

COPY

**IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD,
CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.**

**SA3
Long Form**


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

General Instructions are at the
end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION AUG 28 2006 RECEIVED	\$:
	ALLOCATION NUMBER

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-6150

[For courier deliveries,
see page (i) of the general
instructions]

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2006																																										
B Owner	<p>INSTRUCTIONS: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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.</p> <p>LEGAL NAME OF OWNER MAILING ADDRESS OF CABLE SYSTEM: 020679</p> <p>Comcast of California III, Inc. (San Francisco Metroplex, CA)</p> <div style="text-align: right;">  020679 2006/1 </div> <p>1500 Market Street Philadelphia, PA 19102</p>																																										
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2">MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> <small>(City, Town, State, ZIP Code)</small></td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM:		2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> <small>(City, Town, State, ZIP Code)</small>																																			
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D Area Served	<p>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(mm). The first community that you list will serve as a form of system identification hereafter known as the "First Community." <i>Please use it as the First Community on all future filings.</i> Note: Entities and properties such as hotels, apartments, condominiums or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td>San Francisco</td> <td>CA</td> <td>Contra Costa County</td> <td>CA</td> </tr> <tr> <td>Alameda</td> <td>CA</td> <td>Cupertino</td> <td>CA</td> </tr> <tr> <td>Alameda NAS</td> <td>CA</td> <td>Danville</td> <td>CA</td> </tr> <tr> <td>Campbell</td> <td>CA</td> <td>Dublin</td> <td>CA</td> </tr> <tr> <td>Castro Valley</td> <td>CA</td> <td>Emeryville</td> <td>CA</td> </tr> <tr> <td>Clayton</td> <td>CA</td> <td>Fremont</td> <td>CA</td> </tr> <tr> <td>Clyde</td> <td>CA</td> <td>Hayward</td> <td>CA</td> </tr> <tr> <td>Colma</td> <td>CA</td> <td>Lafayette</td> <td>CA</td> </tr> <tr> <td>Concord NWS</td> <td>CA</td> <td>MORE AREAS SERVED LISTED</td> <td></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	San Francisco	CA	Contra Costa County	CA	Alameda	CA	Cupertino	CA	Alameda NAS	CA	Danville	CA	Campbell	CA	Dublin	CA	Castro Valley	CA	Emeryville	CA	Clayton	CA	Fremont	CA	Clyde	CA	Hayward	CA	Colma	CA	Lafayette	CA	Concord NWS	CA	MORE AREAS SERVED LISTED	
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Concord NWS	CA	MORE AREAS SERVED LISTED																																									

NOTICE: This form has been electronically photo-reproduced by GRALIN associates, inc

PAGE 1 - 1 ADDITIONAL COMMUNITIES SERVED (continued from page 1 part D)

Lauridale	CA
Livermore	CA
Los Altos	CA
Los Gatos	CA
Martinez/Pleasant Hill/Moraga	CA
Milpitas	CA
Monte Sereno	CA
Moraga	CA
Mountain View	CA
Newark	CA
Oakland	CA
Orinda	CA
Piedmont	CA
Pleasanton	CA
San Jose	CA
San Leandro	CA
San Lorenzo	CA
San Ramon	CA
Santa Clara	CA
Santa Clara County	CA
Saratoga	CA
South San Francisco	CA
Sunnyvale	CA
The Presidio	CA
Treasure Island NAS	CA
Walnut Creek	CA

LEGAL NAME OF OWNER OF CABLE SYSTEM Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679	Name
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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: "\$8/month"). 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, lists of services which 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.

E

Secondary
transmission
Service
Subscribers
and Rates

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	853,034	10.53-20.99			
• Service to First Set					
• Service to Additional Set(s)					
• FM Radio (if separate rate)					
Motel, Hotel					
Commercial					
Converter					
• Residential					
• Non-Residential					

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; and (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.

