https://www.copyright.gov/forms/sa3.pdf

**Page 1 – Spaces A-C**

· Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode. **Note that the barcode will only display if the barcode font has been downloaded as described above.**

· Space D will automatically populate with the information for the first community listed on the "Page 1b – Space D(1)" tab.

**Page 1b – Space D**

· All community names, states, channel lineups and subgroup numbers can be manually entered in the highlighted areas.

· Add rows as needed so that all communities are listed in space D.

**Page 2 – Spaces E-F**

· Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.

· Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

**Page 3 – Space G (AA-AW)**

**A** Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

2019/2 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

**B** Owner

**INSTRUCTIONS:**
Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
In line 2, list any other 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. **062716**

BARCODE DAT
Filing Period
062

1 **LEGAL NAME OF OWNER OF CABLE SYSTEM:**
Verizon Virginia LLC

2 **BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):**

3 **MAILING ADDRESS OF OWNER OF CABLE SYSTEM:**
22001 Loudoun County Parkway
(Number, street, rural route, apartment, or suite number)
Ashburn, VA 20147
(City, town, state, zip)

**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 (Richmond, VA) VHO 9

2 **MAILING ADDRESS OF CABLE SYSTEM:**
**3011 Hungary Spring Rd.**
(Number, street, rural route, apartment, or suite number)
**Richmond, VA 23228**
(City, town, state, zip code)

**E** Secondary Transmission Service: Subscribers and Rates

BLOCK 1

| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|---|---|---|
| **Residential:** | | |
| • Service to first set | 114,584 | 25.00 |
| • Service to additional set(s) | | |
| • FM radio (if separate rate) | | |
| **Motel, hotel** | | |
| **Commercial** | 1,361 | 35.00 |
| **Converter** | | |
| • Residential | | |
| • Non-residential | | |

**F** Services Other Than Secondary Transmissions: Rates

BLOCK 1

| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
|---|---|---|---|
| **Continuing Services:** | | **Installation: Non-residential** | |
| • Pay cable | 15.00 | • Motel, hotel | |
| • 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) | 65.00 | **Other services:** | |
| • FM radio (if separate rate) | | • Reconnect | |
| • Converter | | • Disconnect | |
| | | • Outlet relocation | 65.00 |
| | | • Move to new address | |

**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 . . . . . **30**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . **455**

**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 **703-694-5088**

Address **22001 Loudoun County Parkway**
(Number, street, rural route, apartment, or suite number)
**Ashburn, VA 20147**
(City, town, state, zip)

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

**O** Certifcation

**CERTIFICATION** (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)
Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".

Typed or printed name: **Veronica C. Glennon**

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

Date: **February 28, 2020**

**Total Gross Receipts** $ 44,274,094.86

OK

**Subgroup Gross Receipts Total** $ -

| Subgroup | | Subgroup/Community Name | Gross Receipts |
|---|---|---|---|
| FIRST | 1 | | |
| SECOND | 2 | | |
| THIRD | 3 | | |
| FOURTH | 4 | | |
| FIFTH | 5 | | |
| SIXTH | 6 | | |
| SEVENTH | 7 | | |
| EIGHTH | 8 | | |
| NINTH | 9 | | |
| TENTH | 10 | | |
| ELEVENTH | 11 | | |
| TWELVTH | 12 | | |
| THIRTEENTH | 13 | | |
| FOURTEENTH | 14 | | |
| FIFTEENTH | 15 | | |
| SIXTEENTH | 16 | | |
| SEVENTEENTH | 17 | | |
| EIGHTEENTH | 18 | | |
| NINTEENTH | 19 | | |
| TWENTIETH | 20 | | |
| TWENTY-FIRST | 21 | | |
| TWENTY-SECOND | 22 | | |
| TWENTY-THIRD | 23 | | |
| TWENTY-FOURTH | 24 | | |
| TWENTY-FIFTH | 25 | | |
| TWENTY-SIXTH | 26 | | |
| TWENTY-SEVENTH | 27 | | |
| TWENTY-EIGHTH | 28 | | |
| TWENTY-NINTH | 29 | | |
| THIRTIETH | 30 | | |
| THIRTY-FIRST | 31 | | |
| THIRTY-SECOND | 32 | | |
| THIRTY-THIRD | 33 | | |
| THIRTY-FOURTH | 34 | | |
| THIRTY-FIFTH | 35 | | |
| THIRTY-SIXTH | 36 | | |
| THIRTY-SEVENTH | 37 | | |
| THIRTY-EIGHTH | 38 | | |
| THIRTY-NINTH | 39 | | |
| FORTIETH | 40 | | |

