

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.

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DATE RECEIVED	AMOUNT
8/22/2025	\$
	ALLOCATION NUMBER

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A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																							
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 001240																							
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Boston, Inc. See Attached</p> <p style="text-align: right;">00124020251 001240 2025/1</p> <p>One Comcast Center Philadelphia, PA 19103</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>																							
	1	IDENTIFICATION OF CABLE SYSTEM:																						
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>Boston</td> <td>MA</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	Boston	MA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
Boston	MA																							
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Alda	MD	A	1																					
Alliance	MD	B	2																					
Gering	MD	B	3																					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		
<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(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>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).</p> <p>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.</p>				<p>D Area Served</p>
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Boston	MA	AA	1	
Abington	MA	AS	1	
Acton	MA	AJ	3	
Acton	ME	AF	2	
Acushnet	MA	AQ	1	
Allenstown	NH	AL	1	
Amesbury	MA	AH	3	
Amherst	NH	AM	1	
Andover	MA	AB	1	
Antrim	NH	AL	1	
Aquinah	MA	AS	6	
Arlington	MA	AA	1	
Ashburnham	MA	AJ	3	
Ashby	MA	AJ	3	
Ashland	MA	AC	1	
Atkinson	NH	AM	1	
Attleboro	MA	AE	1	
Auburn	NH	AL	1	
Avon	MA	AG	1	
Ayer	MA	AJ	3	
Barnstable	MA	AN	4	
Bath	ME	AI	2	
Bedford	MA	AJ	3	
Bedford	NH	AL	1	
Bellingham	MA	AG	1	
Belmont	MA	AA	1	
Belmont	NH	AL	1	
Bennington	NH	AM	1	
Berkley	MA	AQ	1	
Berwick	ME	AF	2	
Beverly	MA	AB	1	
Billerica	MA	AA	1	
Blackstone	MA	AG	1	
Bolton	MA	AJ	3	
Boscawen	NH	AL	1	
Bourne	MA	AS	1	
Bow	NH	AL	1	
Bowdoin	ME	AI	2	
Bowdoinham	ME	AI	2	
Boxborough	MA	AJ	3	
Boxford	MA	AB	1	
Braintree	MA	AC	1	

**First
Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

Brentwood	NH	AD	1
Brewster	MA	AN	4
Bridgewater	MA	AG	1
Brockton	MA	AG	1
Brookline	MA	AA	1
Brunswick	ME	AI	2
Burlington	MA	AA	1
Cambridge	MA	AA	1
Candia	NH	AL	1
Canterbury	NH	AL	1
Canton	MA	AG	1
Carlisle	MA	AJ	3
Carver	MA	AS	1
Chatham	MA	AN	4
Chelmsford	MA	AB	1
Chelsea	MA	AC	1
Chester	NH	AM	1
Chichester	NH	AL	1
Chilmark	MA	AS	6
Clinton	MA	AJ	3
Cohasset	MA	AC	1
Concord	MA	AJ	3
Concord	NH	AL	1
Danvers	MA	AB	1
Danville	NH	AM	1
Dartmouth	MA	AQ	1
Dedham	MA	AC	1
Deering	NH	AL	1
Dennis	MA	AN	4
Derry	NH	AL	1
Dighton	MA	AE	1
Dover	MA	AG	1
Dover	NH	AD	1
Dracut	MA	AA	1
Durham	ME	AI	2
Durham	NH	AD	1
Duxbury	MA	AS	1
East Bridgewater	MA	AG	1
East Kingston	NH	AD	1
Eastham	MA	AN	4
Easton	MA	AK	1
Edgar Town	MA	AS	6
Eliot	ME	AF	2
Epping	NH	AD	1
Epsom	NH	AL	1
Essex	MA	AP	1
Everett	MA	AC	1
Exeter	NH	AD	1
Fairhaven	MA	AQ	1
Fall River	MA	AO	1
Falmouth	MA	AS	1
Farmington	NH	AD	1
Fitchburg	MA	AJ	3
Foxborough	MA	AG	1
Framingham	MA	AJ	1
Fracestown	NH	AM	1
Franklin	MA	AG	1
Franklin	NH	AL	1
Freeport	ME	AI	2
Freetown	MA	AQ	1
Fremont	NH	AD	1