F

Services
Other Than
Secondary
Transmissions
Rates

BLOCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:	15.99-16.99	Installation: Non-Residential	Expanded Basic 26.86-37.80
• Pay Cable		• 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		• Burglar Protection	
• Additional Set(s)		Other Services:	
• FM Radio (if separate rate)		• Reconnect	
• Converter		• Disconnect	
		• Outlet Relocation	
		• Move to New Address	

Name:	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
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G
Primary Transmitter: Television

INSTRUCTIONS:
General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except: (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981 permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4) or 76.63 (referring to 76.61(e)(2) and (4))), and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:
 • Do not list the station here in space G—but do list it in space I (the Special Statement 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 (iv) of the General Instructions.
Column 1: List each station's call sign. ~~Do not record additional program services such as HBO, ESPN, and~~
Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. 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), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions.
Column 4: If the station is "distant" enter "Yes." If not, enter "No." For explanation of what a "distant station" is, see page (iv) of the General Instructions.
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. If you carried the channel on any other basis, enter "O." For a further explanation of these two categories, see page (iv) of the General Instructions.
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. BICAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (if Distant)	6. LOCATION OF STATION
KBHK	44	I	No		San Jose, CA
KBWB	20	I	No		San Francisco, CA
KCNS	38	I	No		San Francisco, CA
KCRA	3	N	No		Sacramento (Local-seen only in Pleasant
KCSM	60	E	No		San Mateo, CA
KDTV	14	I	No		San Francisco, CA
KFSF	66	I	No		Vallejo, CA
KGO	7	N	No		San Francisco, CA
KGO-DT	24	N	No		San Francisco, CA
KICU	36	I	No		San Jose, CA
KKPX	65	I	No		San Jose, CA
KMTP	32	E	No		San Francisco, CA
KNTV	11	N	No		San Jose, CA
KNTV-DT	12	N	No		San Jose, CA
KPIX	5	N	No		San Francisco, CA
KPIX-DT	29	N	No		San Francisco, CA
KQED	9	E	No		San Francisco, CA
KQED-DT	30	E	No		San Francisco, CA
KRCB	22	I	No		Rohnert Park, CA
KRON	4	N	No		San Francisco, CA
KRON-DT	57	N	No		San Francisco, CA

PAGE 3 - 1 ADDITIONAL PRIMARY TRANSMITTERS: TELEVISION (continued from page 3 part G)

KSBW	8	N	No	Salinas, CA (Local-seen only in San Jose)
KSTS	48	I	No	San Jose, CA
KTEH	54	E	No	San Jose, CA
KTLN	68	I	No	Novato, CA
KTNC	42	I	No	Concord, CA
KTSF	26	I	No	San Francisco, CA
KTVU	2	I	No	Oakland, CA
KTVU-DT	56	I	No	Oakland, CA
WGN	9	I	Yes	O Chicago, IL

Name:	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
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K	Gross Receipts	<p>GROSS RECEIPTS</p> <p>Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission service" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (VI) of the General Instructions.</p> <p>Gross receipts from subscribers for secondary transmission service(s) during the accounting period: 75,529,251.63</p> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<div style="border: 1px solid black; padding: 2px;"> 75,529,251.63 <small>(Amount of gross receipts)</small> </div>
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L	Copyright Royalty Fee	<p>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE</p> <p>Use the blocks in this space L to determine the royalty fee you owe:</p> <ul style="list-style-type: none"> * 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. <p>▶ 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.</p> <p>▶ 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.</p> <p>▶ If part 7 of part 9, Block B, of the DSE Schedule was completed, the surcharge amount should be entered on line 2 in Block 4 below.</p>
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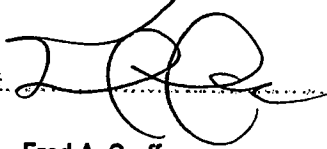
Block 1	<p>MINIMUM FEE: All cable systems with semiannual "gross receipts" of \$527,600 or more are required to pay at least the Minimum Fee, regardless of whether they carried any distant stations. This fee is 1.013 percent of the system's "gross receipts" for the accounting period.</p> <p>Line 1. Enter the amount of "gross receipts" from space K. 75,529,251.63</p> <p>Line 2. Multiply the amount in line 1 by .01013</p> <p>Enter the result here.</p> <p>This is your Minimum Fee: 765,111.32</p>	<div style="border: 1px solid black; padding: 2px;"> 765,111.32 </div>
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Block 2	<p>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.</p> <p>Did your cable system carry any distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete the DSE Schedule. <input type="checkbox"/> No—Leave Block 3 below blank and complete line 1, block 4.</p>
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Block 3	<p>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. 765,111.32</p> <p>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</p> <p>Line 3. Add lines 1 and 2 and enter here. 765,111.32</p>	<div style="border: 1px solid black; padding: 2px;"> 765,111.32 </div>
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Block 4	<p>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. 765,111.32</p> <p>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</p> <p>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet). 0.00</p> <p>TOTAL ROYALTY FEE: Add Lines 1, 2 and 3 of Block 4 and enter total here. 765,111.32</p>	<div style="border: 1px solid black; padding: 2px;"> 765,111.32 </div>
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Remit this amount via **electronic payment**, or in the form of a **certified check, cashier's check, or money order**, payable to *Register of Copyrights*. Do not send cash. We recommend electronic payments.