| 1. Call Sign | 2. B'cast Channel Number | 3. Type of Station | 6. Location of Station | DSE | Space G Basis of Carriage |
|---|---|---|---|---|---|
| WTVR | 6 | N | Richmond | #N/A | |
| WRIC | 8 | N | Petersburg | #N/A | |
| WRLH-DT2 | 26 | I-M | Richmond | 1.000 | |
| WRLH | 35 | I | Richmond | #N/A | |
| WWBT | 12 | N | Richmond | #N/A | |
| WUPV | 65 | I | Ashland | #N/A | |
| WZTD | 45 | I | Richmond | 1.000 | |
| WCVE | 23 | E | Richmond | #N/A | |
| WCVW | 57 | E | Richmond | #N/A | |
| WTVR-simulcast | 25 | N | Richmond | #N/A | |
| WRIC-simulcast | 22 | N | Petersburg | #N/A | |
| WRLH-simulcast | 26 | I | Richmond | #N/A | |
| WWBT-simulcast | 54 | N | Richmond | #N/A | |
| WUPV-simulcast | 47 | I | Ashland | #N/A | |
| WZTD-simulcast | 45 | I | Richmond | 1.000 | |
| WCVE-simulcast | 42 | E | Richmond | #N/A | |
| WCVW-simulcast | 57 | E | Richmond | 0.250 | |
| WWBT Me TV | 12 | N-M | Richmond | 0.250 | |
| WWBT Escape | 12 | N-M | Richmond | 0.250 | |
| WRIC GetTV | 22 | N-M | Petersburg | 0.250 | |
| WUPV Laff | 47 | I-M | Ashland | 1.000 | |
| WTVR 6 Xtra | 25 | N-M | Richmond | 0.250 | |
| WUPV Bounce TV | 47 | I-M | Ashland | 1.000 | |
| WUPV Grit TV | 47 | I-M | Ashland | 1.000 | |
| WCVE MHz World View | 23 | E-M | Richmond | 0.250 | |
| WCVE Create | 23 | E-M | Richmond | 0.250 | |
| WRLH CometTV | 26 | I -M | Richmond | #N/A | |
| WRLH Charge TV | 26 | I-M | Richmond | 1.000 | |
| WCVE PBS Kids | 23 | E-M | Richmond | 0.250 | |
| WTVR Antenna TV | 25 | N-M | Richmond | 0.250 | |
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FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Verizon Virginia LLC**

**SYSTEM ID#**
**20192**

**Instructions:** Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

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

**SA3E**
**Long Form**

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

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

| FOR COPYRIGHT OFFICE USE ONLY | |
|---|---|
| DATE RECEIVED | AMOUNT |
| 02/26/2020 | $ |
| | 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

## A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

**2019/2**

## B Owner

**Instructions:**
Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
List any other name or names under which the owner conducts the business of the cable system.
***If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.***

☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. **062716**

**LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM**

**Verizon Virginia LLC**

06271620192

**062716 2019/2**

**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 (Richmond, VA) VHO 9**

2 **MAILING ADDRESS OF CABLE SYSTEM:**
**3011 Hungary Spring Rd.**
(Number, street, rural route, apartment, or suite number)
Richmond, VA 23228
(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 |
|---|---|
| **RICHMOND** | **VA** |

**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 Virginia LLC**

**SYSTEM ID#**
**062716**

**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.

| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# |
|---|---|---|---|
| **RICHMOND** | **VA** | **A** | |
| **CHESTERFIELD COUNTY** | **VA** | **A** | |
| **HENRICO COUNTY** | **VA** | **A** | |
| **POWHATAN COUNTY** | **VA** | **A** | |