Ft Devens	MA	AJ	3
Gardner	MA	AJ	3
Georgetown	MA	AB	1
Gilford	NH	AL	1
Gloucester	MA	AP	1
Goffstown	NH	AL	1
Greenland	NH	AD	1
Greenville	NH	AM	1
Groveland	MA	AB	1
Halifax	MA	AS	1
Hamilton	MA	AB	1
Hampstead	NH	AL	1
Hampton	NH	AD	1
Hampton Falls	NH	AD	1
Hancock	NH	AM	1
Hanover	MA	AC	1
Hanscom AFB	MA	AJ	3
Hanson	MA	AG	1
Harpswell	ME	AI	2
Harwich	MA	AN	4
Haverhill	MA	AB	1
Henniker	NH	AL	1
Hillsborough	NH	AL	1
Hingham	MA	AC	1
Holbrook	MA	AG	1
Holliston	MA	AC	1
Hooksett	NH	AL	1
Hopedale	MA	AG	1
Hopkinton	MA	AC	1
Hopkinton	NH	AL	1
Hudson	MA	AJ	1
Hudson	NH	AM	1
Hull	MA	AC	1
Ipswich	MA	AA	1
Jaffrey	NH	AM	1
Kensington	NH	AD	1
Kingston	MA	AS	1
Kingston	NH	AM	1
Kittery	ME	AF	2
Laconia	NH	AL	1
Lakeville	MA	AR	1
Lancaster	MA	AJ	3
Lawrence	MA	AB	1
Lebanon	ME	AF	2
Lee	NH	AD	1
Leominster	MA	AJ	3
Lexington	MA	AJ	3
Lincoln	MA	AJ	1
Litchfield	NH	AM	1
Littleton	MA	AJ	3
Londonderry	NH	AM	1
Loudon	NH	AL	1
Lowell	MA	AB	1
Lunenburg	MA	AJ	3
Lyndeborough	NH	AM	1
Lynn	MA	AC	1
Lynnfield	MA	AA	1
Madbury	NH	AD	1
Malden	MA	AC	1
Manchester	NH	AL	1
Manchester-By-The-Sea	MA	AP	1

Mansfield	MA	AE	1
Marblehead	MA	AB	1
Marion	MA	AR	1
Marlborough	MA	AC	1
Marshfield	MA	AS	1
Mashpee	MA	AN	5
Mattapoissett	MA	AR	1
Maynard	MA	AJ	3
Medfield	MA	AG	1
Medford	MA	AC	1
Medway	MA	AG	1
Melrose	MA	AC	1
Mendon	MA	AG	1
Merrimac	MA	AH	3
Merrimack	NH	AM	1
Methuen	MA	AB	1
Middleborough	MA	AR	1
Middleton	MA	AB	1
Milford	MA	AG	1
Milford	NH	AM	1
Millis	MA	AG	1
Milton	MA	AC	1
Milton	NH	AD	1
Mt Vernon	NH	AM	1
Nahant	MA	AA	1
Nantucket Island	MA	AN	4
Nashua	NH	AL	1
Natick	MA	AC	1
Needham	MA	AC	1
New Bedford	MA	AQ	1
New Boston	NH	AM	1
New Castle	NH	AD	1
New Durham	NH	AD	1
New Ipswich	NH	AM	1
Newbury	MA	AA	1
Newburyport	MA	AA	3
Newfields	NH	AD	1
Newington	NH	AD	1
Newmarket	NH	AD	1
Newton	MA	AC	1
Newton	NH	AM	1
Norfolk	MA	AG	1
North Andover	MA	AB	1
North Attleborough	MA	AE	1
North Hampton	NH	AD	1
North Reading	MA	AB	1
Northfield	NH	AL	1
Norton	MA	AE	1
Norwell	MA	AC	1
Norwood	MA	AG	1
Nottingham	NH	AD	1
Oak Bluffs	MA	AS	6
Orleans	MA	AN	4
Otis AFB	MA	AS	1
Peabody	MA	AA	1
Pelham	NH	AM	1
Pembroke	MA	AS	1
Pembroke	NH	AL	1
Peterborough	NH	AM	1
Phillipston	MA	AJ	3
Phippsburg	ME	AI	2