<p>LEGAL NAME OF OWNER OF CABLE SYSTEM Comcast of California III, Inc. (San Francisco Metroplex, CA)</p>	<p>SYSTEM ID# 020679</p>	<p>Name</p>
<p>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.</p>		<p>M Channels</p>
<p>1. Enter the total number of channels on which the cable system carried television broadcast stations:</p>	<p>30</p>	
<p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services:</p>	<p>306</p>	
<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)</p>		<p>N Contact</p>
<p>Name: Jamila Baldwin - Comcast Cable Communications</p>	<p>Telephone: 215-981-8527</p>	
<p>Address: 1500 Market Street</p>		
<p>Philadelphia, PA 19102</p>		
<p>Email (optional):</p>	<p>Fax (optional):</p>	
<p>CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)</p> <p>I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <p>I have examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001 (1986)]</p>		<p>O Certification</p>
	<p>Handwritten signature: </p>	
<p>Typed or printed name: Fred A. Graffam</p>	<p>Title: Senior Vice President, Finance, West Division</p>	
<p>Date: 8/2/06</p>	<p>(Title of official position held in corporation or partnership)</p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
P Statement of Gross Receipts	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(c)(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."</p> <p>For more information on when to exclude these amounts, see the note on page (vi) of the General Instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here _____ and list the satellite carrier(s) below.</p>	
	Name _____ Mailing Address _____	Name _____ Mailing Address _____
	Name _____ Mailing Address _____	Name _____ Mailing Address _____

Q Interest Assessment	<p>WORKSHEET FOR COMPUTING INTEREST</p> <p>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 (vi) General Instructions.</p> <p>Line 1 Enter the amount of late payment or underpayment _____ \$ _____</p> <p style="text-align: right;">X _____ %</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____</p> <p style="text-align: right;">X _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____</p> <p style="text-align: right;">* .00274</p> <p>Line 4 Multiply line 3 by .00274** enter here and on line 3, Block 4, space L, (page 7) _____ \$ _____</p> <p style="text-align: right;">(interest charge)</p> <p>* Contact the Licensing Division at (202) 707-8150 (8:30 a.m. - 5:00 p.m. eastern time, Monday - Friday except federal holidays) for the interest rate for the accounting period in which the late payment or underpayment occurred.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a Statement of Account already submitted to the Copyright Office, please list below the Owner, Address, First Community Served, and Accounting Period as given in the original filing.</p> <p>Owner _____</p> <p>Address _____</p> <p>First Community Served _____</p> <p>Accounting Period _____</p>
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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 8 or from part 5, whichever is applicable.

- First DSE: 1.013% of "gross receipts"
- Each of the second, third, and fourth DSEs: .668% of "gross receipts"
- The fifth and each additional DSE: .314% 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:

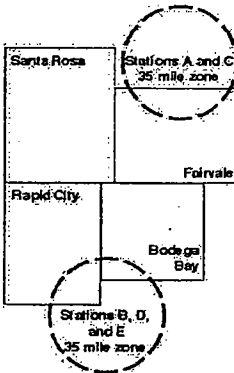
- * When the fourth decimal point is 1, 2, 3, or 4 the third decimal remains unchanged (example: .34547 is rounded to .345).
- * When the fourth decimal point is 5, 6, 7, 8, or 9 the third decimal is rounded up (example: .34551 is rounded to .347).

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		"GROSS RECEIPTS" FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00
B (independent)	1.0	Santa Rosa	Stations A and C	100,000.00
C (part-time)	.083	Rapid City	Stations A and C	70,000.00
D (part-time)	.139	Bodega Bay	Stations A and C	120,000.00
E (network)	.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 .01013
	\$6,078.00

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 \$6,188.52	Base Rate Fee \$1,816.36	Base Rate Fee \$1,527.43
\$310,000 x .01013 x 1.0 = 3,140.30	\$170,000 x .01013 x 1.0 = 1,722.10	\$120,000 x .01013 x 1.0 = 1,215.60
\$310,000 x .00668 x 1.472 = 3,048.22	\$170,000 x .00668 x .083 = 94.26	\$120,000 x .00668 x .389 = 311.83
Base Rate Fee \$6,188.52	Base Rate Fee \$1,816.36	Base Rate Fee \$1,527.43

Total Base Rate Fee: \$6,188.52 + \$1,816.36 + \$1,527.43 = \$9,532.31.
In this example, the cable system would enter \$9,532.31 in space L, Block 3, line 1, (page 7).