**First Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC | SYSTEM ID# 062716 |
|---|---|---|

## 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 | 114,584 | $ 25.00 | | | |
| • Service to additional set(s) | | | | | |
| • FM radio (if separate rate) | | | | | |
| **Motel, hotel** | | | | | |
| **Commercial** | 1,361 | $ 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) | $ 65.00 | **Other services:** | | | |
| • FM radio (if separate rate) | | • Reconnect | | | |
| • Converter | | • Disconnect | | | |
| | | • Outlet relocation | $ 65.00 | | |
| | | • Move to new address | | | |

Attachment B - Section F, Other Services

| 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 | 89.99 |
| Installation - Additional Set(s) | 65.00 | 34.99 |
| Outlet Relocation | 65.00 | 69.99 |
| **Block 2** | | |
| Fios Current TV | | 40.00 |
| Fios Current TV for Bar/Restaurant | | 40.00 |
| Custom TV Kids & Pop | 64.99 | 80.00 |
| Custom TV Sports & News | 64.99 | 80.00 |
| Custom TV Action & Entertainment | 64.99 | 80.00 |
| Custom TV News & Variety | 64.99 | 80.00 |
| Custom TV Lifestyle & Reality | 64.99 | 80.00 |
| Custom TV Infotainment & Drama | 64.99 | 80.00 |
| Custom TV Home & Family | 64.99 | 80.00 |
| Fios TV Preferred HD | 74.99 | 90.00 |
| Fios TV Extreme HD | 79.99 | 110.00 |
| Fios TV Ultimate HD | 89.99 | 120.00 |
| Fios TV Extreme for Bar/Rest. | N/A | Varies |
| Fios TV Mundo Total | 79.99 | N/A |
| Fios TV Mundo | 64.99 | N/A |
| Sports Pass | 14.00 | 15.00 |
| Sports Pass (Ultimate 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 |
| EPIX | 15.00 | 15.00 |
| HBO | 15.00 | 15.00 |
| Showtime | 15.00 | 15.00 |
| Starz | N/A | 15.00 |
| Ride TV | N/A | 5.00 |
| Starz/Encore | 15.00 | N/A |
| Spanish Language Package | 16.00 | Varies |
| Music Choice Package | N/A | 34.99 |
| International Premium On Demand | Varies | Varies |
| On Demand Movies and Games | Varies | Varies |
| On Demand Subscriptions | Varies | Varies |
| Pay Per View | Varies | Varies |
| MLB Extra Innings | 199.00 | Varies |
| MLS Direct Kick | 89.00 | Varies |
| NBA League Pass | 210.00 | Varies |
| NHL Center Ice | 188.00 | Varies |
| CableCARD | 4.99 | 4.99 |

