

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
8/25/2025	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																						
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 006580																						
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Southeast Pennsylvania, LLC See Attached</p> <p style="text-align: right;">006580 2025/1</p> <p>One Comcast Center Philadelphia, PA 19103</p>																						
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																						
	1	IDENTIFICATION OF CABLE SYSTEM:																					
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</p>																					
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>Harrisburg City</td> <td>PA</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN	STATE	Harrisburg City	PA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																						
Harrisburg City	PA																						
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																				
Alda	MD	A	1																				
Alliance	MD	B	2																				
Gering	MD	B	3																				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
Comcast of Southeast Pennsylvania, LLC		006580	
<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>			
D Area Served			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
Harrisburg City	PA	AA	3
Abbottstown	PA	AQ	3
Adams County	PA	AO	3
Akron Borough	PA	AH	3
Alexandria Borough	PA	AT	3
Allegheny Township (Blair Co)	PA	AT	3
Allison Twp	PA	AU	7
Alsace	PA	AJ	3
Altoona	PA	AT	3
Annaville	PA	AK	7
Anthony Twp	PA	AZ	12
Antrim Twp	PA	AF	4
Archbald Borough	PA	AR	3
Arendtsville	PA	AO	3
Armagh Twp	PA	AV	3
Armstrong Twp	PA	AZ	12
Ashley Borough	PA	AR	3
Asylum Twp	PA	AS	3
Auburn	PA	AL	3
Avis Borough	PA	AZ	7
Avoca	PA	AR	3
Ayr Twp	PA	AB	9
Bald Eagle Twp - Northeast	PA	AU	7
Bald Eagle Twp - South	PA	AZ	7
Bart Twp	PA	AH	3
Bastress Twp	PA	AZ	12
Beccaria Township	PA	AT	3
Beech Creek Boro	PA	AZ	7
Beech Creek Twp	PA	AZ	7
Bellefonte Borough	PA	AT	3
Bendersville	PA	AO	3
Benner Township	PA	AT	3
Benton Twp	PA	AR	3
Bern	PA	AJ	3
Bern Twp	PA	AJ	3
Bernville	PA	AJ	3
Berrysburg	PA	AW	3
Berwick Borough	PA	AR	3
Berwick Township	PA	AQ	3
Bethel Township (Berks Co.)	PA	AJ	15

**First
Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

Bethel Township (Lebanon Co.)	PA	AK	7
Bigler Township	PA	AT	3
Biglerville	PA	AO	3
Blair Township	PA	AT	3
Blakely Borough	PA	AR	3
Bloomfield Borough	PA	AA	3
Bloomsburg	PA	AZ	12
Blythe Township	PA	AL	3
Boggs Township (Centre Co.)	PA	AT	3
Boggs Township (Clearfield Co.)	PA	AT	3
Bonneauville	PA	AO	3