1 Owner	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
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".	
CATEGORY "O" STATIONS: DSEs		
CALL SIGN	DSE	CALL SIGN
WGN	1.00	
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.		
		1.00

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
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6
Computation of 3.75 Fee

INSTRUCTIONS: Block A must be completed.
 In block A:
 • If you answer if "Yes," leave the remainder of part 6 and part 7 of this DSE Schedule blank and complete part 8, (page 16) of the Schedule.
 • If you 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 parts 2, 3, and 4 of this Schedule that your system was "permitted" to carry under FCC rules and regulations prior to June 25, 1981. (Note: For further explanation of "permitted station" see Instructions for the DSE Schedule.)

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)(2), 76.63(a) referring to 76.61(b)(3)).
 B Specialty Station as defined in 76.5(k), (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)).
 C Noncommercial Educational Station (76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)).
 D Grandfathered Station (76.65) (see paragraph regarding Substitution of Grandfathered Stations in the Instructions for DSE Schedule).
 E Carried pursuant to individual waiver of FCC rules (76.7).
 F A station previously carried on a part-time or substitute basis prior to June 25, 1981.
 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)).

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
WGN	A	1.00						

* SUM OF PERMITTED DSEs—add the DSEs of each station 1.00

BLOCK C: COMPUTATION OF 3.75 FEE

Do any of these DSEs represent partially permitted or partially non-permitted carriage? If yes, see instructions on inside cover of this SA.

Line 1: Enter the total number of DSEs from part 5 of this Schedule.	1.00
Line 2: Enter the "SUM OF PERMITTED DSEs" from block B above.	1.00
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4-7 blank, and proceed to part 7 of this Schedule)	0.00
Line 4: Enter "Gross Receipts" from space K (page 7).	\$ 0.00
Line 5: Multiply line 4 by .0375 and enter sum here.	\$ 0.00
Line 6: Enter total number of DSEs from line 3.	0.00
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7).	\$ 0.00

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
7 Computation of the Syndicated Exclusivity Surcharge	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
	Section 1	Enter the amount of "Gross Receipts" from space K (page 7) \$ 75,529,251.63
	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* subjected 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 defined by the FCC? <input checked="" type="checkbox"/> Yes--Complete section 3 below. <input type="checkbox"/> No--Complete section 4 below.		
SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	<p>• Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes--Complete part 9 of this Schedule. <input checked="" type="checkbox"/> No--Complete the applicable section below.</p> <p>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" x .00599 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____</p> <p>C. Subtract 1,000 from total permitted DSEs* (the figure on line C in section 2) and enter here _____</p> <p>D. Multiply line B by line C and enter here _____</p> <p>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</p>	
Section 3b	<p>If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank.</p> <p>A. Enter .00599 of "gross receipts" (the amount in section 1) \$ _____</p> <p>B. Enter .00377 of "gross receipts" (the amount in section 1) \$ _____</p> <p>C. Multiply line B by 3,000 and enter here \$ _____</p> <p>D. Enter .00178 of "gross receipts" (the amount in section 1) \$ _____</p> <p>E. Subtract 4,000 from total DSEs (the figure on line C in section 2) and enter here _____</p> <p>F. Multiply line D by line E and enter here \$ _____</p> <p>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</p>	
SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	<p>Did your cable system retransmit the signals of any partially-distant television stations during the accounting period? <input type="checkbox"/> Yes--Complete part 9 of the Schedule. <input checked="" type="checkbox"/> No--Complete the following sections.</p> <p>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" x .003 x the DSE. Enter the result on line A below.</p> <p>A. Enter .00300 of "gross receipts" (the amount in section 1) \$ _____</p> <p>B. Enter .00189 of "gross receipts" (the amount in section 1) \$ _____</p> <p>C. Subtract 1,000 from total permitted DSEs (the figure on line C in section 2) and enter here _____</p> <p>D. Multiply line B by line C and enter here \$ _____</p> <p>E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) \$ Syndicated Exclusivity Surcharge</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679	Name
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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 .00300 of "gross receipts" (the amount in section 1) \$ _____

B. Enter .00189 of "gross receipts" (the amount in section 1) \$ _____

C. Multiply line B by 3,000 and enter here \$ _____

D. Enter .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 \$ _____

7

Computation of the Syndicated Exclusivity Surcharge

INSTRUCTIONS:
You must complete this part of the DSE Schedule for the SUM OF PERMITTED DSEs in Part 5, 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 the "Distant Station" section on page (iv) of the General Instructions.