Attachment B - Section F, Other Services

| Category of Service | Residential Rate | Commercial Rate |
|---|---|---|
| Digital Adapter | 7.99 | 8.00 |
| Set-Top Box First two boxes | 12.00 | 11.99 |
| Set-Top Box: Boxes 3-5 | 6.00 | 11.99 |
| Set-Top Box: 6+ boxes | No charge | 11.99 |
| Fios Quantum Gateway Router | 12.00 | 9.99 |
| Fios Home Wireless Router | 15.00 | N/A |
| Fios TV Activation Fee | 99.99 | 99.99 |
| DVR Service | 12.00 | 12.00 |
| Multi-room DVR Service | N/A | N/A |
| Multi-room DVR Enhanced Service | 20.00 | N/A |
| Multi-room DVR Premium Service | 30.00 | N/A |
| Agent Assistance Fee | 7.00 | N/A |
| Fios TV Setup w New Outlets | 160.00 | N/A |
| New Outlet Install/Existing Relocation | 65.00 | 69.99 |
| Peak-Time Installation | N/A | 49.99 |
| Tech Visit Charge Subsequent | 100.00 | 99.99 |
| New Outlet Installation Subsequent | 65.00 | 69.99 |
| Existing Outlet Connection Subsequent | 65.00 | 34.99 |
| 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) | 15.00 | 15.00 |
| Set-Top Box Addition (self-install) | N/A | No Charge |
| Set-Top Box Add/Upgrade | 50.00 | N/A |
| Set-Top Box Retrieval Fee | 99.00 | 99.99 |
| TV Equipment Upgrade | 50.00 | N/A |
| TV Equipment Tech Install | 100.00 | N/A |
| Seasonal Service Suspenstion | 50.00 | N/A |
| Fios TV Suspend for non payment | 50.00 | 29.99 |
| Fios TV One Voice Remote | 24.99 | N/A |
| Fios Replacement Remote | 15.00 | 14.99 |
| Unreturned/Damaged FIOS Quantum Rout | 124.00 | 100.00 |
| Unreturned/Damaged Wireless Router | 175.00 | N/A |
| 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 | 120.00 | N/A |
| Unreturned/Damaged STB Fios Svc Unit | 210.00 | 210.00 |
| Unreturned/Damaged STB HD | 190.00 | 190.00 |
| Unreturned/Damaged STB SD DVR | 330.00 | N/A |
| Unreturned/Damaged STB HD DVR | 260.00 | 260.00 |
| Unreturned/Damaged STB Media Server | 375.00 | N/A |

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

**SYSTEM ID# 062716**

**Name**

**PRIMARY TRANSMITTERS: TELEVISION**

**G**

**Primary Transmitters: Television**

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

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

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

**CHANNEL LINE-UP A**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
|---|---|---|---|---|---|
| WTVR | 6 | N | No | | Richmond |
| WRIC | 8 | N | No | | Petersburg |
| WRLH-DT2 | 26 | I-M | No | | Richmond |
| WRLH | 35 | I | No | | Richmond |
| WWBT | 12 | N | No | | Richmond |
| WUPV | 65 | I | No | | Ashland |
| WZTD | 45 | I | No | | Richmond |
| WCVE | 23 | E | No | | Richmond |
| WCVW | 57 | E | No | | Richmond |
| WTVR-simulcast | 25 | N | No | | Richmond |
| WRIC-simulcast | 22 | N | No | | Petersburg |
| WRLH-simulcast | 26 | I | No | | Richmond |
| WWBT-simulcast | 54 | N | No | | Richmond |
| WUPV-simulcast | 47 | I | No | | Ashland |
| WZTD-simulcast | 45 | I | No | | Richmond |
| WCVE-simulcast | 42 | E | No | | Richmond |
| WCVW-simulcast | 57 | E | No | | Richmond |
| WWBT Me TV | 12 | N-M | No | | Richmond |

See instructions for additional information on alphabetization.

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

**SYSTEM ID# 062716**

**Name**

**PRIMARY TRANSMITTERS: TELEVISION**

**G**

**Primary Transmitters: Television**

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

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

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

**CHANNEL LINE-UP A**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
|---|---|---|---|---|---|
| WWBT Escape | 12 | N-M | No | | Richmond |
| WRIC GetTV | 22 | N-M | No | | Petersburg |
| WUPV Laff | 47 | I-M | No | | Ashland |
| WTVR 6 Xtra | 25 | N-M | No | | Richmond |
| WUPV Bounce TV | 47 | I-M | No | | Ashland |
| WUPV Grit TV | 47 | I-M | No | | Ashland |
| WCVE MHz Worlc | 23 | E-M | No | | Richmond |
| WCVE Create | 23 | E-M | No | | Richmond |
| WRLH CometTV | 26 | I -M | No | | Richmond |
| WRLH Charge TV | 26 | I-M | No | | Richmond |
| WCVE PBS Kids | 23 | E-M | No | | Richmond |
| WTVR Antenna T | 25 | N-M | No | | Richmond |
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See instructions for additional information on alphabetization.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC | SYSTEM ID# 062716 |
|---|---|---|

# 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 Virginia LLC**

**SYSTEM ID#**
**062716**

**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 | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC | SYSTEM ID# 062716 |
|---|---|---|

**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 | | | | | DATE | HOURS | | |
| | | FROM | | TO | | | | FROM | | TO |
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LEGAL NAME OF OWNER OF CABLE SYSTEM: **Verizon Virginia LLC**

**SYSTEM ID# 062716**

**Name**

## 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. ..... **$ 44,274,094.86** (Amount of gross receipts)

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

**K**
**Gross Receipts**

## COPYRIGHT ROYALTY FEE

**Instructions**: Use the blocks in this space L to determine the royalty fee you owe:

- Complete block 1, showing your minimum fee.
- Complete block 2, showing whether your system carried any distant television stations.
- If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.
- If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.