Brady Township (Huntingdon Co.)	PA	AT	3
Brady Township (Lycoming Co.)	PA	AZ	12
Branch Twp	PA	AL	3
Brecknock	PA	AJ	3
Briar Creek Borough	PA	AR	3
Briar Creek Township	PA	AR	3
Brisbin Borough	PA	AT	3
Broad Top City Borough	PA	AT	3
Broad Top Township	PA	AT	3
Brown Twp	PA	AV	3
Buffalo Twp	PA	AA	3
Burnham Boro	PA	AV	14
Butler Township (Adams Co)	PA	AO	3
Butler Township (Schuylkill Co)	PA	AL	3
Caernarvon	PA	AH	3
Camp Hill	PA	AA	3
Carbon Township	PA	AT	3
Carbondale	PA	AR	3
Carbondale Township	PA	AR	3
Carlisle	PA	AA	3
Carlisle Barracks	PA	AA	3
Carroll Twp (Perry Co.)	PA	AA	3
Carroll Twp (York Co.)	PA	AA	3
Carroll Valley	PA	AO	3
Cass Twp	PA	AL	3
Castanea	PA	AU	7
Catawissa Borough	PA	AZ	12
Catherine Township	PA	AT	3
Centerport	PA	AJ	3
Centre Hall Borough	PA	AT	3
Centre Twp (Berks Co.)	PA	AJ	3
Centre Twp (Perry Co.)	PA	AA	3
Chambersburg	PA	AE	3
Chanceford	PA	AP	3
Chapman Twp	PA	AZ	7
Chesapeake Estates	PA	AN	3
Chester Hill Borough	PA	AT	3
Christiana	PA	AH	3
Clarks Green Borough	PA	AR	3
Clarks Summit Borough	PA	AR	3
Clay	PA	AK	7
Cleona	PA	AK	7
Clinton Township (Lycoming Co)	PA	AZ	12
Clinton Township (Wyoming Co)	PA	AR	3
Coaldale Borough	PA	AT	3
Coalmont Borough	PA	AT	3
Codorus Township	PA	AN	3
Colebrook	PA	AU	7

Colerain Township (Lancaster Co)	PA	AH	3
College Township	PA	AT	3
Columbia	PA	AH	3
Conestoga	PA	AH	3
Conewago Township (Adams Co)	PA	AQ	3
Conewago Township (Dauphin Co)	PA	AA	3
Conewago Township (York Co)	PA	AP	3
Conoy Twp	PA	AI	3
Conyngam Township	PA	AR	3
Cornwall	PA	AK	7
Courtdale Borough	PA	AR	3
Covington Twp	PA	AR	3
Crawford Twp	PA	AZ	7
Cressona	PA	AL	3
Cumberland Twp	PA	AO	3
Cummings Twp	PA	AZ	7
Cumru	PA	AJ	3
Curtin Twp	PA	AT	3
Dallas Boro	PA	AR	3
Dallas Twp	PA	AR	3
Dallastown	PA	AP	3
Dalton Borough	PA	AR	3
Danville Borough	PA	AZ	12
Dauphin Borough	PA	AA	3
Davidson Township	PA	AZ	12
Decatur Township	PA	AT	3
Deer Lake	PA	AL	3
Delware Township	PA	AZ	12
Derry Twp (Dauphin Co.)	PA	AA	3
Derry Twp (Mifflin Co.)	PA	AV	14
Dickinson Twp	PA	AA	3
Dickson City	PA	AR	3
Dillsburg	PA	AN	3
Dover Boro	PA	AP	3
Dover Twp - Southwest	PA	AO	2
Dover Twp - Northeast	PA	AP	3
Drumore	PA	AH	3
Dublin Twp	PA	AB	9
Duboistown Boro	PA	AZ	12
Dudley Borough	PA	AT	3
Duncansville Borough	PA	AT	3
Dunmore Borough	PA	AR	3
Dunnstable	PA	AU	7
Dunnstable Twp	PA	AZ	7
Dupont Borough	PA	AR	3
Duryea Borough	PA	AR	3
Eagles Mere Boro	PA	AZ	12
Earl	PA	AH	3
East Berlin - West	PA	AO	3
East Berlin - East	PA	AQ	3
East Buffalo Township	PA	AZ	3
East Brunswick Township	PA	AL	3
East Cocalico	PA	AH	3
East Donegal	PA	AI	3
East Drumore	PA	AH	3
East Earl	PA	AH	3
East Hanover - Southwest	PA	AK	7
East Hanover (Dauphin)	PA	AA	3
East Hanover (Lebanon)	PA	AA	3

East Hempfield	PA	AH	3
East Lampeter	PA	AH	3
East Manchester	PA	AP	3
East Norwegian Twp	PA	AL	3
East Pennsboro	PA	AA	3
East Petersburg	PA	AH	3
East Prospect	PA	AP	3
Eden	PA	AH	3
Edwardsville	PA	AR	3
Elizabeth	PA	AK	7
Elizabethtown	PA	AI	3
Elizabethville	PA	AW	3
Elmhurst Twp	PA	AR	3
Ephrata Borough	PA	AH	3
Ephrata Township	PA	AH	3
Exeter Borough	PA	AR	3
Exeter Twp (Berks Co.)	PA	AJ	3
Exeter Twp (Luzerne)	PA	AR	3
Exeter Twp (Wyoming)	PA	AR	3
Factoryville Borough	PA	AR	3
Fairfield	PA	AO	3
Fairfield Twp	PA	AZ	12
Fairview Twp	PA	AA	3
Fell Township	PA	AR	3
Felton	PA	AP	3
Ferguson Township	PA	AT	3
Flemington	PA	AU	7
Forty Fort	PA	AR	3
Foster Township (Schuylkill Co)	PA	AL	3
Franklin Township (Adams Co)	PA	AO	3
Franklin Township (Huntingdon Co.)	PA	AT	3
Franklin Township (Luzerne Co)	PA	AR	3
Franklin Township (Lycoming Co.)	PA	AZ	12
Franklin Township (York Co) PA	PA	AN	3
Franklintown Borough PA	PA	AN	3
Frankstown Township	PA	AT	3
Frederick County	MD	AM	5
Freedom Twp	PA	AO	3
Fulton	PA	AH	3
Germany Twp - West	PA	AO	3
Germany Twp - Southeast	PA	AQ	3
Gettysburg	PA	AO	3
Glen Rock Boro	PA	AN	3
Glenburn Twp	PA	AR	3
Goldsboro	PA	AP	3
Granville	PA	AV	14
Gratz	PA	AW	3
Greencastle Boro	PA	AF	4
Greene Twp (Clinton Co.)	PA	AZ	7
Greene Twp (Franklin Co.)	PA	AE	3
Greenwich	PA	AJ	4
Greenwood Twp	PA	AA	3
Gregg Township (Centre Co)	PA	AT	3
Gregg Township (Union Co)	PA	AZ	3
Guilford Township	PA	AD	3
Gulich Township	PA	AT	3
Halfmoon Township	PA	AT	3
Halifax Borough	PA	AA	3
Halifax Twp	PA	AA	3

Hallam Boro	PA	AP	3
Hamburg	PA	AJ	4
Hamilton Twp (Adams Co.) - North	PA	AO	3
Hamilton Twp (Adams Co.) - South	PA	AQ	3
Hamilton Twp (Franklin Co.) - East	PA	AE	3
Hamilton Twp (Franklin Co.) - West	PA	AG	4
Hamiltonban	PA	AO	3
Hampden Twp	PA	AA	3
Hanover Boro	PA	AQ	3
Hanover Township (Luzerne Co)	PA	AR	3
Harris Township	PA	AT	3
Harvey's Lake Boro	PA	AR	3
Hazle Township	PA	AR	3
Hegins Twp	PA	AY	3
Heidelberg Twp (Berks Co.)	PA	AJ	3
Heidelberg Twp (Lebanon Co.)	PA	AK	7
Heidelberg Twp (York Co.)	PA	AQ	3
Hellam	PA	AH	11
Hellam Twp	PA	AP	3
Henderson Township	PA	AT	3
Hepburn Twp	PA	AZ	12
Highland Twp	PA	AO	3
Highspire Borough	PA	AA	3
Hollidaysburg Borough	PA	AT	3
Hopewell Borough	PA	AT	3
Hopewell Township (Bedford Co)	PA	AT	3
Hopewell Township (Huntingdon Co)	PA	AT	3
Hopewell Township (York Co)	PA	AN	3
Houtzdale Borough	PA	AT	3
Howard Borough	PA	AT	3
Howard Township	PA	AT	3
Howe Twp	PA	AA	3
Hubley Twp	PA	AY	3
Hughestown Borough	PA	AR	3
Hughesville Boro	PA	AZ	12
Hummelstown Boro	PA	AA	3
Hunlock Township	PA	AR	3
Huntingdon	PA	AT	3
Huntington Twp	PA	AO	3
Huston Twp	PA	AT	3
Jackson Twp (Dauphin Co.)	PA	AA	3
Jackson Twp (Lebanon Co.)	PA	AK	7
Jackson Twp (York Co.) - Southwest	PA	AO	2
Jackson Twp (York Co.) - Northeast	PA	AP	3
Jacobus Twp	PA	AP	3
Jefferson Borough	PA	AN	3
Jefferson Twp (Berks Co.)	PA	AJ	3
Jefferson Twp (Dauphin Co.)	PA	AA	3
Jefferson Twp (Lackawanna Co.)	PA	AR	3
Jenkins Borough	PA	AR	3
Jermyn Borough	PA	AR	3
Jersey Shore Boro	PA	AZ	7
Jessup Borough	PA	AR	3
Jonestown	PA	AK	7
Juniata Terrace	PA	AV	14
Juniata Twp (Huntingdon Co.)	PA	AT	3
Juniata Twp (Perry Co.)	PA	AA	3
Kenhorst	PA	AJ	3
Kingston Borough	PA	AR	3

Kingston Township	PA	AR	3
Kistler Borough	PA	AX	3
La Plume Township	PA	AR	3
Laflin Borough	PA	AR	3
Lake Township	PA	AR	3
Lamar Twp	PA	AZ	7
Lancaster	PA	AH	3
Lancaster Township	PA	AH	3
Landingville	PA	AL	3
Laporte Borough	PA	AZ	10
Laporte Twp	PA	AZ	10
Larksville Borough	PA	AR	3
Latimore Twp	PA	AO	3
Laureldale	PA	AJ	3
Leacock	PA	AH	3
Lebanon	PA	AK	7
Leesport	PA	AJ	3
Lehman Twp	PA	AR	3
Lemoyne Borough	PA	AA	3
Lenhartsville	PA	AJ	4
Letterkenny Twp	PA	AE	3
Lewis Twp	PA	AZ	12
Lewisburg Borough	PA	AZ	3
Lewistown	PA	AV	14
Liberty Twp (Adams Co.)	PA	AO	3
Liberty Twp (Bedford Co.)	PA	AT	3
Liberty Twp (Centre Co.)	PA	AT	3
Limestone Township (Lycoming Co)	PA	AZ	12
Limestone Township (Montour Co)	PA	AZ	12
Lincoln Township	PA	AT	3
Lititz Borough	PA	AH	3
Little Britain	PA	AH	3
Littlestown - West	PA	AO	3
Littlestown - East	PA	AQ	3
Liverpool Borough	PA	AA	3
Liverpool Twp	PA	AA	3
Lock Haven	PA	AU	7
Logan Township (Blair Co)	PA	AT	3
Logan Township (Huntingdon Co)	PA	AT	3
Loganton Boro	PA	AZ	7
Loganville	PA	AP	3
Londonderry Township (Dauphin Co)	PA	AA	3
Lower Allen Twp	PA	AA	3
Lower Alsace	PA	AJ	3
Lower Frankford Twp	PA	AA	3
Lower Heidelberg	PA	AJ	3
Lower Mahanoy Twp	PA	AA	3
Lower Mifflin Twp	PA	AE	8
Lower Paxton Twp	PA	AA	3
Lower Swatara Twp	PA	AA	3
Lower Windsor	PA	AP	3
Loyalsock Twp	PA	AZ	12
Luzerne	PA	AR	3
Lycoming Twp	PA	AZ	12
Lykens Boro	PA	AW	3
Lykens Twp	PA	AW	3
Madison Twp (Columbia Co.)	PA	AZ	12
Madison Twp (Lackawanna Co.)	PA	AR	3
Maidencreek Twp	PA	AJ	4

Manchester Boro	PA	AP	3
Manchester Twp	PA	AP	3
Manheim Township (Lancaster Co)	PA	AH	3
Manheim Township (York Co) - West	PA	AQ	3
Manheim Township (York Co) - East	PA	AN	3
Manor	PA	AH	3
Marietta	PA	AI	3
Marion Township (Berks Co)	PA	AJ	3
Marion Township (Centre Co)	PA	AT	3
Marklesburg Borough	PA	AT	3
Martic	PA	AH	3
Martinsburg Borough	PA	AT	3
Marysville	PA	AA	3
Mayfield Borough	PA	AR	3
McAdoo Borough	PA	AL	3
McSherrystown	PA	AQ	3
Mechanicsburg	PA	AA	3
Mechanicsville	PA	AL	3
Menallen Twp	PA	AO	3
Mercersburg Boro	PA	AG	4
Metal Twp	PA	AE	4
Middle Paxton	PA	AA	3
Middleport Borough	PA	AL	3
Middlesex Twp	PA	AA	3
Middleton Twp	PA	AN	16
Middletown	PA	AA	3
Mifflin Township (Columbia Co)	PA	AZ	12
Mifflin Township (Dauphin Co)	PA	AW	3
Mifflin Township (Lycoming Co)	PA	AZ	10
Milesburg Borough	PA	AT	3
Mill Creek Borough	PA	AT	3
Mill Hall Boro	PA	AZ	7
Millcreek	PA	AK	7
Miller Township	PA	AT	3
Millersburg Borough	PA	AA	3
Millerstown	PA	AA	3
Millersville	PA	AH	3
Minersville	PA	AL	3
Mohnton	PA	AJ	3
Monaghan Township	PA	AN	3
Monroe Borough	PA	AS	3
Monroe Twp (Cumberland Co.) - Northwest	PA	AA	3
Monroe Twp (Cumberland Co.) - Southeast	PA	AN	1
Monroe Twp (Bradford Co.)	PA	AS	3
Monroeton	PA	AS	3
Mont Alto Borough	PA	AD	3
Montgomery Borough	PA	AZ	12
Montgomery Twp - North	PA	AF	4
Montgomery Twp - Southwest	PA	AZ	12
Montoursville Boro	PA	AZ	12
Moosic	PA	AR	3
Morris Township (Clearfield Co)	PA	AT	3
Morris Township (Huntingdon Co)	PA	AT	3
Moscow Borough	PA	AR	3
Mount Carbon	PA	AL	3
Mount Gretna	PA	AK	7
Mount Holly Springs Borough	PA	AA	3
Mount Joy Borough	PA	AI	3
Mount Joy Twp (Adams Co.)	PA	AO	3

Mount Joy Twp (Lancaster Co.)	PA	AI	3
Mount Penn	PA	AJ	3
Mount Pleasant Township - Southeast	PA	AQ	3
Mount Pleasant Township - West	PA	AO	3
Mount Union Borough	PA	AT	3
Mount Wolf Borough	PA	AP	3
Mountville - Southeast	PA	AH	3
Mountville - Northwest	PA	AI	3
Muhlenberg	PA	AJ	3
Muncy Boro	PA	AZ	12
Muncy Creek Twp	PA	AZ	12
Muncy Twp	PA	AZ	12
Myerstown	PA	AK	7
Nanticoke	PA	AR	3
Nescopeck Borough PA	PA	AR	3
New Castle	PA	AL	3
New Cumberland	PA	AA	3
New Freedom	PA	AN	3
New Holland	PA	AH	3
New Oxford - West	PA	AO	3
New Oxford - East	PA	AQ	3
New Philadelphia Borough	PA	AL	3
New Salem Borough	PA	AN	3
Newberry Twp	PA	AP	3
Newport Borough	PA	AA	3
Newport Township	PA	AR	3
Newton Hamilton	PA	AX	3
Newton Twp	PA	AR	3
Newville Boro	PA	AE	8
Nicholson Borough	PA	AR	3
Nicholson Twp	PA	AR	3
Nippenose Twp	PA	AZ	7
North Abington Township	PA	AR	3
North Annville	PA	AK	7
North Codorus	PA	AN	3
North Cornwall	PA	AK	7
North Heidelberg	PA	AJ	3
North Lebanon	PA	AK	7
North Londonderry Twp	PA	AA	3
North Manheim Twp	PA	AL	3
North Middleton Twp	PA	AA	3
North Newton Township	PA	AA	3
North Towanda	PA	AS	3
North York	PA	AP	3
Northmoreland Twp	PA	AR	3
Norwegian Twp	PA	AL	3
Noyes Twp	PA	AZ	7
Old Forge	PA	AR	3
Old Lycoming Twp	PA	AZ	12
Oley Twp	PA	AJ	3
Oliver Twp	PA	AA	3
Olyphant Borough	PA	AR	3
Oneida Township	PA	AT	3
Ontelaunee	PA	AJ	3
Orwigsburg	PA	AL	3
Osceola Mills Borough	PA	AT	3
Oxford	PA	AO	3
Oxford Twp	PA	AQ	3
Palmyra Borough	PA	AA	3

Palo Alto Borough	PA	AL	3
Paradise Twp (Lancaster Co.)	PA	AH	3
Paradise (York Co.) - West	PA	AO	3
Paradise (York Co.) - Southeast	PA	AQ	3
Patton Township	PA	AT	3
Paxtang Borough	PA	AA	3
Penbrook Borough	PA	AA	3
Penn Township (Berks Co)	PA	AJ	3
Penn Township (Cumberland Co.) - Northeast	PA	AA	3
Penn Township (Cumberland Co.) - Southwest	PA	AE	3
Penn Township (Huntingdon Co.)	PA	AT	3
Penn Township (Lycoming Co)	PA	AZ	12
Penn Township (York Co)	PA	AQ	3
Pequea	PA	AH	3
Perry	PA	AJ	4
Peters Twp - Southwest	PA	AF	4
Peters Twp - Northeast	PA	AG	4
Petersburg Borough	PA	AT	3
Phillipsburg Borough	PA	AT	3
Platt Twp	PA	AZ	10
Picture Rocks Boro	PA	AZ	12
Pillow	PA	AW	3
Pine Creek Twp	PA	AZ	7
Pine Grove Borough	PA	AL	3
Pine Grove Twp	PA	AL	3
Pittston	PA	AR	3
Pittston Township	PA	AR	3
Plains	PA	AR	3
Plymouth	PA	AR	3
Point Township	PA	AZ	12
Port Carbon Borough	PA	AL	3
Port Clinton	PA	AL	3
Port Matilda Borough	PA	AT	3
Porter Township (Clinton Co)	PA	AZ	7
Porter Township (Huntingdon Co.)	PA	AT	3
Porter Township (Lycoming Co)	PA	AZ	7
Porter Township (Schuylkill Co)	PA	AY	3
Potter Township	PA	AT	3
Pottsville	PA	AL	3
Pringle Borough	PA	AR	3
Providence	PA	AH	3
Quarryville	PA	AH	3
Quincy Township	PA	AD	4
Railroad	PA	AN	3
Ramey Borough	PA	AT	3
Ransom Twp	PA	AR	3
Rapho	PA	AK	7
Rapho Township	PA	AI	3
Reading	PA	AJ	3
Reading Twp	PA	AO	3
Red Lion Boro	PA	AP	3
Reed Twp	PA	AA	3
Reilly Township	PA	AL	3
Renovo Boro	PA	AZ	7
Richland	PA	AK	7
Roaring Brook Twp	PA	AR	3
Roaring Spring Borough	PA	AT	3
Robesonia	PA	AJ	3
Royalton Borough	PA	AA	3

Ruscombmanor	PA	AJ	3
Rush Township (Centre Co.)	PA	AT	3
Rush Township (Dauphin Co)	PA	AY	3
Rye Twp	PA	AA	3
Sadsbury	PA	AH	3
Salem Township (Luzerne Co)	PA	AR	3
Salisbury	PA	AH	3
Salladasburg Boro	PA	AZ	10
Saxton Borough	PA	AT	3
Schuylkill Haven	PA	AL	3
Schuylkill Township (Schuylkill Co)	PA	AL	3
Scott Twp	PA	AR	3
Scranton	PA	AR	3
Seven Valleys	PA	AN	3
Shady Grove	PA	AF	4
Shickshinny Borough	PA	AR	3
Shillington	PA	AJ	3
Shippensburg Boro	PA	AE	8
Shippensburg Twp	PA	AE	8
Shiremanstown	PA	AA	3
Shirley Township	PA	AT	3
Shirleysburg Borough	PA	AT	3
Shoemakersville	PA	AJ	4
Shrewsbury	PA	AN	3
Shrewsbury Township (Lycoming Co)	PA	AZ	12
Shrewsbury Township (Sullivan Co)	PA	AZ	12
Shrewsbury Township (York Co)	PA	AN	3
Silver Spring Twp	PA	AA	3
Sinking Spring	PA	AJ	3
Smithfield Township	PA	AT	3
Snyder Township	PA	AT	3
South Abington Township	PA	AR	3
South Annville - Northeast	PA	AA	3
South Annville - Southwest	PA	AK	7
South Hanover	PA	AA	3
South Heidelberg	PA	AJ	3
South Lebanon	PA	AK	7
South Londonderry - Northeast	PA	AA	3
South Londonderry - Southwest	PA	AK	7
South Manheim Twp	PA	AL	3
South Middleton Twp	PA	AA	3
South Newton Township	PA	AA	3
South Renovo Boro	PA	AZ	7
South Williamsport	PA	AZ	12
Southampton Twp (Cumberland)	PA	AE	8
Southampton Twp (Franklin)	PA	AE	3
Spring Brook Township	PA	AR	3
Spring Garden Twp	PA	AP	3
Spring Grove	PA	AN	3
Spring Township (Berks Co.)	PA	AJ	3
Spring Township (Centre Co.)	PA	AT	3
Spring Twp (Perry Co.)	PA	AA	3
Springettsbury	PA	AP	3
Springfield	PA	AP	3
St. Clair Borough	PA	AL	3
St. Lawrence Borough	PA	AJ	3
St. Thomas Twp - East	PA	AE	3
St. Thomas Twp - West	PA	AG	4
State College	PA	AT	3

Steelton Borough	PA	AA	3
Stewartstown Borough	PA	AN	3
Straban Twp	PA	AO	3
Strasburg Borough	PA	AH	3
Strasburg Twp	PA	AH	3
Strausstown	PA	AJ	15
Sugar Notch Borough	PA	AR	3
Susquehanna Twp (Dauphin Co.)	PA	AA	3
Susquehanna Twp (Juniata Co.)	PA	AA	3
Susquehanna Twp (Lycoming Co.)	PA	AZ	12
Swatara Twp (Dauphin Co.)	PA	AA	3
Swatara Twp (Lebanon Co.)	PA	AK	7
Swoyersville	PA	AR	3
Tamaqua Borough	PA	AL	3
Taylor Borough	PA	AR	3
Taylor Township (Centre Co.) - North	PA	AT	3
Taylor Township (Fulton Co.) - South	PA	AB	9
Throop	PA	AR	3
Tilden	PA	AJ	4
Todd Township (Fulton Co)	PA	AB	9
Todd Township (Huntingdon Co.)	PA	AT	3
Towanda Boro	PA	AS	3
Towanda Twp	PA	AS	3
Tower City	PA	AY	3
Tremont Twp	PA	AL	3
Tulpehocken	PA	AJ	15
Turbot Twp	PA	AZ	12
Turbotville Borough	PA	AZ	12
Tuscarora Twp	PA	AA	3
Tyrone Borough	PA	AT	3
Tyrone Twp	PA	AO	3
Union Township (Adams Co.) - Southeast	PA	AQ	3
Union Township (Adams Co.) - West	PA	AO	3
Union Township (Huntingdon Co.)	PA	AT	3
Union Township (Lebanon Co.)	PA	AK	7
Upper Allen Twp	PA	AA	3
Upper Bern	PA	AJ	3
Upper Leacock	PA	AH	3
Upper Mahontongo Twp	PA	AY	3
Upper Paxton	PA	AW	3
Upper Paxton Twp	PA	AA	3
Upper Tulpehocken	PA	AJ	3
Walker Township (Centre Co.)	PA	AT	3
Walker Township (Huntingdon Co.)	PA	AT	3
Walnut Grove	PA	AN	3
Warrington Twp	PA	AO	2
Warrior Run Borough	PA	AR	3
Warwick Township (Lancaster Co.)	PA	AH	3
Washington County	MD	AM	6
Washington Township (Dauphin Co.)	PA	AW	3
Washington Township (Franklin Co.)	PA	AD	4
Washington Township (Lycoming Co.)	PA	AZ	12
Washington Township (Schuylkill Co.)	PA	AL	3
Washington Township (York Co.)	PA	AO	2
Watson Twp	PA	AZ	7
Watsonstown Borough	PA	AZ	12
Waverly Township (fka Abington Twp)	PA	AR	3
Wayne Township (Clinton Co.)	PA	AZ	7
Wayne Township (Dauphin Co.)	PA	AA	3

Wayne Township (Mifflin Co.)	PA	AX	3
Wayne Township (Schuylkill Co.)	PA	AL	3
Waynesboro	PA	AD	4
Wells Township	PA	AC	3
Wernersville	PA	AJ	3
West Brunswick - Southeast	PA	AJ	13
West Brunswick - Northwest	PA	AL	3
West Buffalo Township	PA	AZ	3
West Cocalico	PA	AK	7
West Cornwall	PA	AK	7
