

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

**SA3E  
 Long Form**

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/25/2025	\$
	ALLOCATION NUMBER

Return completed workbook by  
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 Office Licensing Division at  
 (202) 707-8150.

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b>  <b>2025-1</b>																							
<b>B</b> Owner	<p><b>Instructions:</b>                  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.                  List any other name or names under which the owner conducts the business of the cable system.                  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <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. <span style="float: right;"><b>014997</b></span></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>  <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>  <b>See Attached List</b></p> <p style="text-align: right;"><b>01499720251</b> <b>014997 2025-1</b></p> <p><b>One Comcast Center</b>  <b>Philadelphia, PA 19103</b></p>																							
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1</td> <td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b></td> </tr> <tr> <td></td> <td colspan="3"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="3"><small>(City, town, state, zip code)</small></td> </tr> </table>				1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>			2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b>				<small>(Number, street, rural route, apartment, or suite number)</small>				<small>(City, town, state, zip code)</small>						
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<b>D</b> Area Served  First Community   Sample	<p><b>Instructions:</b> 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" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td><b>Burlington</b></td> <td><b>VT</b></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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 15%;">STATE</th> <th style="width: 15%;">CH LINE UP</th> <th style="width: 20%;">SUB GRP#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				CITY OR TOWN	STATE	<b>Burlington</b>	<b>VT</b>	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
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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:			SYSTEM ID#
<b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NOF</b>			<b>014997</b>
<p><b>Instructions:</b> 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><b>Note:</b> 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>			
<b>D Area Served</b>			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
<b>Burlington</b>	<b>VT</b>	<b>AG</b>	<b>2</b>
<b>Agawam</b>	<b>MA</b>	<b>AA</b>	<b>2</b>
<b>Alstead</b>	<b>NH</b>	<b>AB</b>	<b>1</b>
<b>Amherst</b>	<b>MA</b>	<b>AA</b>	<b>2</b>
<b>Andover</b>	<b>NH</b>	<b>AB</b>	<b>12</b>
<b>Arlington</b>	<b>VT</b>	<b>AE</b>	<b>12</b>
<b>Ascutney</b>	<b>VT</b>	<b>AC</b>	<b>9</b>
<b>Athens</b>	<b>VT</b>	<b>AC</b>	<b>14</b>
<b>Bakersfield</b>	<b>VT</b>	<b>AG</b>	<b>2</b>
<b>Barton</b>	<b>VT</b>	<b>AG</b>	<b>13</b>
<b>Bellows Falls</b>	<b>VT</b>	<b>AC</b>	<b>14</b>
<b>Bennington</b>	<b>VT</b>	<b>AE</b>	<b>12</b>
<b>Berkshire</b>	<b>VT</b>	<b>AG</b>	<b>2</b>
<b>Berlin</b>	<b>VT</b>	<b>AH</b>	<b>2</b>
<b>Bernardston</b>	<b>MA</b>	<b>AA</b>	<b>2</b>
<b>Bethel</b>	<b>VT</b>	<b>AH</b>	<b>2</b>
<b>Bomoseen</b>	<b>VT</b>	<b>AF</b>	<b>11</b>
<b>Bondville</b>	<b>VT</b>	<b>AE</b>	<b>12</b>
<b>Braintree</b>	<b>VT</b>	<b>AH</b>	<b>2</b>
<b>Brandon</b>	<b>VT</b>	<b>AF</b>	<b>11</b>
<b>Brattleboro</b>	<b>VT</b>	<b>AC</b>	<b>7</b>
<b>Bridgewater</b>	<b>VT</b>	<b>AC</b>	<b>10</b>
<b>Brighton</b>	<b>VT</b>	<b>AG</b>	<b>4</b>
<b>Bristol</b>	<b>VT</b>	<b>AG</b>	<b>5</b>
<b>Bromley (Peru)</b>	<b>VT</b>	<b>AE</b>	<b>12</b>
<b>Brookfield</b>	<b>VT</b>	<b>AH</b>	<b>2</b>
<b>Brookline</b>	<b>VT</b>	<b>AC</b>	<b>2</b>
<b>Brownington</b>	<b>VT</b>	<b>AG</b>	<b>13</b>
<b>Buckland</b>	<b>MA</b>	<b>AA</b>	<b>2</b>
<b>Calais</b>	<b>VT</b>	<b>AH</b>	<b>2</b>
<b>Cambridgeport</b>	<b>VT</b>	<b>AC</b>	<b>14</b>
<b>Canaan</b>	<b>NH</b>	<b>AC</b>	<b>9</b>
<b>Castleton</b>	<b>VT</b>	<b>AF</b>	<b>11</b>
<b>Cavendish</b>	<b>VT</b>	<b>AC</b>	<b>9</b>
<b>Center Rutland</b>	<b>VT</b>	<b>AF</b>	<b>11</b>
<b>Charleston</b>	<b>VT</b>	<b>AG</b>	<b>13</b>
<b>Charlestown</b>	<b>NH</b>	<b>AC</b>	<b>2</b>
<b>Charlotte</b>	<b>VT</b>	<b>AG</b>	<b>2</b>
<b>Chester</b>	<b>VT</b>	<b>AC</b>	<b>9</b>
<b>Chester</b>	<b>MA</b>	<b>AA</b>	<b>2</b>
<b>Chester Depot</b>	<b>VT</b>	<b>AC</b>	<b>9</b>
<b>Chesterfield</b>	<b>NH</b>	<b>AB</b>	<b>1</b>

**First  
Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

Chittendon	VT	AF	11
Claremont	NH	AC	2
Clarendon	VT	AF	11
Colchester	VT	AG	2
Conway	MA	AA	2
Cornish/Cornish Flats	NH	AC	2
Coventry	VT	AG	13
Croydon	NH	AC	9
Danbury	NH	AB	12
Danby	VT	AF	2
Deerfield	MA	AA	2
Derby	VT	AG	13
Derby Line	VT	AG	13
Dorset	VT	AE	12
Drewsville	NH	AB	1
Dummerston	VT	AC	14
Duxbury	VT	AH	2
East Montpelier	VT	AH	2
Enfield	NH	AC	8
Enosburg	VT	AG	2
Erving	MA	AA	2
Essex Center	VT	AG	2
Essex Junction	VT	AG	2
Fair Haven	VT	AF	11
Fairfax	VT	AG	2
Fairfield	VT	AG	2
Forest Dale	VT	AF	11
Georgia/Lake Champlain Bulk	VT	AG	2
Gill	MA	AA	2
Gilsum	NH	AB	1
Glover	VT	AG	13
Grafton	VT	AC	14
Granby	MA	AA	2
Grand Isle	VT	AG	2
Grantham	NH	AC	2
Granville	MA	AA	2
Greenfield	MA	AA	2
Greensboro	VT	AH	2
Guilford	VT	AC	7
Hanover	NH	AC	9
Hardwick	VT	AH	2
Hardwick	MA	AD	2
Hartford	VT	AC	9
Hartland	VT	AC	9
Hatfield	MA	AA	2
Highgate Center	VT	AG	2
Hill	NH	AB	12
Hinesburg	VT	AG	2
Hinsdale	NH	AB	1
Holland	VT	AG	13
Holyoke	MA	AA	2
Hubbardton	VT	AF	11
Huntington	VT	AG	2
Huntington	MA	AA	2
Hyde Park	VT	AH	2
Ira	VT	AF	11
Irasburg	VT	AG	13
Island Pond	VT	AG	4
Jamaica	VT	AC	10
Jay	VT	AG	13
Jericho	VT	AG	2

Johnson	VT	AH	2
Killington	VT	AF	11
Langdon	NH	AC	6
Lebanon	NH	AC	9
Leicester	VT	AF	3
Lincoln	VT	AG	5
Londonderry	VT	AC	10
Longmeadow	MA	AA	2
Ludlow	VT	AC	9
Lyme	NH	AC	9
Manchester/Manchester Center	VT	AE	12
Mendon	VT	AF	11
Middlebury	VT	AG	5
Middlefield	MA	AA	2
Middlesex	VT	AH	2
Middletown Springs	VT	AF	11
Milton	VT	AG	2
Monkton	VT	AG	5
Monson	MA	AA	2
Montague	MA	AA	2
Montgomery	MA	AA	2
Montgomery	VT	AG	13
Montpelier	VT	AH	2
Mooretown	VT	AH	2
Morgan	VT	AG	13
Morristown	VT	AH	2
Morrisville	VT	AH	2
Mount Holly	VT	AF	11
Mount Tabor	VT	AF	11
New Haven	VT	AG	5
New London	NH	AB	1
Newfane	VT	AC	14
Newport	NH	AC	2
Newport	VT	AG	13
Newport Center	VT	AG	13
North Bennington	VT	AE	12
North Ferrisburg	VT	AG	5
North Hartland	VT	AC	9
North Hero	VT	AG	2
North Troy	VT	AG	13
North Walpole	NH	AB	1
Northampton	MA	AA	2
Northfield	MA	AA	2
Norwich	VT	AC	9
Old Bennington	VT	AE	12
Orleans	VT	AG	13
Palmer	MA	AA	2
Pawlet	VT	AF	2
Pelham	MA	AA	2
Perkinsville	VT	AC	9
Pittsford	VT	AF	11
Plainfield	VT	AH	2
Plainfield	NH	AC	2
Plymouth	VT	AC	10
Poultney	VT	AF	11
Pownal	VT	AE	12
Proctor	VT	AF	11
Proctorsville	VT	AC	9
Putney	VT	AC	14
Quechee	VT	AC	9
Randolph	VT	AH	2

Reading	VT	AC	9
Richford	VT	AG	13
Richmond Bulk	VT	AG	2
Rochester	VT	AH	2
Rockingham	VT	AC	14
Rupert	VT	AE	12
Russell	MA	AA	2
Rutland	VT	AF	11
Saint Albans City	VT	AG	2
Saint Albans Town	VT	AG	2
Saint George	VT	AG	2
Salisbury	NH	AB	12
Salisbury	VT	AF	3
Saxtons River	VT	AC	14
Shaftsbury	VT	AE	12
Shelburne	VT	AG	2
Shelburne	MA	AA	2
Sheldon	VT	AG	2
Shrewsbury	VT	AF	11
South Burlington	VT	AG	2
South Charlestown	NH	AC	6
South Hadley	MA	AA	2
South Hero	VT	AG	2
Southwick	MA	AA	2
Springfield	VT	AC	9
Springfield	MA	AA	2
Starksboro	VT	AG	5
Stratton	VT	AC	10
Sudbury	VT	AF	11
Sunapee	NH	AC	2
Sunderland	VT	AE	12
Sunderland	MA	AA	2
Swanton	VT	AG	2
Swanton Village	VT	AG	2
Taftsville	VT	AC	9
Tinmouth	VT	AF	11
Tolland	MA	AA	2
Townshend	VT	AC	14
Troy	VT	AG	13
Tyson	VT	AC	10
Underhill	VT	AG	2
Vergennes	VT	AG	5
Vernon	VT	AC	7
Walden	VT	AH	2
Wallingford	VT	AF	11
Walpole	NH	AB	1
Waltham	VT	AG	5
Wardsboro	VT	AC	14
Ware	MA	AA	2
Warren	MA	AD	2
Waterbury	VT	AH	2
Weathersfield	VT	AC	9
Wells	VT	AF	2
West Pawlet	VT	AF	2
West Rutland	VT	AF	11
West Springfield	MA	AA	2
Westfield	VT	AG	13
Westfield	MA	AA	2
Westford	VT	AG	2
Westhampton	MA	AA	2
Westminster	VT	AC	14



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NE</b>				<b>SYSTEM ID#</b> <b>014997</b>	
<b>E</b>  <b>Secondary Transmission Service: Subscribers and Rates</b>	<p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  <b>In General:</b> 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).  <b>Number of Subscribers:</b> 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).  <b>Rate:</b> 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.  <b>Block 1:</b> 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. <b>Note:</b> 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)."  <b>Block 2:</b> 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
	<b>Residential:</b> • Service to first set • Service to additional set(s) • FM radio (if separate rate)	<b>134,174</b>	<b>40.30-62.70</b>	<b>Digital Converters</b>	<b>7,328</b>	<b>\$0.50-\$11.95</b>
	<b>Motel, hotel</b>			<b>DTA Converters</b>	<b>58,093</b>	<b>\$0.50-\$11.95</b>
	<b>Commercial</b>	<b>8,249</b>	<b>40.30-127.15</b>	<b>HDTV Converters</b>	<b>251,348</b>	<b>\$0.50-\$11.95</b>
<b>Converter</b> • Residential • Non-residential						
<b>F</b>  <b>Services Other Than Secondary Transmissions: Rates</b>	<p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>  <b>In General:</b> 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.  <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  <b>Block 2:</b> 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	CATEGORY OF SERVICE	RATE	RATE
	<b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	<b>1.99-19.99</b>	<b>Installation: Non-residential</b> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection			
	<b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate) • Converter	<b>\$ 100.00</b> <b>\$ 100.00</b>	<b>Other services:</b> • Reconnect • Disconnect • Outlet relocation • Move to new address		<b>\$ 100.00</b>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/N</b>	<b>SYSTEM ID#</b> <b>014997</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>		<b>G</b>  <b>Primary Transmitters: Television</b>			
<p><b>In General:</b> 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><b>Substitute Basis Stations:</b> 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"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> 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><b>Column 2:</b> 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><b>Column 3:</b> 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><b>Column 4:</b> 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><b>Column 5:</b> 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><b>Column 6:</b> 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><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AA</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WEDH-DT	45	E	No		Hartford, CT
WEDH-DT2	45	E-M	No		Hartford, CT
WEDH-DT-HD	45	E-M	No		Hartford, CT
WGBY-DT	22	E	No		Springfield, MA
WGBY-DT-DT2	22	E-M	No		Springfield, MA
WGBY-DT-DT3	22	E-M	No		Springfield, MA
WGBY-DT-DT4	22	E-M	No		Springfield, MA
WGBY-DT-HD	22	E-M	No		Springfield, MA
WGGB-DT	40	N	No		Springfield, MA
WGGB-DTHD	40	N-M	No		Springfield, MA
WGGB-DT2	40	I-M	No		Springfield, MA
WGGB-DT2HD	40	I-M	No		Springfield, MA
WGGB-DT3	40	I-M	No		Springfield, MA
WSHM-LD	21	N	No		Springfield, MA
WSHM-LDHD	21	N-M	No		Springfield, MA
WSHM-LD2HD	21	I-M	No		Springfield, MA
WWLP-DT	11	N	No		Springfield, MA
WWLP-DTHD	11	N-M	No		Springfield, MA
WWLP-DT2-HD	11	I-M	No		Springfield, MA

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		Name	
COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/N		014997			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> 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><b>Substitute Basis Stations:</b> 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"> <li>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.</li> <li>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.</li> </ul> <p><b>Column 1:</b> 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><b>Column 2:</b> 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><b>Column 3:</b> 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><b>Column 4:</b> 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><b>Column 5:</b> 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><b>Column 6:</b> 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><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AB</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBTS-CD	46	N	No		Boston, MA
WBTS-CD-HD	46	N-M	No		Boston, MA
WBTS-CD2	46	I-M	No		Boston, MA
WBTS-CD3	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
WCAX-DT	22	N	Yes	O	Burlington, VT
WCAX-DTHD	22	N-M	Yes	E	Burlington, VT
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
WEKW-DT	49	E	No		Keene, NH
WEKW-DTHD	49	E-M	No		Keene, NH
WEKW-DT1HD	49	E-M	No		Keene, NH
WEKW-DT2	49	E-M	No		Keene, NH
WEKW-DT3	49	E-M	No		Keene, NH
WEKW-DT4	49	E-M	No		Keene, NH
WEKW-DT5	49	E-M	No		Keene, 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	I	No		Boston, MA
WHDH-DT2	42	I-M	No		Boston, MA
WHDH-DTHD	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		Lawrence, MA
WMFP-DTHD	18	I-M	No		Lawrence, 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	35	I	No		Derry, NH

**G**  
Primary Transmitters: Television



LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		Name	
COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/N		014997			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> 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><b>Substitute Basis Stations:</b> 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"> <li>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.</li> <li>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.</li> </ul> <p><b>Column 1:</b> 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><b>Column 2:</b> 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><b>Column 3:</b> 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><b>Column 4:</b> 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><b>Column 5:</b> 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><b>Column 6:</b> 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><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AD</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBPX-DT	32	I	No		Boston, MA
WBPX-DT-HD	32	I-M	No		Boston, MA
WBTS-CD	46	N	No		Boston, MA
WBTS-CD-HD	46	N-M	No		Boston, MA
WBTS-CD2	46	I-M	No		Boston, MA
WBTS-CD3	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-DT-HD	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	I	No		Boston, MA
WHDH-DTHD	42	I-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		Lawrence, MA
WMFP-DTHD	18	I-M	No		Lawrence, MA
WSBE-DT	2	E	No		Providence, RI
WSBE-DT2	2	E-M	No		Providence, RI
WSBE-DTHD	2	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	35	I	No		Derry, NH