8

Computation of Base Rate Fee

BLOCK A: CARRIAGE OF PARTIALLY-DISTANT STATIONS

• 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 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) \$ 75,529,251.63
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.) 1.00
Section 3	<p>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" x .01013 x the DSE. Enter the result on line A below.</p> <p>A. Enter .01013 of "gross receipts" (the amount in section 1) \$ 765,111.32</p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) \$ 504,535.40</p> <p>C. Subtract 1,000 from total DSEs (the figure in section 2) and enter here 0.00</p> <p>D. Multiply line B by line C and enter here \$ 0.00</p> <p>E. Add lines A, and D. This is your Base Rate Fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee \$ 765,111.32</p>

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM Comcast of California III, Inc. (San Francisco Metroplex, CA)		SYSTEM ID# 020679
8	Section 4	<p>If the figure in section 2 is more than 4,000, compute your Base Rate Fee here and leave section 3 blank.</p> <p>A. Enter .01013 of "gross receipts" (the amount in section 1) \$ <u>0.00</u></p> <p>B. Enter .00668 of "gross receipts" (the amount in section 1) \$ <u>0.00</u></p> <p>C. Multiply line B by 3.000 and enter here: \$ <u>0.00</u></p> <p>D. Enter .00314 of "gross receipts" (the amount in section 1) \$ <u>0.00</u></p> <p>E. Subtract 4,000 from total DSEs (the figure in section 2) and enter here: \$ <u>0.00</u></p> <p>F. Multiply line D by line E and enter here: \$ <u>0.00</u></p> <p>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): \$ <u>0.00</u></p> <p style="text-align: left;">Base Rate Fee</p>	
Computation of Base Rate Fee			
9	<p>In General: If any of the stations you carried was "partially distant," the statute allows you, in computing your Base Rate Fee, to exclude receipts from subscribers located within the station's local service area from your system's total "gross receipts." To take advantage of this exclusion, you must</p> <p style="padding-left: 20px;">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.</p> <p style="padding-left: 20px;">Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's "gross receipts" attributable to that group, and calculate a separate Base Rate Fee for each group.</p> <p style="padding-left: 20px;">Finally: Add up the separate Base Rate Fees for each subscriber group. That total is the Base Rate Fee for your system.</p> <p>Important: If any portion of your cable system is located within the top 100 television market and the station is not exempt, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group</p> <p style="padding-left: 20px;">Step 1: Determine the local service area of each wholly-distant and each partially-distant station you carried.</p> <p style="padding-left: 20px;">Step 2: For each wholly-distant and each partially-distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is "distant" to that station (and, by the same token, the station is "distant" to the subscriber.)</p> <p style="padding-left: 20px;">Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are "distant." Each subscriber group must consist entirely of subscribers who are "distant" to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p style="padding-left: 20px;">Computing the Base Rate Fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> * Identify the communities/areas represented by each subscriber group. * Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is "distant" to all of the subscribers in the group. * If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this Schedule, or 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this Schedule. * Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. * Calculate "gross receipts" for the subscriber group. For further explanation of "gross receipts" see page (vi) of the General Instructions. * 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. 		
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of California III, Inc. (San Francisco Metroplex, CA)	SYSTEM ID# 020679
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially-Distant Stations	<p>If your cable system is located within a top 100 television market and the station is not exempt, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"><input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market</p> <p>INSTRUCTIONS:</p> <p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this Schedule.</p> <p>Step 2: In line 2 give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as "Exempt DSEs" in block C, part 7 of this Schedule. If none enter zero.</p> <p>Step 3: In line 3 subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Schedule. In making this computation use "Gross Receipts" figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	Line 1: Enter the VHF DSEs Line 2: Enter the "Exempt DSEs" Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE \$	Line 1: Enter the VHF DSEs Line 2: Enter the "Exempt DSEs" Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE 1st Group \$
	Line 1: Enter the VHF DSEs Line 2: Enter the "Exempt DSEs" Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE 2nd Group \$	Line 1: Enter the VHF DSEs Line 2: Enter the "Exempt DSEs" Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE 3rd Group \$
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$	