Plainville	MA	AG	1
Plaistow	NH	AL	1
Plymouth	MA	AS	1
Plympton	MA	AS	1
Portsmouth	NH	AD	1
Provincetown	MA	AN	3
Quincy	MA	AC	1
Randolph	MA	AC	1
Raymond	NH	AD	1
Raynham	MA	AK	1
Reading	MA	AA	1
Rehoboth	MA	AE	1
Revere	MA	AA	1
Rochester	MA	AR	1
Rochester	NH	AD	1
Rockland	MA	AS	1
Rockport	MA	AP	1
Rollinsford	NH	AD	1
Rowley	MA	AA	1
Rye	NH	AD	1
Salem	MA	AC	1
Salem	NH	AL	1
Salisbury	MA	AH	3
Sandown	NH	AL	1
Sandwich	MA	AS	1
Sanford	ME	AF	2
Saugus	MA	AA	1
Scituate	MA	AC	1
Seabrook	NH	AD	1
Seekonk	MA	AE	1
Shapleigh	ME	AF	2
Sharon	MA	AG	1
Sherborn	MA	AC	1
Shirley	MA	AJ	3
Somerset	MA	AE	1
Somersworth	NH	AD	1
Somerville	MA	AC	1
South Berwick	ME	AF	2
South Hampton	NH	AH	3
Southborough	MA	AJ	1
Sterling	MA	AJ	3
Stoneham	MA	AC	1
Stoughton	MA	AG	1
Stow	MA	AJ	3
Stratham	NH	AD	1
Sudbury	MA	AJ	1
Swampscott	MA	AC	1
Swansea	MA	AE	1
Taunton	MA	AE	1
Temple	NH	AM	1
Templeton	MA	AJ	3
Tewksbury	MA	AB	1
Tilton	NH	AL	1
Tisbury	MA	AS	6
Topsfield	MA	AB	1
Topsham	ME	AI	2
Townsend	MA	AJ	3
Truro	MA	AN	4
Tyngsborough	MA	AB	1
Upton	MA	AG	1
Vineyard Haven	MA	AS	6

Wakefield	MA	AC	1
Walpole	MA	AG	1
Waltham	MA	AC	1
Wareham	MA	AR	1
Watertown	MA	AC	1
Wayland	MA	AC	1
Weare	NH	AL	1
Wellesley	MA	AC	1
Wellfleet	MA	AN	4
Wenham	MA	AB	1
West Bath	ME	AI	2
West Bridgewater	MA	AG	1
West Newbury	MA	AA	1
West Tisbury	MA	AS	6
Westford	MA	AJ	1
Westminster	MA	AJ	3
Weston	MA	AC	1
Westwood	MA	AG	1
Weymouth	MA	AC	1
Whitman	MA	AG	1
Wilmington	MA	AA	1
Wilton	NH	AM	1
Winchendon	MA	AJ	3
Winchester	MA	AA	1
Windham	NH	AM	1
Winthrop	MA	AC	1
Woburn	MA	AA	1
Woolwich	ME	AI	2
Wrentham	MA	AG	1
Yarmouth	MA	AN	4

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.				SYSTEM ID# 001240	
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	797,387	40.25-60.95	HDTV Converters	1,758,576	\$0.50-\$11.95
				Digital Adapters	286,065	\$0.50-\$11.95
				Digital Converters	39,035	\$0.50-\$11.95
	Motel, hotel Commercial Converter • Residential • Non-residential	44,155	40.25-127.15			
F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	1.99-19.99	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 100.00 \$ 100.00	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 100.00 \$ 100.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240	Name		
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AA					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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(j)(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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AB					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.					SYSTEM ID# 001240	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AC						
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	
WBPX DT	32	I	No		Boston, MA	
WBPX DTHD	32	I-M	No		Boston, MA	
WBTS DT	46	N	No		Boston, MA	
WBTS DTHD	46	N-M	No		Boston, MA	
WBTS DT2	46	I-M	No		Boston, MA	
WBTS DT3	46	I-M	No		Boston, MA	
WBZ DT	30	N	No		Boston, MA	
WBZ DTHD	30	N-M	No		Boston, MA	
WBZ DT2	30	I-M	No		Boston, MA	
WBZ DT3	30	I-M	No		Boston, MA	
WCVB DT	20	N	No		Boston, MA	
WCVB DTHD	20	N-M	No		Boston, MA	
WCVB DT2	20	I-M	No		Boston, MA	
WCVB DT3	20	I-M	No		Boston, MA	
WDPX DT	32	I	No		Woburn, MA	
WDPX DTHD	32	I-M	No		Woburn, MA	
WFXT DT	31	I	No		Boston, MA	
WFXT DTHD	31	I-M	No		Boston, MA	
WFXT DT2	31	I-M	No		Boston, MA	
WFXT DT3	31	I-M	No		Boston, MA	
WGBH DT	19	E	No		Boston, MA	
WGBH DTHD	19	E-M	No		Boston, MA	
WGBH DT2	19	E-M	No		Boston, MA	
WGBX DT	43	E	No		Boston, MA	
WGBX DTHD	43	E-M	No		Boston, MA	
WGBX DT3	43	E-M	No		Boston, MA	
WGBX DT4	43	E-M	No		Boston, MA	
WHDH DT	42	N	No		Boston, MA	
WHDH DTHD	42	N-M	No		Boston, MA	
WHDH DT2	42	I-M	No		Boston, MA	
WLVI DT	42	I	No		Cambridge, MA	
WLVI DTHD	42	I-M	No		Cambridge, MA	
WLVI DT2	42	I-M	No		Cambridge, MA	
WMFP DT	18	I	No		Foxborough, MA	
WMFP DTHD	18	I-M	No		Foxborough, MA	
WSBE DT	21	E	No		Providence, RI	
WSBE DTHD	21	E-M	No		Providence, RI	
WSBE DT2	21	E-M	No		Providence, RI	
WSBK DT	39	I	No		Boston, MA	
WSBK DTHD	39	I-M	No		Boston, MA	
WWDP DT	10	I	No		Norwell, MA	
WWDP DTHD	10	I-M	No		Norwell, MA	
WWJE DT	27	I	No		Derry, NH	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240	Name		
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>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(j)(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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AD					
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
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVJ DT	42	I	No		Cambridge, MA
WLVJ DTHD	42	I-M	No		Cambridge, MA
WLVJ DT2	42	I-M	No		Cambridge, MA
WMEA DT	45	E	No		Biddeford, ME
WMEA DTHD	45	E-M	No		Biddeford, ME
WMEA DT3	45	E-M	No		Biddeford, ME
WMEA DT4	45	E-M	No		Biddeford, ME
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WPXG DT	33	I	No		Concord, NH
WPXG DTHD	33	I-M	No		Concord, NH
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.					SYSTEM ID# 001240	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AE						
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	
WBZ DT	30	N	No		Boston, MA	
WBZ DTHD	30	N-M	No		Boston, MA	
WCVB DT	20	N	No		Boston, MA	
WCVB DTHD	20	N-M	No		Boston, MA	
WFXT DT	31	I	No		Boston, MA	
WGBH DT	19	E	No		Boston, MA	
WGBH DTHD	19	E-M	No		Boston, MA	
WGBH DT2	19	E-M	No		Boston, MA	
WGBX DT	43	E	No		Boston, MA	
WGBX DTHD	43	E-M	No		Boston, MA	
WGBX DT3	43	E-M	No		Boston, MA	
WGBX DT4	43	E-M	No		Boston, MA	
WHDH DT	42	N	No		Boston, MA	
WHDH DTHD	42	N-M	No		Boston, MA	
WJAR DT	50	N	No		Providence, RI	
WJAR DTHD	50	N-M	No		Providence, RI	
WJAR DT2	50	I-M	No		Providence, RI	
WJAR DT3	50	I-M	No		Providence, RI	
WLNE DT	49	N	No		New Bedford, MA	
WLNE DTHD	49	N-M	No		New Bedford, MA	
WLNE DT2	49	I-M	No		New Bedford, MA	
WLNE DT3	49	I-M	No		New Bedford, MA	
WLNE DT4HD	49	I-M	No		New Bedford, MA	
WLCV DT	42	I	No		Cambridge, MA	
WLWC DT	17	I	No		New Bedford, MA	
WLWC DTHD	17	I-M	No		New Bedford, MA	
WNAC DT	12	I	No		Providence, RI	
WNAC DTHD	12	I-M	No		Providence, RI	
WNAC DT2HD	12	I-M	No		Providence, RI	
WPRI DT	13	N	No		Providence, RI	
WPRI DTHD	13	N-M	No		Providence, RI	
WPRI DT2	13	I-M	No		Providence, RI	
WPRI DT2HD	13	I-M	No		Providence, RI	
WPXQ DT	17	I	No		Block Island, RI	
WPXQ DTHD	17	I-M	No		Block Island, RI	
WSBE DT	21	E	No		Providence, RI	
WSBE DTHD	21	E-M	No		Providence, RI	
WSBE DT2	21	E-M	No		Providence, RI	
WSBK DT	39	I	No		Boston, MA	
WSBK DTHD	39	I-M	No		Boston, MA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240	Name		
PRIMARY TRANSMITTERS: TELEVISION <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			G		
CHANNEL LINE-UP AG					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.					SYSTEM ID# 001240	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AH						
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	
WBPX DT	32	I	No		Boston, MA	
WBPX DTHD	32	I-M	No		Boston, MA	
WBTS DT	46	N	No		Boston, MA	
WBTS DTHD	46	N-M	No		Boston, MA	
WBTS DT2	46	I-M	No		Boston, MA	
WBTS DT3	46	I-M	No		Boston, MA	
WBZ DT	30	N	No		Boston, MA	
WBZ DTHD	30	N-M	No		Boston, MA	
WBZ DT2	30	I-M	No		Boston, MA	
WBZ DT3	30	I-M	No		Boston, MA	
WCVB DT	20	N	No		Boston, MA	
WCVB DTHD	20	N-M	No		Boston, MA	
WCVB DT2	20	I-M	No		Boston, MA	
WCVB DT3	20	I-M	No		Boston, MA	
WDPX DT	32	I	No		Woburn, MA	
WDPX DTHD	32	I-M	No		Woburn, MA	
WFXT DT	31	I	No		Boston, MA	
WFXT DTHD	31	I-M	No		Boston, MA	
WFXT DT2	31	I-M	No		Boston, MA	
WFXT DT3	31	I-M	No		Boston, MA	
WGBH DT	19	E	No		Boston, MA	
WGBH DTHD	19	E-M	No		Boston, MA	
WGBH DT2	19	E-M	No		Boston, MA	
WGBX DT	43	E	No		Boston, MA	
WGBX DTHD	43	E-M	No		Boston, MA	
WGBX DT3	43	E-M	No		Boston, MA	
WGBX DT4	43	E-M	No		Boston, MA	
WHDH DT	42	N	No		Boston, MA	
WHDH DTHD	42	N-M	No		Boston, MA	
WHDH DT2	42	I-M	No		Boston, MA	
WLVI DT	42	I	No		Cambridge, MA	
WLVI DTHD	42	I-M	No		Cambridge, MA	
WLVI DT2	42	I-M	No		Cambridge, MA	
WMFP DT	18	I	No		Foxborough, MA	
WMFP DTHD	18	I-M	No		Foxborough, MA	
WMUR DT	9	N	No		Manchester, NH	
WMUR DTHD	9	N-M	No		Manchester, NH	
WMUR DT2	9	I-M	No		Manchester, NH	
WSBE DT	21	E	Yes	O	Providence, RI	
WSBE DTHD	21	E-M	Yes	E	Providence, RI	
WSBE DT2	21	E-M	Yes	E	Providence, RI	
WSBK DT	39	I	No		Boston, MA	
WSBK DTHD	39	I-M	No		Boston, MA	
WWDP DT	10	I	No		Norwell, MA	
WWDP DTHD	10	I-M	No		Norwell, MA	
WWJE DT	27	I	No		Derry, NH	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.				SYSTEM ID# 001240	Name
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AI					
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
CKSH DT	9	I	Yes	O	Sherbrooke, Quebec, Canada
WCBB DT	10	E	No		Augusta, ME
WCBB DTHD	10	E-M	No		Augusta, ME
WCBB DT3	10	E-M	No		Augusta, ME
WCBB DT4	10	E-M	No		Augusta, ME
WCSH DT	44	N	No		Portland, ME
WCSH DTHD	44	N-M	No		Portland, ME
WCSH DT2	44	I-M	No		Portland, ME
WCSH DT3	44	I-M	No		Portland, ME
WGME DT	38	N	No		Portland, ME
WGME DTHD	38	N-M	No		Portland, ME
WGME DT2	38	I-M	No		Portland, ME
WGME DT3	38	I-M	No		Portland, ME
WIPL DT	35	I	No		Lewiston, ME
WIPL DTHD	35	I-M	No		Lewiston, ME
WMTW DT	8	N	No		Poland Spring, ME
WMTW DTHD	8	N-M	No		Poland Spring, ME
WMTW DT2	8	I-M	No		Poland Spring, ME
WMTW DT3	8	I-M	No		Poland Spring, ME
WPFO DT	23	I	No		Waterville, ME
WPFO DTHD	23	I-M	No		Waterville, ME
WPFO DT2	23	I-M	No		Waterville, ME
WPFO DT3	23	I-M	No		Waterville, ME
WPXT DT	43	I	No		Portland, ME
WPXT DTHD	43	I-M	No		Portland, ME
WPXT DT2	43	I-M	No		Portland, ME
WPXT DT3	43	I-M	No		Portland, ME

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240	Name		
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					<p>G</p> <p>Primary Transmitters: Television</p>
CHANNEL LINE-UP AJ					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVJ DT	42	I	No		Cambridge, MA
WLVJ DTHD	42	I-M	No		Cambridge, MA
WLVJ DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DTHD	9	N	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.					SYSTEM ID# 001240	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AK						
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	
WBZ DT	30	N	No		Boston, MA	
WBZ DTHD	30	N-M	No		Boston, MA	
WCVB DT	20	N	No		Boston, MA	
WCVB DTHD	20	N-M	No		Boston, MA	
WFXT DT	31	I	No		Boston, MA	
WGBH DT	19	E	No		Boston, MA	
WGBH DTHD	19	E-M	No		Boston, MA	
WGBH DT2	19	E-M	No		Boston, MA	
WGBX DT	43	E	No		Boston, MA	
WGBX DTHD	43	E-M	No		Boston, MA	
WGBX DT3	43	E-M	No		Boston, MA	
WGBX DT4	43	E-M	No		Boston, MA	
WHDH DT	42	N	No		Boston, MA	
WHDH DTHD	42	N-M	No		Boston, MA	
WJAR DT	50	N	No		Providence, RI	
WJAR DTHD	50	N-M	No		Providence, RI	
WJAR DT2	50	I-M	No		Providence, RI	
WJAR DT3	50	I-M	No		Providence, RI	
WLNE DT	49	N	No		New Bedford, MA	
WLNE DTHD	49	N-M	No		New Bedford, MA	
WLNE DT2	49	I-M	No		New Bedford, MA	
WLNE DT3	49	I-M	No		New Bedford, MA	
WLNE DT4HD	49	I-M	No		New Bedford, MA	
WLVI DT	42	I	No		Cambridge, MA	
WLWC DT	17	I	No		New Bedford, MA	
WLWC DTHD	17	I-M	No		New Bedford, MA	
WNAC DT	12	I	No		Providence, RI	
WNAC DTHD	12	I-M	No		Providence, RI	
WNAC DT2HD	12	I-M	No		Providence, RI	
WPRI DT	13	N	No		Providence, RI	
WPRI DTHD	13	N-M	No		Providence, RI	
WPRI DT2	13	I-M	No		Providence, RI	
WPRI DT2HD	13	I-M	No		Providence, RI	
WPXQ DT	17	I	No		Block Island, RI	
WPXQ DTHD	17	I-M	No		Block Island, RI	
WSBE DT	21	E	No		Providence, RI	
WSBE DTHD	21	E-M	No		Providence, RI	
WSBE DT2	21	E-M	No		Providence, RI	
WSBK DT	39	I	No		Boston, MA	
WSBK DTHD	39	I-M	No		Boston, MA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 identified.

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AL					
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
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WPXG DT	33	I	No		Concord, NH
WPXG DTHD	33	I-M	No		Concord, NH
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#	Name
Comcast of Boston, Inc.					001240	
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AM						
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	
WBTS DT	46	N	No		Boston, MA	
WBTS DTHD	46	N-M	No		Boston, MA	
WBTS DT2	46	I-M	No		Boston, MA	
WBTS DT3	46	I-M	No		Boston, MA	
WBZ DT	30	N	No		Boston, MA	
WBZ DTHD	30	N-M	No		Boston, MA	
WBZ DT2	30	I-M	No		Boston, MA	
WBZ DT3	30	I-M	No		Boston, MA	
WCVB DT	20	N	No		Boston, MA	
WCVB DTHD	20	N-M	No		Boston, MA	
WCVB DT2	20	I-M	No		Boston, MA	
WCVB DT3	20	I-M	No		Boston, MA	
WENH DT	11	E	No		Durham, NH	
WENH DTHD	11	E-M	No		Durham, NH	
WENH DT3	11	E-M	No		Durham, NH	
WENH DT1	11	E-M	No		Durham, NH	
WENH DT2	11	E-M	No		Durham, NH	
WENH DT4	11	E-M	No		Durham, NH	
WENH DT2HD	11	E-M	No		Durham, NH	
WFXT DT	31	I	No		Boston, MA	
WFXT DTHD	31	I-M	No		Boston, MA	
WFXT DT2	31	I-M	No		Boston, MA	
WFXT DT3	31	I-M	No		Boston, MA	
WHDH DT	42	N	No		Boston, MA	
WHDH DTHD	42	N-M	No		Boston, MA	
WHDH DT2	42	I-M	No		Boston, MA	
WLVI DT	42	I	No		Cambridge, MA	
WLVI DTHD	42	I-M	No		Cambridge, MA	
WLVI DT2	42	I-M	No		Cambridge, MA	
WMFP DT	18	I	No		Foxborough, MA	
WMFP DTHD	18	I-M	No		Foxborough, MA	
WMUR DT	9	N	No		Manchester, NH	
WMUR DTHD	9	N-M	No		Manchester, NH	
WMUR DT2	9	I-M	No		Manchester, NH	
WPXG DT	33	I	No		Concord, NH	
WPXG DTHD	33	I-M	No		Concord, NH	
WSBK DT	39	I	No		Boston, MA	
WSBK DTHD	39	I-M	No		Boston, MA	
WWDP DT	10	I	No		Norwell, MA	
WWDP DTHD	10	I-M	No		Norwell, MA	
WWJE DT	27	I	No		Derry, NH	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AN					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	Yes	O	Boston, MA
WGBH DTHD	19	E-M	Yes	E	Boston, MA
WGBH DT2	19	E-M	Yes	E	Boston, MA
WGBX DT	43	E	Yes	O	Boston, MA
WGBX DTHD	43	E-M	Yes	E	Boston, MA
WGBX DT3	43	E-M	Yes	E	Boston, MA
WGBX DT4	43	E-M	Yes	E	Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLV DT	42	I	No		Cambridge, MA
WLV DTHD	42	I-M	No		Cambridge, MA
WLV DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name
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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(n)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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- 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 identified.

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AO					
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
WBZ DT	30	N	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WFXT DT	31	I	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DTHD	50	N-M	No		Providence, RI
WJAR DT2	50	I-M	No		Providence, RI
WJAR DT3	50	I-M	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLNE DTHD	49	N-M	No		New Bedford, MA
WLNE DT2	49	I-M	No		New Bedford, MA
WLNE DT3	49	I-M	No		New Bedford, MA
WLNE DT4HD	49	I-M	No		New Bedford, MA
WLVJ DT	42	I	No		Cambridge, MA
WLWC DT	17	I	No		New Bedford, MA
WLWC DTHD	17	I-M	No		New Bedford, MA
WNAC DT	12	I	No		Providence, RI
WNAC DTHD	12	I-M	No		Providence, RI
WNAC DT2HD	12	I-M	No		Providence, RI
WPRI DT	13	N	No		Providence, RI
WPRI DTHD	13	N-M	No		Providence, RI
WPRI DT2	13	I-M	No		Providence, RI
WPRI DT2HD	13	I-M	No		Providence, RI
WPXQ DT	17	I	No		Block Island, RI
WPXQ DTHD	17	I-M	No		Block Island, RI
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AP					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AR					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLV DT	42	I	No		Cambridge, MA
WLV DTHD	42	I-M	No		Cambridge, MA
WLV DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AS					
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
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	Yes	O	Boston, MA
WGBH DTHD	19	E-M	Yes	E	Boston, MA
WGBH DT2	19	E-M	Yes	E	Boston, MA
WGBX DT	43	E	Yes	O	Boston, MA
WGBX DTHD	43	E-M	Yes	E	Boston, MA
WGBX DT3	43	E-M	Yes	E	Boston, MA
WGBX DT4	43	E-M	Yes	E	Boston, MA
WHDH DT	42	N	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLV DT	42	I	No		Cambridge, MA
WLV DTHD	42	I-M	No		Cambridge, MA
WLV DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">209,795,234.30</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	209,795,234.30	(Amount of gross receipts)	
\$	209,795,234.30					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 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. \$ 209,795,234.30 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 2,232,221.29 This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> 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. \$ 212,987.06 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ 212,987.06					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 2,232,221.29 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. 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. \$ 2,232,946.29 Add Lines 1, 2 and 3 of block 4 and enter total here	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # 27QL7U32						
<p style="text-align: center; color: blue; font-size: small;"> Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.) </p>						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240
M Channels	<p>CHANNELS</p> <p>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>1. Enter the total number of channels on which the cable system carried television broadcast stations 112</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 993</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Julie Laine - Comcast Cable Communications, LLC Telephone (215)-286-2334</p> <p>Address One Comcast Center <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Philadelphia, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email <u>licensing_office_inquiries@comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <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 <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 <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>• 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> <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Joseph Lance</p> <p>Title: Vice President - Regulatory Accounting <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: August 11, 2025</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

INTEREST ASSESSMENTS 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 _____ <div style="text-align: right; margin-left: 400px;">x _____</div> <hr/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> <hr/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> <hr/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p style="font-size: small;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____	Q Interest Assessment
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

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Computation of
3.75 Fee

BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?

Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.

No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

Column 2: 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.)

CARRIAGE BASIS OF PERMITTED

A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]

B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1))

C 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)]

M Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
 *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
CKSH DT	A	1.00						
WSBE DT	C	0.25						
WGBH DT	C	0.25						
WGBX DT	C	0.25						

1.75

BLOCK C: COMPUTATION OF 3.75 FEE

Line 1: Enter the total number of DSEs from part 5 of this schedule _____

Line 2: Enter the sum of permitted DSEs from block B above _____

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.
 (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____

Line 4: Enter gross receipts from space K (page 7) _____
x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here _____
x

Line 6: Enter total number of DSEs from line 3 _____

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____

0.00

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$	209,795,234.30
Section 2	A. Enter the total DSEs from block B of part 7	▶	0.00
	B. Enter the total number of exempt DSEs from block C of part 7	▶	0.00
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	▶ \$	0.00
<p>• 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.</p>			
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 checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input 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 by .00599 by the DSE. Enter the result on line A below.</p>		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶	
	D. Multiply line B by line C and enter here	▶	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	
Section 3b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</p>		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$	
	C. Multiply line B by 3.000 and enter here	▶ \$	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	▶ \$	
	E. Subtract 4.000 from total DSEs (the 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 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	
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 checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input 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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.</p>		
	A. Enter 0.00300 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	▶ \$	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶	
	D. Multiply line B by line C and enter here	▶ \$	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	

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Computation of the Syndicated Exclusivity Surcharge

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.		SYSTEM ID# 001240
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. ▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>E. Subtract 4.000 from the 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)</p> <p>Syndicated Exclusivity Surcharge. ▶ \$ _____</p>	
8 Computation of Base Rate Fee	<p>Instructions:</p> <p>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • 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. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>		
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS			
<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p>			
BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ _____		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5). ▶ _____		
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.</p> <p>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure 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 base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. ▶ \$ 0.00</p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240	Name
Section 4 If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.		8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00		Computation of Base Rate Fee

<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>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>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>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 (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		9
		Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.						SYSTEM ID# 001240		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
				CKSH DT [A]	1.00				
Total DSEs			0.00	Total DSEs			1.00		
Gross Receipts First Group			\$ 174,185,043.02	Gross Receipts Second Group			\$ 3,943,311.05		
Base Rate Fee First Group			\$ 0.00	Base Rate Fee Second Group			\$ 41,956.83		
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WSBE DT [C]	0.25			WGBH DT [C]	0.25				
				WGBX DT [C]	0.25				
				WSBE DT [C]	0.25				
Total DSEs			0.25	Total DSEs			0.75		
Gross Receipts Third Group			\$ 13,453,787.16	Gross Receipts Fourth Group			\$ 14,417,104.40		
Base Rate Fee Third Group			\$ 35,787.07	Base Rate Fee Fourth Group			\$ 115,048.49		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 212,987.06			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.						SYSTEM ID# 001240		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 174,185,043.02	Gross Receipts Second Group				\$ 3,943,311.05
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 13,453,787.16	Gross Receipts Fourth Group				\$ 14,417,104.40
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 0.00	

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.						SYSTEM ID# 001240		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		<u>0.00</u>			Total DSEs		<u>0.00</u>		
Gross Receipts First Group		\$ <u>1,424,213.96</u>			Gross Receipts Second Group		\$ <u>2,371,774.71</u>		
Base Rate Fee First Group		\$ 0.00			Base Rate Fee Second Group		\$ 0.00		
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		<u>0.00</u>			Total DSEs		<u>0.00</u>		
Gross Receipts Third Group		\$ <u>0.00</u>			Gross Receipts Fourth Group		\$ <u>0.00</u>		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

9

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, 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 type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<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>	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>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 1) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Boston, Inc.	SYSTEM ID# 001240
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, 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 type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<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>	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>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 <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>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 1) \$ <input style="width: 100px;" type="text"/></p>		