**G**

**Primary Transmitters: Television**







LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/N</b>				SYSTEM ID# <b>014997</b>	Name
<p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> 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><b>Substitute Basis Stations:</b> 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"> <li>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.</li> <li>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.</li> </ul> <p><b>Column 1:</b> 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><b>Column 2:</b> 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><b>Column 3:</b> 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><b>Column 4:</b> 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><b>Column 5:</b> 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><b>Column 6:</b> 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><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					<p><b>G</b></p> <p><b>Primary Transmitters: Television</b></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
WCAX-DT	22	N	No		Burlington, VT
WCAX-DTHD	22	N-M	No		Burlington, VT
WCAX-DT2	22	I-M	No		Burlington, VT
WCAX-DT3	22	I-M	No		Burlington, VT
WETK-DT	32	E	No		Burlington, VT
WETK-DT2HD	32	E-M	No		Burlington, VT
WETK-DT3	32	E-M	No		Burlington, VT
WETK-DT4	32	E-M	No		Burlington, VT
WETK-DTHD	32	E-M	No		Burlington, VT
WFFF-DT	43	I	No		Burlington, VT
WFFF-DTHD	43	I-M	No		Burlington, VT
WFFF-DT2	43	I-M	No		Burlington, VT
WFFF-DT3	43	I-M	No		Burlington, VT
WNNE-DT	25	I	No		Montpelier, VT
WNNE-DTHD	25	I-M	No		Montpelier, VT
WPTZ-DT	14	N	No		Plattsburgh, NY
WPTZ-DTHD	14	N-M	No		Plattsburgh, NY
WPTZ-DT2	14	I-M	No		Plattsburgh, NY
WPTZ-DT3	14	I-M	No		Plattsburgh, NY
WVNY-DT	13	N	No		Burlington, VT
WVNY-DTHD	13	N-M	No		Burlington, VT
WVNY-DT2	13	I-M	No		Burlington, VT
WVNY-DT3	13	I-M	No		Burlington, VT
WYCI-DT	40	I	No		Saranac Lake, NY
WYCI-DTHD	40	I-M	No		Saranac Lake, NY
WYCI-DT2	40	I-M	No		Saranac Lake, NY
WYCI-DT3	40	I-M	No		Saranac Lake, NY









<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORT</b>	SYSTEM ID# <b>014997</b>
<b>M</b>  Channels	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> 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 . . . . . <span style="border: 1px solid black; padding: 2px 10px;">146</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 10px;">970</span></p>	
<b>N</b>  Individual to Be Contacted for Further Information	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Julie Laine - Comcast Cable Communications, LLC</b> Telephone <b>215-286-2334</b></p> <p>Address <b>One Comcast Center</b> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><b>Philadelphia, PA 19103</b> <small>(City, town, state, zip)</small></p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
<b>O</b>  Certification	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li><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</li> <li><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</li> <li><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.</li> </ul> <ul style="list-style-type: none"> <li>• 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)]</li> </ul> <div style="margin-top: 20px;"> <span style="font-size: 2em; margin-left: 10px;">X</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 5px;">/s/ Joseph Lance</span> </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: <b>Joseph Lance</b></p> <p style="margin-left: 100px;">.....</p> <p>Title: <b>Vice President - Regulatory Accounting</b> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <b>August 11, 2025</b></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.

<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NO</b>	<b>SYSTEM ID#</b> <b>014997</b>	<b>Name</b>
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<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">“In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p>	<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p>
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Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____
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<p><b>INTEREST ASSESSMENTS</b></p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . _____</p> <p style="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -</p> <p style="text-align: right; padding-right: 20px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -</p> <p style="text-align: right; padding-right: 20px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ -</p> <p style="text-align: right; padding-right: 20px;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____</p> <p>Address _____</p> <p>First community served _____</p> <p>Accounting period _____</p> <p>ID number _____</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></p>
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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.

DSE SCHEDULE. PAGE 11.

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

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

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

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

**PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE**

- If any of the stations were partially distant:
  1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  2. Identify the communities/areas represented by each subscriber group.
  3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.
    - If your system is located wholly outside all major and smaller television markets, give each station’s DSEs as you gave them in parts 2, 3, and 4 of the schedule; or
    - If any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.
  4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

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

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

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

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

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

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

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

EXAMPLE:

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

<p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p>	<b>Distant Stations Carried</b>		<b>Identification of Subscriber Groups</b>		<b>GROSS RECEIPTS FROM SUBSCRIBERS</b>	
	STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF		
	A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00	
	B (independent)	1.0	Santa Rosa	Stations A and C	100,000.00	
	C (part-time)	0.083	Rapid City	Stations A and C	70,000.00	
	D (part-time)	0.139	Bodega Bay	Stations B, D, and E	120,000.00	
	E (network)	0.25	Fairvale		120,000.00	
	<b>TOTAL DSEs</b>	<b>2.472</b>		<b>TOTAL GROSS RECEIPTS</b>	<b>\$600,000.00</b>	
	<b>Minimum Fee Total Gross Receipts</b>		\$600,000.00			
			x .01064			
			<u>\$6,384.00</u>			
	<b>First Subscriber Group (Santa Rosa)</b>		<b>Second Subscriber Group (Rapid City and Bodega Bay)</b>		<b>Third Subscriber Group (Fairvale)</b>	
	Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
	DSEs	2.472	DSEs	1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
	$\$310,000 \times .01064 \times 1.0 =$	3,298.40	$\$170,000 \times .01064 \times 1.0 =$	1,808.80	$\$120,000 \times .01064 \times 1.0 =$	1,276.80
	$\$310,000 \times .00701 \times 1.472 =$	3,198.80	$\$170,000 \times .00701 \times .083 =$	98.91	$\$120,000 \times .00701 \times .389 =$	327.23
	Base rate fee	<u>\$6,497.20</u>	Base rate fee	<u>\$1,907.71</u>	Base rate fee	<u>\$1,604.03</u>
	<b>Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94</b>					
	In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)					



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROI</b>	<b>SYSTEM ID#</b> <b>014997</b>
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### 3

**Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity**

**Instructions: CAPACITY**

**Column 1:** List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

**Column 2:** For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

**Column 3:** For each station, give the total number of hours that the station broadcast over the air during the accounting period.

**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

**Column 5:** For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

**Column 6:** Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)

CATEGORY LAC STATIONS: COMPUTATION OF DSEs					
1. CALL SIGN	2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
<b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, .....				0.00	

### 4

**Computation of DSEs for Substitute-Basis Stations**

**Instructions:**

**Column 1:** Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  
 • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  
 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

**Column 2:** For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

**Column 3:** Enter the number of days in the calendar year: 365, except in a leap year.

**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, .....				0.00			

### 5

**Total Number of DSEs**

**TOTAL NUMBER OF DSEs:** Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2 ●	▶		▶	<b>3.75</b>
2. Number of DSEs from part 3 ●	▶		▶	<b>0.00</b>
3. Number of DSEs from part 4 ●	▶		▶	<b>0.00</b>

TOTAL NUMBER OF DSEs **3.75**

<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YO</b>	<b>SYSTEM ID#</b> <b>014997</b>	<b>Name</b>
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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.

**6**

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.)
- 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
CFCF-DT	D	1.00	WMHT-DT	C	0.25			
WBZ-DTHD	D	0.25	WMUR-DT	D	0.25			
WCAX-DT	D	0.25						
WCFE-DT	C	0.25						
WHDH-DTH	A, D	1.00						
WVER-DT	C	0.25						

**3.50**

**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: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NOR1</b>		SYSTEM ID# <b>014997</b>	Name	
<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>				
Section 1	Enter the amount of gross receipts from space K (page 7) . . . . .	▶ \$ <b>35,548,193.65</b>	<b>7</b>	
Section 2	A. Enter the total DSEs from block B of part 7 . . . . .	▶ <b>0.00</b>		Computation of the Syndicated Exclusivity Surcharge
	B. Enter the total number of exempt DSEs from block C of part 7 . . . . .	▶ <b>0.00</b>		
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . .	▶ \$ <b>0.00</b>		
• 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.				
<b>SECTION 3: TOP 50 TELEVISION MARKET</b>				
Section 3a	• 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.			
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.			
	A. Enter 0.00599 of gross receipts (the amount in 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) <b>Syndicated Exclusivity Surcharge</b> . . . . .	▶ \$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.			
	A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . .	▶ \$		
	B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . .	▶ \$		
	C. Multiply line B by 3.000 and enter here . . . . .	▶ \$		
	D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . .	▶ \$		
	E. Subtract 4.000 from total DSEs (the 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) <b>Syndicated Exclusivity Surcharge</b> . . . . .	▶ \$		
<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>				
Section 4a	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.			
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.			
	A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . .	▶ \$		
	B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . .	▶ \$		
	C. Subtract 1.000 from total permitted DSEs (the 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) <b>Syndicated Exclusivity Surcharge</b> . . . . .	▶ \$		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YOR</b>		<b>SYSTEM ID#</b> <b>014997</b>
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	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><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ _____</p>	
<b>8</b>  <b>Computation of Base Rate Fee</b>	<p><b>Instructions:</b></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"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>• 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.</li> </ul> <p><b>What is a partially distant station?</b> 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>		
<b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>			
<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>			
<b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>			
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 <b>4.000 or less</b>, 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><b>Base Rate Fee.</b> . . . . . ▶ \$ <span style="border: 1px solid black; padding: 2px;">0.00</span></p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YO</b>	SYSTEM ID# <b>014997</b>	Name
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<b>Section 4</b>	<p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</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. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure 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 base rate fee. Enter here and in block 3, line 1, space L (page 7) <b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;">0.00</span></p>	<p style="font-size: 24pt; font-weight: bold;">8</p> <p style="text-align: center;">Computation of Base Rate Fee</p>
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<p><b>IMPORTANT:</b> 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><b>In General:</b> 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><b>First:</b> 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><b>Finally:</b> 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><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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><b>Step 3:</b> 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><b>Computing the base rate fee for each subscriber group:</b> 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"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• 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.</li> <li>• If:             <ol style="list-style-type: none"> <li>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,</li> <li>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.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p style="font-size: 24pt; font-weight: bold;">9</p> <p style="text-align: center;">Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations</p>
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NI</b>	<b>SYSTEM ID#</b> <b>014997</b>
	<p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals</b></p> <p><b>Step 1:</b> Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p><b>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals.</b> Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NOF</b>						SYSTEM ID# <b>014997</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>SUBGROUP 1</b>					COMMUNITY/ AREA <b>SUBGROUP 2</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				<b>\$ 760,883.36</b>	Gross Receipts Second Group				<b>\$ 25,029,726.58</b>
Base Rate Fee First Group				<b>\$ 0.00</b>	Base Rate Fee Second Group				<b>\$ 0.00</b>
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>SUBGROUP 3</b>					COMMUNITY/ AREA <b>SUBGROUP 4</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WMHT-DT [C]</b>	<b>0.25</b>			<b>WCFE-DT [C]</b>	<b>0.25</b>				
				<b>CFCF-DT [D]</b>	<b>1.00</b>				
Total DSEs				<b>0.25</b>	Total DSEs				<b>1.25</b>
Gross Receipts Third Group				<b>\$ 67,289.42</b>	Gross Receipts Fourth Group				<b>\$ 42,270.99</b>
Base Rate Fee Third Group				<b>\$ 178.99</b>	Base Rate Fee Fourth Group				<b>\$ 523.84</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								<b>\$ 74,315.81</b>	

**9**

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





LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>						SYSTEM ID# <b>AR1007</b>		Name			
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>											
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>SUBGROUP 13</b>					COMMUNITY/ AREA <b>SUBGROUP 14</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WCFE-DT [C]</b>	<b>0.25</b>			<b>WHDH-DTHD [A]</b>	<b>1.00</b>						
Total DSEs				<b>0.25</b>		Total DSEs				<b>1.00</b>	
Gross Receipts First Group				\$ <b>677,623.63</b>		Gross Receipts Second Group				\$ <b>530,344.40</b>	
Base Rate Fee First Group				\$ <b>1,802.48</b>		Base Rate Fee Second Group				\$ <b>5,642.86</b>	
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>0</b>					COMMUNITY/ AREA <b>0</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<b>0.00</b>		Total DSEs				<b>0.00</b>	
Gross Receipts Third Group				\$ <b>0.00</b>		Gross Receipts Fourth Group				\$ <b>0.00</b>	
Base Rate Fee Third Group				\$ <b>0.00</b>		Base Rate Fee Fourth Group				\$ <b>0.00</b>	
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)											
\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></span>											

**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: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>						SYSTEM ID# <b>AR1007</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>SUBGROUP 5</b>					COMMUNITY/ AREA <b>SUBGROUP 6</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				\$ <b>610,754.19</b>	Gross Receipts Second Group				\$ <b>11,115.67</b>
Base Rate Fee First Group				\$ <b>0.00</b>	Base Rate Fee Second Group				\$ <b>0.00</b>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>SUBGROUP 7</b>					COMMUNITY/ AREA <b>SUBGROUP 8</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WBZ-DTHD</b>	<b>0.25</b>			<b>WBZ-DTHD</b>	<b>0.25</b>				
				<b>WMUR-DT</b>	<b>0.25</b>				
Total DSEs				<b>0.25</b>	Total DSEs				<b>0.50</b>
Gross Receipts Third Group				\$ <b>526,913.99</b>	Gross Receipts Fourth Group				\$ <b>213,532.61</b>
Base Rate Fee Third Group				\$ <b>4,939.82</b>	Base Rate Fee Fourth Group				\$ <b>4,003.74</b>
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



**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>						SYSTEM ID# <b>AR1007</b>		Name			
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>											
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>SUBGROUP 13</b>					COMMUNITY/ AREA <b>SUBGROUP 14</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
				<b>WBZ-DTHD</b>	<b>0.25</b>						
Total DSEs				<b>0.00</b>		Total DSEs				<b>0.25</b>	
Gross Receipts First Group				\$ <b>677,623.63</b>		Gross Receipts Second Group				\$ <b>530,344.40</b>	
Base Rate Fee First Group				\$ <b>0.00</b>		Base Rate Fee Second Group				\$ <b>4,971.98</b>	
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>0</b>					COMMUNITY/ AREA <b>0</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs				<b>0.00</b>		Total DSEs				<b>0.00</b>	
Gross Receipts Third Group				\$ <b>0.00</b>		Gross Receipts Fourth Group				\$ <b>0.00</b>	
Base Rate Fee Third Group				\$ <b>0.00</b>		Base Rate Fee Fourth Group				\$ <b>0.00</b>	
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)											
\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>											

**9**

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

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA</b>	<b>SYSTEM ID#</b> <b>00497</b>
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**BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP**

9

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

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:

- First 50 major television market
  Second 50 major television market

**INSTRUCTIONS:**

- 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.
- 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.
- Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- 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.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> 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"/> -	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> 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"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width: 100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width: 100px;" type="text"/>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> 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"/> -	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> 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"/> -
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width: 100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>	

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA</b>		<b>SYSTEM ID#</b> <b>00497</b>
<b>9</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>		
<p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>	<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> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> 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>		
	<b>FIFTH SUBSCRIBER GROUP</b>	<b>SIXTH SUBSCRIBER GROUP</b>	
	<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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	
	<b>SEVENTH SUBSCRIBER GROUP</b>	<b>EIGHTH SUBSCRIBER GROUP</b>	
	<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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	
	<p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .</p>		<p>\$ <input style="width: 100px;" type="text"/></p>

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA</b>		<b>SYSTEM ID#</b> <b>00497</b>
<b>9</b>  <b>Computation of Base Rate Fee and Syndicated Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>		
	<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>		
	<b>INSTRUCTIONS:</b>		
	<b>Step 1:</b> 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.		
	<b>Step 2:</b> 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.		
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
<b>Step 4:</b> 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.			
<b>NINTH SUBSCRIBER GROUP</b>		<b>TENTH SUBSCRIBER GROUP</b>	
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	
Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>		Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	
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"/> -		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"/> -	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width:100px;" type="text"/>	
<b>ELEVENTH SUBSCRIBER GROUP</b>		<b>TWELVTH SUBSCRIBER GROUP</b>	
Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>		Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>	
Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>		Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>	
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"/> -		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"/> -	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width:100px;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .			<input style="width:100px;" type="text"/> \$

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA</b>		<b>SYSTEM ID#</b> <b>00497</b>
<b>9</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>		
<p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>	<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> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> 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>		
	<b>THIRTEENTH SUBSCRIBER GROUP</b>	<b>FOURTEENTH SUBSCRIBER GROUP</b>	
	<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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	
	<b>FIFTEENTH SUBSCRIBER GROUP</b>	<b>SIXTEENTH SUBSCRIBER GROUP</b>	
	<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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></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><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>	
	<p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>		

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID # Amount Initials

Examined by	Reviewed by	Date examination completed	Allocation number	
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**Space A Accounting Period**

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

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space B Owner**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space D Area Served**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space G Primary Transmitters: Television**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

Accepted  Phone call/Date/Contact

	<b>Space I Substitute Carriage</b>
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<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space J Part-time Carriage Log (SA3 only)</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space K Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space L Copyright Filing and Royalty Fees</b>
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space M Channels</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space O Certification</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space P Statement of Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space Q Interest Assessment</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	