▶ If part 8 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.

**L**
**Copyright Royalty Fee**

**Block 1**

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

Line 1. Enter the amount of gross receipts from space K — **$ 44,274,094.86**

Line 2. Multiply the amount in line 1 by 0.01064
Enter the result here.
This is your minimum fee. — **$ 471,076.37**

**Block 2**

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

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

☐ Yes—Complete the DSE schedule. ☒ No—Leave block 3 below blank and complete line 1, block 4.

**Block 3**

Line 1. **BASE RATE FEE:** Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero — **$ -**

Line 2. **3.75 Fee:** Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero — **0.00**

Line 3. Add lines 1 and 2 and enter here — **$ -**

**Block 4**

Line 1. **BASE RATE FEE/3.75 FEE or MINIMUM FEE:** Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger — **$ 471,076.37**

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 . . . . . — **$ 471,801.37**

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 additional fees. Division for the appropriate form for submitting the additional fees.**

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC | SYSTEM ID# 062716 |
|---|---|---|

**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 . . . . . **30**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . **455**

**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 **703-694-5088**

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

**Ashburn, VA 20147**
(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/ Veronica C. Glennon**

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: **Veronica C. Glennon**

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

Date: February 28, 2020

**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 Virginia LLC**

**SYSTEM ID#**
**062716**

**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.

**CONTROL #:** **REMITTANCE #:** 120033

# *Cable Worksheet*

| $471,801.37 | 1 | |
|---|---|---|
| **Total amount of remittance** | **Number of SAs rec'd** | **Initia** |

02/27/20

**Date of remittance** ☐ Check ☑ EFT ☑ FILING FEES

| **Cable ID #** | **62716** | | | **Amount** |
|---|---|---|---|---|
| **Examined by** | **Reviewed by** | **Date examination completed** | **Allocation number** | |
| jrm | | 05/21/20 | 1022758 | $471,801.37 |

| | | |
|---|---|---|
| **Space A Accounting Period** | | |
| | ☐ January 1 - June 30, 20__ | ☐ July 1 - December 31, 20__ |
| | ☐ Letter sent | ☐ Information received |
| | ☐ Accepted | ☐ Phone call/Date/Contact |
| **Space B Owner** | | |
| | ☐ Letter sent | ☐ Information received |
| | ☐ Accepted | ☐ Phone call/Date/Contact |
| **Space D Area Served** | | |
| | ☐ Letter sent | ☐ Information received |
| | ☐ Accepted | ☐ Phone call/Date/Contact |
| **Space E Secondary Transission Service Subscribers: and Rates** | | |
| | ☐ Letter sent | ☐ Information received |
| | ☐ Accepted | ☐ Phone call/Date/Contact |
| **Space G Primary Transmitters: Television** | | |
| | ☐ Letter sent | ☐ Information received |
| | ☐ Accepted | ☐ Phone call/Date/Contact |
| **Space H Primary Transmitters: Radio** | | |
| | ☐ Accepted | ☐ Phone call/Date/Contact |

| | | |
|---|---|---|
| | | **Space I Substitute Carriage** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space J Part-time Carriage Lo (SA3 only)** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space K Gross Recei** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space L Copyright F Royalty Fee** |
| ☐ Royalty Fee should be | ☐ Refund request to fiscal | |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phoe call/Date/Contact | |
| | | **Space M Channels** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space O Certificatio** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space P Statement Gross Recei** |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | **Space Q Interest Assessment** |
| ☐ Letter sent | ☐ Info/add'l fee received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |