

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**

Return completed workbook by email to

coplicsoa@copyright.gov

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

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
8/22/2025	\$
	ALLOCATION NUMBER

Digitally signed
 by Licensing Section
 Date: 2026.04.01
 13:47:10 -04'00'

Licensing Section

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																							
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. 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. 027876</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COMCAST OF DETROIT, GP SEE ATTACHED LIST</p> <p>One Comcast Center Philadelphia, PA 19103</p> <p style="text-align: right;">02787620251 027876 2025/1</p>																							
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM: SAME AS ABOVE</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3"> MAILING ADDRESS OF CABLE SYSTEM: 12775 LYNDON <small>(Number, street, rural route, apartment, or suite number)</small> DETROIT, MI 48227 <small>(City, town, state, zip code)</small> </td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM: SAME AS ABOVE			2	MAILING ADDRESS OF CABLE SYSTEM: 12775 LYNDON <small>(Number, street, rural route, apartment, or suite number)</small> DETROIT, MI 48227 <small>(City, town, state, zip code)</small>														
1	IDENTIFICATION OF CABLE SYSTEM: SAME AS ABOVE																							
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D Area Served First Community	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td>Detroit</td> <td>MI</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr><td> </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	Detroit	MI	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
CITY OR TOWN	STATE																							
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CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Sample																								

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#

COMCAST OF DETROIT, GP

027876

Instructions: List each separate community served by the cable system. A “community” is the same as a “community unit” as defined in FCC rules: “a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.” 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the “first community.” Please use it as the first community on all future filings.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up “A” in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

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

D
Area
Served

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
Detroit	MI	AA	1
Ada Township	MI	BF	1
Adams Township	MI	BL	15
Addison	MI	AU	14
Addison Township	MI	AO	1
Adrian	MI	AT	7
Adrian Township	MI	AT	7
Alaiedon	MI	AY	1
Alaiedon Township	MI	AY	1
Algonac	MI	AH	1
Allen Park	MI	AI	1
Allen Twp	MI	BL	15
Almena Township	MI	BN	1
Almont	MI	AH	2
Alpine Township	MI	BF	1
Ann Arbor	MI	AK	1
Ann Arbor Township	MI	AK	1
Antwerp Township	MI	BN	1
Arlington Township	MI	BH	1
Armada	MI	AH	1
Armada Township	MI	AH	1
Atlas Township	MI	AV	9
Auburn Hills	MI	AO	1
Augusta	MI	AI	1
Augusta Township	MI	AI	1
Augusta Village	MI	BE	1
Aurelius Township	MI	AY	1
Bad Axe	MI	AX	1
Bangor	MI	BH	1
Bangor Twp.	MI	BH	1
Barry Township	MI	BE	1
Barton Hills	MI	AK	1
Bath Township	MI	AZ	9
Battle Creek	MI	BD	1
Bedford Township	MI	BD	1
Belleville	MI	AD	1
Berkley	MI	AO	1
Berlin Township	MI	AI	1
Beverly Hills	MI	AC	1
Bingham Farms	MI	AC	1

Birch Run	MI	AV	9
Birch Run Township	MI	AV	9
Birmingham	MI	AC	1
Blackman Township	MI	BC	23
Blendon Township	MI	BF	1
Bloomfield Hills	MI	AC	1
Bloomfield Township	MI	AC	1
Brady Township	MI	BI	18
Brandon Township	MI	BK	1
Bridgehampton Township	MI	AH	3
Brighton	MI	AP	1
Brighton Township	MI	AP	1
Britton Village	MI	AT	1
Brockway Township	MI	AH	2
Brookfield Twp.	MI	AX	1
Brooklyn	MI	AQ	12
Brooks Township	MI	BG	1
Brown City	MI	AH	6
Brownstown	MI	AI	1
Bruce Twp	MI	AH	1
Buel Township	MI	AH	3
Burtchville Twp	MI	AH	2
Burton City	MI	AV	9
Byron Township	MI	BF	1
Caledonia	MI	BF	1
Calvin Twp	MI	BJ	10
Cambria	MI	BL	15
Cambridge Township	MI	BB	7
Cannon Township	MI	BF	1
Canton Township	MI	AC	1
Capac	MI	AH	2
Carsonville	MI	AH	3
Cascade Township	MI	BF	1
Casco Township (Allegan County)	MI	BH	1
Casco Township (St. Clair County)	MI	AH	1
Caseville	MI	AX	1
Caseville Twp.	MI	AX	1
Cedar Creek Township	MI	BG	1
Cement City	MI	BB	14
Centerline	MI	AR	1
Centerville	MI	BI	19
Charleston Township	MI	BE	1
Charlotte	MI	AY	1
Chelsea	MI	AN	1
Chesterfield Twp	MI	AH	1
China Twp	MI	AH	1
Clarkston	MI	AF	1
Clawson	MI	AO	1
Clay Twp	MI	AH	1
Clayton Township	MI	AV	9
Clinton	MI	AM	1
Clinton Township	MI	AR	1
Clio	MI	AV	9
Clyde Township (Allegan County)	MI	BH	1
Clyde Township (St. Clair County)	MI	AH	2
Cohoctah Township	MI	AP	1
Colfax Twp.	MI	AX	1
Columbia Township	MI	AQ	12
Columbus Twp	MI	AH	2

Commerce Twp	MI	AG	1
Comstock Township	MI	BE	1
Concord	MI	BC	23
Constantine	MI	BI	19
Constantine Twp	MI	BI	19
Convis Township	MI	BD	1
Cottrellville Twp	MI	AH	1
Covert	MI	BH	1
Croswell	MI	AH	3
Custer Township	MI	AH	3
Dalton Township	MI	BG	1
Davison	MI	AV	9
Davison Township	MI	AV	9
Dayton	MI	BG	1
Dearborn	MI	AS	1
Dearborn Heights	MI	AS	1
Decatur	MI	BN	1
Decatur Township	MI	BN	1
Deckerville	MI	AH	3
Delhi Twp	MI	AY	1
Delta Twp	MI	AY	1
Dewitt City	MI	AY	1
Dewitt Twp	MI	AY	1
Dexter	MI	AN	1
Dimondale	MI	AY	1
Dorr Township	MI	BF	1
Douglas Village	MI	BH	1
Dover Township	MI	AU	8
Dundee	MI	AL	1
Dwight Twp.	MI	AX	1
Eagle Township	MI	AY	1
East China Twp	MI	AH	1
East Grand Rapids	MI	BF	1
East Lansing	MI	AZ	9
Eastpointe	MI	AR	1
Eaton Rapids City	MI	AY	1
Eaton Rapids Twp	MI	AY	1
Eaton Township	MI	AY	1
Ecorse	MI	AI	1
Egelston Township	MI	BG	1
Elk Township	MI	AH	6
Elkhart County	IN	AE	11
Elkton	MI	AX	1
Elmwood Twp.	MI	AX	1
Emmett Township (Calhoun County)	MI	BD	1
Emmett Township (St Clair County)	MI	AH	2
Exeter Township	MI	AI	1
Fabius	MI	BI	19
Fairfield Township	MI	AT	7
Fairhaven	MI	AX	1
Fairhaven Twp.	MI	AX	1
Farmington	MI	AC	1
Farmington Hills	MI	AC	1
Fayette	MI	BL	15
Fennville	MI	BH	1
Fenton	MI	AV	9
Fenton Township	MI	AV	9
Ferndale	MI	AO	1
Ferrysburg	MI	BG	1

Flat Rock	MI	AI	1
Flint City	MI	AV	9
Flint Twp	MI	AV	9
Flowerfield	MI	BI	19
Flushing City	MI	AV	9
Flushing Twp	MI	AV	9
Fort Gratiot	MI	AH	2
Fowlerville	MI	AP	1
Franklin	MI	AC	1
Franklin Township	MI	BB	1
Fraser	MI	AR	1
Fremont	MI	BG	1
Frenchtown Township	MI	AJ	1
Fruitland Township	MI	BG	1
Fruitport Township	MI	BG	1
Gagetown	MI	AX	1
Gaines Township (Genesee County)	MI	AV	9
Gaines Township (Kent County)	MI	BF	1
Galesburg City	MI	BE	1
Ganges Township	MI	BH	1
Garden City	MI	AI	1
Garfield Twp.	MI	BG	1
Genessee Twp	MI	AV	9
Geneva Township	MI	BH	1
Genoa Township	MI	AP	1
Georgetown Township	MI	BF	1
Gibraltar	MI	AI	1
Glenn Township	MI	BH	1
Gore	MI	AX	1
Grand Blanc City	MI	AV	9
Grand Blanc Twp	MI	AV	9
Grand Haven	MI	BG	1
Grand Ledge City	MI	AY	1
Grand Rapids	MI	BF	1
Grand Rapids Township	MI	BF	1
Grandville	MI	BF	1
Grass Lake Township	MI	BA	1
Grattan Township	MI	BF	1
Green Oak Township	MI	AP	1
Greenwood Township	MI	AH	2
Grosse Ile	MI	AI	1
Grosse Pointe City	MI	AR	1
Grosse Pointe Farms	MI	AR	1
Grosse Pointe Park	MI	AR	1
Grosse Pointe Shores	MI	AR	1
Grosse Pointe Woods	MI	AR	1
Groveland Township	MI	BK	1
Hamburg Township	MI	AP	1
Hamilton Township	MI	BN	1
Hamlin Twp	MI	AY	1
Hamtramck	MI	AB	1
Hanover Township	MI	BC	23
Harbor Beach	MI	AX	1
Harper Woods	MI	AR	1
Harrison Twp	MI	AH	1
Hartford	MI	BH	1
Hartford Twp.	MI	BH	1
Hartland Township	MI	AP	1
Hazel Park	MI	AB	1

Henrietta Township	MI	BC	24
Highland Park	MI	AA	1
Highland Twp	MI	AG	1
Hillsdale	MI	BL	15
Hillsdale Twp	MI	BL	15
Holland	MI	BF	1
Holland Township	MI	BF	1
Holly	MI	AW	1
Holly Twp	MI	AW	1
Holton Township	MI	BG	1
Howell	MI	AP	1
Howell Township	MI	AP	1
Hudson	MI	AU	8
Hudson Township	MI	AU	8
Hudsonville	MI	BF	1
Hume Twp.	MI	AX	1
Huntington Woods	MI	AO	1
Huron Twp.	MI	AX	1
Imlay City	MI	AW	1
Independence	MI	AF	1
Inkster	MI	AI	1
Ira Twp	MI	AH	1
Jackson	MI	BC	23
Jamestown Township	MI	BF	1
Jefferson	MI	BL	15
Jefferson Twp	MI	BL	15
Jonesville	MI	BL	15
Kalamazoo	MI	BM	1
Kalamazoo Township	MI	BM	1
Keego Harbor	MI	AC	1
Kentwood	MI	BF	1
Kimball Twp	MI	AH	2
Kinde	MI	AX	1
Lagrange County	IN	AE	11
Lake Angelus	MI	AF	1
Lake Orion	MI	AF	1
Lake Twp.	MI	AX	1
Laketon Township	MI	BG	1
Laketown Township (Holland)	MI	BF	1
Laketown Twp (Saugatuck)	MI	BH	1
Lansing	MI	AY	1
Lansing Twp	MI	AY	1
Lapeer	MI	AW	1
Lathrup Village	MI	AC	1
Lawrence	MI	BH	1
Lawrence Township	MI	BN	1
Lawton Village	MI	BN	1
Lenox Twp	MI	AH	1
Leoni Township	MI	BA	1
Leroy Township (Calhoun County)	MI	BD	16
Leroy Township (Ingham County)	MI	AZ	9
Lexington	MI	AH	3
Lexington Township	MI	AH	3
Liberty Township	MI	BA	1
Lima Twp	MI	AN	1
Lincoln Park	MI	AI	1
Lincoln Twp.	MI	AX	1
Livonia	MI	AS	1
Lockport	MI	BI	19

Lodi Twp	MI	AN	1
London Township	MI	AI	1
Lowell	MI	BF	1
Lowell Township	MI	BF	1
Lynn Township	MI	AH	2
Lyon Twp	MI	AG	1
Macomb Township	MI	AR	1
Madison Heights	MI	AB	1
Madison Township	MI	AT	7
Manchester	MI	AN	1
Manlius Township	MI	BH	1
Marcellus Twp	MI	AE	20
Marine City	MI	AH	1
Marion Township	MI	AH	3
Marlette Village	MI	AH	3
Marshall Township	MI	BD	1
Marysville	MI	AH	2
Mason	MI	AY	1
Mckinley Twp.	MI	AX	1
Meade	MI	AX	1
Melvindale	MI	AI	1
Memphis	MI	AH	2
Mendon	MI	BI	19
Meridian Township	MI	AZ	9
Michigan State University	MI	AZ	9
Milan	MI	AN	1
Milford	MI	AG	1
Milford Twp	MI	AG	1
Monroe City	MI	AJ	1
Monroe Township	MI	AJ	1
Mottville	MI	BI	19
Mt Clemens	MI	AR	1
Mt. Morris	MI	AV	9
Mt. Morris Twp	MI	AV	9
Mundy Twp	MI	AV	9
Muskegon	MI	BG	1
Muskegon Heights	MI	BG	1
Muskegon Township	MI	BG	1
Mussey Township	MI	AH	2
Napoleon Township	MI	BA	1
New Baltimore	MI	AH	1
New Haven	MI	AH	1
Newburg Twp	MI	BJ	17
Newton Township	MI	BD	1
North Adams	MI	BL	15
North Muskegon	MI	BG	1
North St. Clair Twp.	MI	AH	2
Northfield Township	MI	AK	4
Northville	MI	AC	1
Northville Township	MI	AC	1
Norton Shores	MI	BG	1
Norvell Township	MI	AQ	9
Nottawa	MI	BI	19
Novi	MI	AG	1
Oak Park	MI	AC	1
Oakfield Township	MI	BF	1
Oakland Twp	MI	AO	1
Oceola Township	MI	AP	1
Olive Township (Clinton Co)	MI	AY	1

Oliver Twp.	MI	AX	1
Oneida Twp	MI	AY	1
Onsted	MI	BB	7
Orchard Lake	MI	AC	1
Orion Township	MI	AF	1
Ortonville	MI	BK	1
Oshtemo Township	MI	BM	1
Owendale	MI	AX	1
Oxford	MI	AF	1
Oxford Township	MI	AF	1
Palmyra Township	MI	AT	7
Park	MI	BI	19
Parma Township	MI	BC	7
Pavillion	MI	BI	18
Paw Paw	MI	BN	1
Paw Paw Township	MI	BN	1
Peck	MI	AH	6
Penn Twp	MI	BJ	10
Pennfield Township	MI	BD	1
Pigeon	MI	AX	1
Pittsfield Township	MI	AK	1
Pittsford Twp	MI	BL	15
Plainfield Township	MI	BF	1
Pleasant Ridge	MI	AO	1
Plymouth	MI	AC	1
Plymouth Township	MI	AC	1
Pointe Aux Barques	MI	AX	1
Pontiac	MI	AF	1
Port Austin	MI	AX	1
Port Austin Twp.	MI	AX	1
Port Hope	MI	AX	1
Port Huron	MI	AH	1
Port Huron Twp	MI	AH	1
Port Sanilac	MI	AH	3
Portage City	MI	BM	1
Porter Township	MI	BN	1
Porter Twp (Cass County)	MI	BJ	10
Porter Twp (Van Buren County)	MI	BN	1
Potterville	MI	AY	1
Prairie Rhonde	MI	BI	18
Prairieville Township	MI	BE	1
Raisin	MI	AT	1
Raisinville Township	MI	AJ	1
Ray Township	MI	AR	1
Redford Township	MI	AC	1
Richfield Twp	MI	AV	9
Richland	MI	BE	1
Richland Township	MI	BE	1
Richmond	MI	AH	1
Richmond Twp	MI	AH	1
Ridgeway Township	MI	AT	1
Riley Township	MI	AR	1
River Rouge	MI	AI	1
Riverview	MI	AI	1
Rives Junction	MI	BC	7
Rochester	MI	AO	1
Rochester Hills	MI	AO	1
Rockford	MI	BF	1
Rockwood	MI	AI	1

Rollin Township	MI	AU	8
Romeo	MI	AH	1
Romulus	MI	AD	1
Roosevelt Park	MI	BG	1
Rose Township (East)	MI	BK	1
Rose Twp (West)	MI	AW	1
Roseville	MI	AB	1
Ross Township	MI	BE	1
Royal Oak	MI	AO	1
Royal Oak Township	MI	AC	1
Rubicon Twp.	MI	AX	1
Saline	MI	AN	1
Saline Twp	MI	AN	1
Sand Beach	MI	AX	1
Sandstone Township	MI	BA	1
Sandusky	MI	AH	3
Sanilac Township	MI	AH	3
Saugatuck	MI	BH	1
Saugatuck Township	MI	BH	1
Schoolcraft	MI	BI	18
Schoolcraft Twp	MI	BI	18
Scio Township	MI	AK	1
Scipio Twp	MI	BL	5
Sebewaing	MI	AX	1
Sebewaing Twp.	MI	AX	1
Selfridge Ang Base	MI	AH	1
Shelby Township	MI	AR	1
Sheridan Township	MI	BG	1
Sherman Township (Newaygo County)	MI	BG	1
Sherman Twp (St. Joseph County)	MI	BI	19
Somerset Township	MI	AQ	13
South Haven	MI	BH	1
South Haven Township	MI	BH	1
South Lyon	MI	AG	1
South Rockwood	MI	AI	1
Southfield	MI	AC	1
Southgate	MI	AI	1
Sparta Township	MI	BF	1
Speaker Township	MI	AH	6
Spring Arbor Township	MI	BA	1
Spring Lake	MI	BG	1
Spring Lake Township	MI	BG	1
Springfield City	MI	BD	1
Springfield Township	MI	BK	1
St Clair	MI	AH	2
St Clair Shores	MI	AR	1
St Clair Twp	MI	AH	2
Sterling Heights	MI	AR	1
Sullivan Township	MI	BG	1
Summit Township	MI	BA	1
Sumpter Township	MI	AI	1
Superior Township	MI	AK	1
Swartz Creek City	MI	AV	9
Sylvan Lake	MI	AC	1
Sylvan Twp	MI	AN	1
Tallmadge Township	MI	BF	1
Taylor	MI	AI	1
Tecumseh	MI	AT	1
Tecumseh Township	MI	AT	1

Texas Township	MI	BM	1
Thetford Township	MI	AV	9
Three Rivers	MI	BI	19
Tompkins Township	MI	BC	7
Trenton	MI	AI	1
Troy	MI	AO	1
Ubly	MI	AX	1
Utica	MI	AR	1
Van Buren	MI	AD	1
Vandalia	MI	BJ	17
Vergennes Township	MI	BF	1
Verona Twp.	MI	AX	1
Vevay Township	MI	AY	1
Vicksburg	MI	BI	18
Vienna Twp	MI	AV	9
Volina Twp	MI	AE	20
Wales Township	MI	AH	2
Walker	MI	BF	1
Walled Lake	MI	AG	1
Warren	MI	AR	1
Washington Twp	MI	AH	1
Waterford Township	MI	AF	1
Watertown Township (Clinton County)	MI	AY	1
Watertown Township (Sanilac County)	MI	AH	3
Waverly Township	MI	BN	1
Wayne	MI	AS	1
Webberville	MI	AZ	22
Webster Township	MI	AK	4
West Bloomfield Township	MI	AC	1
Westland	MI	AS	1
Wheatfield	MI	AZ	9
White Lake Twp	MI	AG	1
White Pigeon	MI	BI	19
White Pigeon Twp	MI	BI	19
Wildwood	MI	BM	1
Williamston	MI	AZ	22
Williamstown Township	MI	AZ	9
Windsor Twp	MI	AY	1
Winsor Twp.	MI	AX	1
Wixom	MI	AG	1
Wolverine Lake Village	MI	AG	1
Woodhaven	MI	AI	1
Woodstock Township	MI	AU	14
Worth	MI	AH	21
Wright Township (Ottawa County)	MI	BF	1
Wyoming	MI	BF	1
Yale	MI	AH	2
York Township	MI	AI	1
Ypsilanti	MI	AK	1
Ypsilanti Township	MI	AK	1

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AA

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AB					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AC					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AD					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AE					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBND-LD	34	N	No		SOUTH BEND, IN
WBND-HD	34	N-M	No		SOUTH BEND, IN
WBND-DT2	34	I-M	No		SOUTH BEND, IN
WBND-DT3	34	I-M	No		SOUTH BEND, IN
WCWW-LD	25	I	No		SOUTH BEND, IN
WCWW-HD	25	I-M	No		SOUTH BEND, IN
WCWW-DT2	25	I-M	No		SOUTH BEND, IN
WCWW-DT4	25	I-M	No		SOUTH BEND, IN
WCWW-DT5	25	I-M	No		SOUTH BEND, IN
WGVU-DT	11	E	Yes	O	GRAND RAPIDS, MI
WGVU-HD	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT2	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT3	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT4	11	E-M	Yes	E	GRAND RAPIDS, MI
WHME-DT	48	I	No		SOUTH BEND, IN
WHME-HD	48	I-M	No		SOUTH BEND, IN
WMYS-LD	39	I	No		SOUTH BEND, IN
WMYS-HD	39	I-M	No		SOUTH BEND, IN
WMYS-DT2	39	I-M	No		SOUTH BEND, IN
WMYS-DT3	39	I-M	No		SOUTH BEND, IN
WNDU-DT	42	N	No		SOUTH BEND, IN
WNDU-HD	42	N-M	No		SOUTH BEND, IN
WNDU-DT2	42	I-M	No		SOUTH BEND, IN
WNDU-DT3	42	I-M	No		SOUTH BEND, IN
WNIT-DT	35	E	No		SOUTH BEND, IN
WNIT-HD	35	E-M	No		SOUTH BEND, IN
WNIT-DT2	35	E-M	No		SOUTH BEND, IN
WNIT-DT3	35	E-M	No		SOUTH BEND, IN
WNIT-DT4	35	E-M	No		SOUTH BEND, IN
WSBT-DT	22	N	No		SOUTH BEND, IN
WSBT-HD	22	N-M	No		SOUTH BEND, IN
WSBT-DT2	22	I-M	No		SOUTH BEND, IN
WSBT-DT2HD	22	I-M	No		SOUTH BEND, IN
WSBT-DT3	22	I-M	No		SOUTH BEND, IN
WSJV-DT	28	I	No		ELKHART, IN
WWMT-DT	8	N	Yes	O	KALAMAZOO, MI
WWMT-HD	8	N-M	Yes	E	KALAMAZOO, MI
WZZM-HD	13	N	Yes	O	GRAND RAPIDS, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AF					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AG					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP 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
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
CICO-DT	32	I	Yes	O	WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	Yes	O	DETROIT, MI
WTVS-HD	43	E-M	Yes	E	DETROIT, MI
WTVS-DT2	43	E-M	Yes	E	DETROIT, MI
WTVS-DT3	43	E-M	Yes	E	DETROIT, MI
WTVS-DT4	43	E-M	Yes	E	DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP A1					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AJ					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WNWO-DT	49	N	No		TOLEDO, OH
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTOL-DT	11	N	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP					SYSTEM ID# 027876	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AK						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA	
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA	
WADL-DT	39	I	No		MT CLEMENS, MI	
WADL-HD	39	I-M	No		MT CLEMENS, MI	
WDIV-DT	45	N	No		DETROIT, MI	
WDIV-HD	45	N-M	No		DETROIT, MI	
WDIV-DT2	45	I-M	No		DETROIT, MI	
WDIV-DT3	45	I-M	No		DETROIT, MI	
WGTE-DT	29	E	Yes	O	TOLEDO, OH	
WGTE-HD	29	E-M	Yes	E	TOLEDO, OH	
WGTE-DT2	29	E-M	Yes	E	TOLEDO, OH	
WGTE-DT3	29	E-M	Yes	E	TOLEDO, OH	
WJBK-DT	7	I	No		DETROIT, MI	
WJBK-HD	7	I-M	No		DETROIT, MI	
WJBK-DT2	7	I-M	No		DETROIT, MI	
WJBK-DT3	7	I-M	No		DETROIT, MI	
WJBK-DT4	7	I-M	No		DETROIT, MI	
WJBK-DT5	7	I-M	No		DETROIT, MI	
WJBK-DT6	7	I-M	No		DETROIT, MI	
WKBD-DT	14	I	No		DETROIT, MI	
WKBD-HD	14	I-M	No		DETROIT, MI	
WMYD-DT	21	I	No		DETROIT, MI	
WMYD-HD	21	I-M	No		DETROIT, MI	
WMYD-DT2	21	I-M	No		DETROIT, MI	
WMYD-DT3	21	I-M	No		DETROIT, MI	
WPXD-DT	50	I	No		ANN ARBOR, MI	
WPXD-HD	50	I-M	No		ANN ARBOR, MI	
WPXD-DT2	50	I-M	No		ANN ARBOR, MI	
WPXD-DT3	50	I-M	No		ANN ARBOR, MI	
WTVS-DT	43	E	No		DETROIT, MI	
WTVS-HD	43	E-M	No		DETROIT, MI	
WTVS-DT2	43	E-M	No		DETROIT, MI	
WTVS-DT3	43	E-M	No		DETROIT, MI	
WTVS-DT4	43	E-M	No		DETROIT, MI	
WWJ-DT	44	N	No		DETROIT, MI	
WWJ-HD	44	N-M	No		DETROIT, MI	
WWJ-DT2	44	I-M	No		DETROIT, MI	
WWJ-DT3	44	I-M	No		DETROIT, MI	
WXYZ-DT	41	N	No		DETROIT, MI	
WXYZ-HD	41	N-M	No		DETROIT, MI	
WXYZ-DT2	41	I-M	No		DETROIT, MI	
WXYZ-DT3	41	I-M	No		DETROIT, MI	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AL					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WNWO-DT	49	N	No		TOLEDO, OH
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTOL-DT	11	N	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name		
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AM					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WDIV-DT	45	N	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2HD	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WWJ-DT	44	N	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AN					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AO					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
CICO-DT	32	I	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
CHANNEL LINE-UP AQ					
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
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTVG-DT	13	N	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WXYZ-DT	41	N	Yes	O	DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AR					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television	
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AS						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)		6. LOCATION OF STATION
CBET-DT	9	I	No			WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No			WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No			MT CLEMENS, MI
WADL-HD	39	I-M	No			MT CLEMENS, MI
WDIV-DT	45	N	No			DETROIT, MI
WDIV-HD	45	N-M	No			DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI	
WDIV-DT3	45	I-M	No		DETROIT, MI	
WJBK-DT	7	I	No		DETROIT, MI	
WJBK-HD	7	I-M	No		DETROIT, MI	
WJBK-DT2	7	I-M	No		DETROIT, MI	
WJBK-DT3	7	I-M	No		DETROIT, MI	
WJBK-DT4	7	I-M	No		DETROIT, MI	
WJBK-DT5	7	I-M	No		DETROIT, MI	
WJBK-DT6	7	I-M	No		DETROIT, MI	
WKBD-DT	14	I	No		DETROIT, MI	
WKBD-HD	14	I-M	No		DETROIT, MI	
WMYD-DT	21	I	No		DETROIT, MI	
WMYD-HD	21	I-M	No		DETROIT, MI	
WMYD-DT2	21	I-M	No		DETROIT, MI	
WMYD-DT3	21	I-M	No		DETROIT, MI	
WPXD-DT	50	I	No		ANN ARBOR, MI	
WPXD-HD	50	I-M	No		ANN ARBOR, MI	
WPXD-DT2	50	I-M	No		ANN ARBOR, MI	
WPXD-DT3	50	I-M	No		ANN ARBOR, MI	
WTVS-DT	43	E	No		DETROIT, MI	
WTVS-HD	43	E-M	No		DETROIT, MI	
WTVS-DT2	43	E-M	No		DETROIT, MI	
WTVS-DT3	43	E-M	No		DETROIT, MI	
WTVS-DT4	43	E-M	No		DETROIT, MI	
WWJ-DT	44	N	No		DETROIT, MI	
WWJ-HD	44	N-M	No		DETROIT, MI	
WWJ-DT2	44	I-M	No		DETROIT, MI	
WWJ-DT3	44	I-M	No		DETROIT, MI	
WXYZ-DT	41	N	No		DETROIT, MI	
WXYZ-HD	41	N-M	No		DETROIT, MI	
WXYZ-DT2	41	I-M	No		DETROIT, MI	
WXYZ-DT3	41	I-M	No		DETROIT, MI	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AU					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WGTE-DT	29	E	Yes	O	TOLEDO, OH
WGTE-HD	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT2	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT3	29	E-M	Yes	E	TOLEDO, OH
WILX-DT	10	N	Yes	O	ONONDAGA, MI
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2HD	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WXYZ-DT	41	N	No		DETROIT, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP				SYSTEM ID# 027876	Name
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AV					
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
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WAQP-DT	48	I	No		SAGINAW, MI
WAQP-HD	48	I-M	No		SAGINAW, MI
WBSF-DT	46	I	No		BAY CITY, MI
WBSF-HD	46	I-M	No		BAY CITY, MI
WBSF-DT2	46	I-M	No		BAY CITY, MI
WDCQ-DT	15	E	No		BAD AXE, MI
WDCQ-HD	15	E-M	No		BAD AXE, MI
WDCQ-DT2	15	E-M	No		BAD AXE, MI
WDCQ-DT3	15	E-M	No		BAD AXE, MI
WDCQ-DT4	15	E-M	No		BAD AXE, MI
WEYI-DT	30	N	No		SAGINAW, MI
WEYI-HD	30	N-M	No		SAGINAW, MI
WEYI-DT3	30	I-M	No		SAGINAW, MI
WJRT-DT	12	N	No		FLINT, MI
WJRT-HD	12	N-M	No		FLINT, MI
WJRT-DT2	12	I-M	No		FLINT, MI
WJRT-DT3	12	I-M	No		FLINT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WNEM-DT	22	N	No		BAY CITY, MI
WNEM-HD	22	N-M	No		BAY CITY, MI
WNEM-DT2	22	I-M	No		BAY CITY, MI
WNEM-DT2HD	22	I-M	No		BAY CITY, MI
WNEM-DT3	22	I-M	No		BAY CITY, MI
WSMH-DT	16	I	No		FLINT, MI
WSMH-HD	16	I-M	No		FLINT, MI
WSMH-DT2	16	I-M	No		FLINT, MI
WSMH-DT3	16	I-M	No		FLINT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AX					
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
WAQP-DT	48	I	No		SAGINAW, MI
WAQP-HD	48	I-M	No		SAGINAW, MI
WBSF-DT	46	I	No		BAY CITY, MI
WBSF-HD	46	I-M	No		BAY CITY, MI
WBSF-DT2	46	I-M	No		BAY CITY, MI
WDCQ-DT	15	E	No		BAD AXE, MI
WDCQ-HD	15	E-M	No		BAD AXE, MI
WDCQ-DT2	15	E-M	No		BAD AXE, MI
WDCQ-DT3	15	E-M	No		BAD AXE, MI
WDCQ-DT4	15	E-M	No		BAD AXE, MI
WEYI-DT	30	N	No		SAGINAW, MI
WEYI-HD	30	N-M	No		SAGINAW, MI
WEYI-DT3	30	I-M	No		SAGINAW, MI
WJRT-DT	12	N	No		FLINT, MI
WJRT-HD	12	N-M	No		FLINT, MI
WJRT-DT2	12	I-M	No		FLINT, MI
WJRT-DT3	12	I-M	No		FLINT, MI
WNEM-DT	22	N	No		BAY CITY, MI
WNEM-HD	22	N-M	No		BAY CITY, MI
WNEM-DT2	22	I-M	No		BAY CITY, MI
WNEM-DT2HD	22	I-M	No		BAY CITY, MI
WNEM-DT3	22	I-M	No		BAY CITY, MI
WSMH-DT	16	I	No		FLINT, MI
WSMH-HD	16	I-M	No		FLINT, MI
WSMH-DT2	16	I-M	No		FLINT, MI
WSMH-DT3	16	I-M	No		FLINT, MI

G**Primary Transmitters: Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
PRIMARY TRANSMITTERS: TELEVISION		
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>		
CHANNEL LINE-UP AY		

G

Primary Transmitters: Television

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
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AZ					
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
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WZPX-DT	44	I	Yes	O	BATTLE CREEK, MI
WZPX-HD	44	I-M	Yes	E	BATTLE CREEK, MI
WZPX-DT2	44	I-M	Yes	O	BATTLE CREEK, MI
WZPX-DT3	44	I-M	Yes	O	BATTLE CREEK, MI

G**Primary Transmitters: Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BA					
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
WDIV-DT	45	N	No		DETROIT, MI
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WJBK-DT	7	I	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WXYZ-DT	41	N	No		DETROIT, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BB					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WGTE-DT	29	E	Yes	O	TOLEDO, OH
WGTE-HD	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT2	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT3	29	E-M	Yes	E	TOLEDO, OH
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WXYZ-DT	41	N	No		DETROIT, MI

G**Primary Transmitters: Television**

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BC					
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
WDIV-DT	45	N	No		DETROIT, MI
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WJBK-DT	7	I	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTVS-DT	43	E	Yes	O	DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WZPX-DT	44	I	Yes	O	BATTLE CREEK, MI
WZPX-HD	44	I-M	Yes	E	BATTLE CREEK, MI
WZPX-DT2	44	I-M	Yes	O	BATTLE CREEK, MI
WZPX-DT3	44	I-M	Yes	O	BATTLE CREEK, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION		G Primary Transmitters: Television			
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BD					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WKAR-DT	33	E	Yes	O	EAST LANSING, MI
WKAR-DT-HD	33	E-M	Yes	E	EAST LANSING, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WOTV-DT3	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BE					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BF					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WXSP-HD	15	I-M	No		GRAND RAPIDS, MI
WXSP-DT2	15	I-M	No		GRAND RAPIDS, MI
WXSP-DT3	15	I-M	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BG					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name		
PRIMARY TRANSMITTERS: TELEVISION		G Primary Transmitters: Television			
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BH					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP BI					
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
WGVU-DT	11	E	Yes	O	GRAND RAPIDS, MI
WGVU-HD	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT2	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT3	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT4	11	E-M	Yes	E	GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WNDU-DT	42	N	No		SOUTH BEND, IN
WNIT-DT	35	E	Yes	O	SOUTH BEND, IN
WNIT-HD	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT2	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT3	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT4	35	E-M	Yes	E	SOUTH BEND, IN
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP B J					
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
WBND-LD	34	N	No		SOUTH BEND, IN
WBND-HD	34	N-M	No		SOUTH BEND, IN
WBND-DT2	34	I-M	No		SOUTH BEND, IN
WBND-DT3	34	I-M	No		SOUTH BEND, IN
WCWW-LD	25	I	No		SOUTH BEND, IN
WCWW-HD	25	I-M	No		SOUTH BEND, IN
WCWW-DT2	25	I-M	No		SOUTH BEND, IN
WCWW-DT4	25	I-M	No		SOUTH BEND, IN
WCWW-DT5	25	I-M	No		SOUTH BEND, IN
WGVU-DT	11	E	Yes	O	GRAND RAPIDS, MI
WGVU-HD	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT2	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT3	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT4	11	E-M	Yes	E	GRAND RAPIDS, MI
WHME-DT	48	I	No		SOUTH BEND, IN
WLLA-DT	45	I	Yes	O	KALAMAZOO, MI
WMYS-LD	39	I	No		SOUTH BEND, IN
WMYS-HD	39	I-M	No		SOUTH BEND, IN
WMYS-LD2	39	I-M	No		SOUTH BEND, IN
WMYS-LD3	39	I-M	No		SOUTH BEND, IN
WNDU-DT	42	N	No		SOUTH BEND, IN
WNDU-HD	42	N-M	No		SOUTH BEND, IN
WNDU-DT2	42	I-M	No		SOUTH BEND, IN
WNDU-DT3	42	I-M	No		SOUTH BEND, IN
WNIT-DT	35	E	No		SOUTH BEND, IN
WNIT-HD	35	E-M	No		SOUTH BEND, IN
WNIT-DT2	35	E-M	No		SOUTH BEND, IN
WNIT-DT3	35	E-M	No		SOUTH BEND, IN
WNIT-DT4	35	E-M	No		SOUTH BEND, IN
WSBT-DT	22	N	No		SOUTH BEND, IN
WSBT-HD	22	N-M	No		SOUTH BEND, IN
WSBT-DT2	22	I-M	No		SOUTH BEND, IN
WSBT-DT2HD	22	I-M	No		SOUTH BEND, IN
WSBT-DT3	22	I-M	No		SOUTH BEND, IN
WSJV-DT	28	I	No		ELKHART, IN
WTLJ-DT	24	I	Yes	O	MUSKEGON, MI
WZPX-DT	44	I	Yes	O	BATTLE CREEK, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP BK					
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
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WJBK-DT4	7	I-M	No		DETROIT, MI
WJBK-DT5	7	I-M	No		DETROIT, MI
WJBK-DT6	7	I-M	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BL					
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
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	Yes	O	EAST LANSING, MI
WKAR-HD	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT2	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT3	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT4	33	E-M	Yes	E	EAST LANSING, MI
WKBD-DT	14	I	Yes	O	DETROIT, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTOL-DT	11	N	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH

G

Primary Transmitters: Television

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name		
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BM					
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
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2	20	I-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">139,686,444.72</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	139,686,444.72	(Amount of gross receipts)	
\$	139,686,444.72					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		L Copyright Royalty Fee				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 139,686,444.72 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 1,486,263.77 This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 196,518.47 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 5,738.74 Line 3. Add lines 1 and 2 and enter here. \$ 202,257.21					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 1,486,263.77 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. \$ 1,486,988.77 Add Lines 1, 2 and 3 of block 4 and enter total here	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # 27QLCML7						
<p style="text-align: center; color: blue; font-size: small;"> Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.) </p>						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
M Channels	<p>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 187</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,007</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Julie Laine - Comcast Cable Communications, LLC Telephone (215)-286-2334</p> <p>Address One Comcast Center <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Philadelphia, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email Licensing_Office_Inquiries@Comcast.com Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • 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)] <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Joseph Lance</p> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <p>Title: Vice President - Regulatory Accounting <small>(Title of official position held in corporation or partnership)</small></p> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <p>Date: August 11, 2025</p> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</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; font-weight: bold;">Special Statement Concerning Gross Receipts Exclusion</p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

<p>INTEREST ASSESSMENTS</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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p>** 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 _____ Address _____ _____ _____</p> <p>First community served _____ Accounting period _____ ID number _____</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center; font-weight: bold;">Interest Assessment</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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
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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	=
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00	

4

Computation of DSEs for Substitute-Basis Stations

Instructions:

Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:

- Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
- Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

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

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

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

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

5

Total Number of DSEs

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

1. Number of DSEs from part 2 ● _____ ▶ **10.25**

2. Number of DSEs from part 3 ● _____ ▶ **0.00**

3. Number of DSEs from part 4 ● _____ ▶ **0.00**

TOTAL NUMBER OF DSEs _____ ▶ **10.25**

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

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
CBET-DT	A	1.00	WKBD-DT	A	1.00	WZPX-DT2	M	1.00
CICO-DT	A	1.00	WLLA-DT	A	1.00	WZPX-DT3	M	1.00
WTVS-DT	C	0.25	WTLJ-DT	A	1.00			
WGTE-DT	C	0.25	WNIT-DT	C	0.25			
WGVU-DT	C	0.25	WZZM-HD	A	0.25			
WKAR-DT	C	0.25	WZPX-DT	A	1.00			

9.50

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: COMCAST OF DETROIT, GP		SYSTEM ID# 027876	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$ 139,686,444.72	7 Computation of the Syndicated Exclusivity Surcharge
Section 2	A. Enter the total DSEs from block B of part 7	▶ 0.00	
	B. Enter the total number of exempt DSEs from block C of part 7	▶ 0.00	
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	▶ \$ 0.00	
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	• 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)	▶ \$	
	Syndicated Exclusivity Surcharge	▶ \$	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$	
	C. Multiply line B by 3.000 and enter here	▶ \$	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	▶ \$	
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here	▶	
	F. Multiply line D by line E and enter here	▶ \$	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)	▶ \$	
	Syndicated Exclusivity Surcharge	▶ \$	
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	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)	▶ \$	
	Syndicated Exclusivity Surcharge	▶ \$	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
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7	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. ▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ _____</p> <p>F. Multiply line D by line E and enter here. ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge. ▶ \$ _____</p>	
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8	<p>Instructions:</p> <p>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>
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BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

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

Yes—Complete part 9 of this schedule. No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ _____	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶ _____	
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. ▶ \$ 0.00</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876	Name
Section 4 If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.		8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00		Computation of Base Rate Fee

<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		9
		Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
WKBD-DT	1.00			CBET-DT	1.00					
				CICO-DT	1.00					
Total DSEs				1.00	Total DSEs				2.00	
Gross Receipts First Group				\$ 16,725.14	Gross Receipts Second Group				\$ 25,321.75	
Base Rate Fee First Group				\$ 177.96	Base Rate Fee Second Group				\$ 446.93	
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
WTVS-DT	0.25			WTVS-DT	0.25					
Total DSEs				0.25	Total DSEs				0.25	
Gross Receipts Third Group				\$ 954,070.23	Gross Receipts Fourth Group				\$ 160,963.73	
Base Rate Fee Third Group				\$ 2,537.83	Base Rate Fee Fourth Group				\$ 428.16	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
CBET-DT	1.00			WGVU-DT	0.25					
				WLLA-DT	1.00					
				WTLJ-DT	1.00					
Total DSEs				1.00	Total DSEs				2.25	
Gross Receipts First Group				\$ 10,048,909.83	Gross Receipts Second Group				\$ 53,808.22	
Base Rate Fee First Group				\$ 106,920.40	Base Rate Fee Second Group				\$ 1,044.01	
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
WGVU-DT	0.25			WTVS-DT	0.25					
WZZM-HD	0.25			CBET-DT	1.00					
Total DSEs				0.50	Total DSEs				1.25	
Gross Receipts Third Group				\$ 18,091.07	Gross Receipts Fourth Group				\$ 307,098.30	
Base Rate Fee Third Group				\$ 96.24	Base Rate Fee Fourth Group				\$ 3,805.72	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 13					COMMUNITY/ AREA Subgroup 14				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WTVS-DT	0.25			WTVS-DT	0.25				
CBET-DT	1.00			WGTE-DT	0.25				
Total DSEs				1.25	Total DSEs				0.50
Gross Receipts First Group				\$ 161,374.77	Gross Receipts Second Group				\$ 74,133.46
Base Rate Fee First Group				\$ 1,999.84	Base Rate Fee Second Group				\$ 394.39
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA Subgroup 16				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WKAR-DT	0.25			WKAR-DT	0.25				
WKBD-DT	1.00								
Total DSEs				1.25	Total DSEs				0.25
Gross Receipts Third Group				\$ 486,964.09	Gross Receipts Fourth Group				\$ 91,786.61
Base Rate Fee Third Group				\$ 6,034.70	Base Rate Fee Fourth Group				\$ 244.15
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 17					COMMUNITY/ AREA Subgroup 18				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WGVU-DT	0.25			WNIT-DT	0.25				
WLLA-DT	1.00								
WTLJ-DT	1.00								
Total DSEs				2.25	Total DSEs				0.25
Gross Receipts First Group				\$ 10,443.69	Gross Receipts Second Group				\$ 427,601.88
Base Rate Fee First Group				\$ 202.63	Base Rate Fee Second Group				\$ 1,137.42
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 19					COMMUNITY/ AREA Subgroup 20				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WGVU-DT	0.25			WGVU-DT	0.25				
Total DSEs				0.25	Total DSEs				0.25
Gross Receipts Third Group				\$ 702,422.84	Gross Receipts Fourth Group				\$ 14,695.35
Base Rate Fee Third Group				\$ 1,868.44	Base Rate Fee Fourth Group				\$ 39.09
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 121,798,689.82	Gross Receipts Second Group				\$ 2,670,431.93
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 230,961.60	Gross Receipts Fourth Group				\$ 32,255.34
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 5,738.74	

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 16,725.14	Gross Receipts Second Group				\$ 25,321.75
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WILX-DT	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 954,070.23	Gross Receipts Fourth Group				\$ 160,963.73
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 1,509.03
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	

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Computation
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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WZPX-DT	1.00				
Total DSEs				0.00	Total DSEs				1.00
Gross Receipts First Group				\$ 10,048,909.83	Gross Receipts Second Group				\$ 53,808.22
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 2,017.81
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WWMT-DT	0.25								
Total DSEs				0.25	Total DSEs				0.00
Gross Receipts Third Group				\$ 18,091.07	Gross Receipts Fourth Group				\$ 307,098.30
Base Rate Fee Third Group				\$ 169.60	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	

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Computation
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Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 13					COMMUNITY/ AREA Subgroup 14				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WXYZ-DT	0.25								
Total DSEs		0.25			Total DSEs		0.00		
Gross Receipts First Group		\$ 161,374.77			Gross Receipts Second Group		\$ 74,133.46		
Base Rate Fee First Group		\$ 1,512.89			Base Rate Fee Second Group		\$ 0.00		
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA Subgroup 16				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts Third Group		\$ 486,964.09			Gross Receipts Fourth Group		\$ 91,786.61		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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Computation
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Base Rate Fee
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Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 17					COMMUNITY/ AREA Subgroup 18				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WZPX-DT	1.00								
Total DSEs				1.00	Total DSEs				0.00
Gross Receipts First Group				\$ 10,443.69	Gross Receipts Second Group				\$ 427,601.88
Base Rate Fee First Group				\$ 391.64	Base Rate Fee Second Group				\$ 0.00
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 19					COMMUNITY/ AREA Subgroup 20				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WZZM-HD	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 702,422.84	Gross Receipts Fourth Group				\$ 14,695.35
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 137.77
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

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Computation
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Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP						SYSTEM ID# 027876		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 21					COMMUNITY/ AREA Subgroup 22				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 68,356.49	Gross Receipts Second Group				\$ 28,347.19
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 23					COMMUNITY/ AREA Subgroup 24				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 1,302,991.39	Gross Receipts Fourth Group				\$ 0.00
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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Computation
of
Base Rate Fee
and
Syndicated
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for
Partially
Distant
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 1) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	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: <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> 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.	
	NINTH SUBSCRIBER GROUP	TENTH 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"/> - SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ <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"/> - SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width: 100px;" type="text"/>
ELEVENTH SUBSCRIBER GROUP	TWELVTH 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"/> - SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <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"/> - SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width: 100px;" type="text"/>	
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /) \$ <input style="width: 100px;" type="text"/>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876											
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	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.												
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NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP												
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF DETROIT, GP	SYSTEM ID# 027876
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
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