West Donegal Twp	PA	AI	3
West Earl	PA	AH	3
West Fairview Twp	PA	AA	3
West Hanover Twp	PA	AA	3
West Hempfield - Southeast	PA	AH	3
West Hempfield - Northwest	PA	AI	3
West Lampeter	PA	AH	3
West Lawn	PA	AJ	3
West Lebanon	PA	AK	7
West Manchester	PA	AP	3
West Manheim	PA	AQ	3
West Pennsboro	PA	AA	3
West Pittston Borough	PA	AR	3
West Reading	PA	AJ	3
West Wyoming	PA	AR	3
West York	PA	AP	3
Wictonisco	PA	AW	3
Wilkes-Barre	PA	AR	3
Wilkes-Barre Township	PA	AR	3
Williams Township	PA	AW	3
Williamsburg Borough	PA	AT	3
Williamsport	PA	AZ	12
Williamstown	PA	AW	3
Willow Valley	PA	AH	3
Windsor Boro	PA	AP	3
Windsor Twp (Berks Co.)	PA	AJ	4
Windsor Twp (York Co.)	PA	AP	3
Wolf Twp	PA	AZ	12
Womelsdorf	PA	AJ	3
Wood Township	PA	AT	3
Woodbury Township	PA	AT	3
Woodward Township (Clinton Co)	PA	AU	7
Woodward Township (Clearfield Co)	PA	AT	3
Woodward Township (Lycoming Co)	PA	AZ	12
Wormleysburg Boro	PA	AA	3
Worth Township	PA	AT	3
Wrightsville	PA	AH	11
Wyoming	PA	AR	3
Wyomissing	PA	AJ	3
Wyomissing Hills	PA	AJ	3
Wysox Twp	PA	AS	3
Yatesville Borough	PA	AR	3
Yoe Boro	PA	AP	3
York	PA	AP	3
York Haven Boro	PA	AP	3
York Springs Boro	PA	AO	3
York Twp	PA	AP	3
Yorkana Boro	PA	AP	3

LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	Name		
Comcast of Southeast Pennsylvania, LLC		006580			
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. BCAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA-DT	20	I	No		WASHINGTON, DC
WDCA-DT-HD	20	I-M	No		WASHINGTON, DC
WDCA-DT2	20	I-M	No		WASHINGTON, DC
WDCA-DT3	20	I-M	No		WASHINGTON, DC
WDCA-DT4	20	I-M	No		WASHINGTON, DC
WDCW-DT	50	I	No		WASHINGTON, DC
WDCW-DT-HD	50	I-M	No		WASHINGTON, DC
WDCW-DT2	50	I-M	No		WASHINGTON, DC
WDME-DT-HD	48	I	No		WASHINGTON, DC
WDME-DT2	48	I-M	No		WASHINGTON, DC
WDME-DT3	48	I-M	No		WASHINGTON, DC
WDME-DT4	48	I-M	No		WASHINGTON, DC
WDVM-DT	25	I	No		HAGERSTOWN, MD
WDVM-DT-HD	25	I-M	No		HAGERSTOWN, MD
WDVM-DT2	25	I-M	No		HAGERSTOWN, MD
WDVM-DT3	25	I-M	No		HAGERSTOWN, MD
WETA-DT	26	E	Yes	O	WASHINGTON, DC
WETA-DT-HD	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT2-HD	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT3	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT5-HD	26	E-M	Yes	E	WASHINGTON, DC
WGAL-DT	8	N	Yes	O	LANCASTER, PA
WHP-DT	21	N	Yes	O	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJLA-DT-HD	7	N-M	No		WASHINGTON, DC
WJLA-DT2	7	I-M	No		WASHINGTON, DC
WJLA-DT3	7	I-M	No		WASHINGTON, DC
WMDE-DT	5	I	No		DOVER, DE
WMDE-DTHD	5	I-M	No		DOVER, DE
WRC-DT	48	N	No		WASHINGTON, DC
WRC-DT-HD	48	N-M	No		WASHINGTON, DC
WRC-DT2	48	I-M	No		WASHINGTON, DC
WRC-DT3	48	I-M	No		WASHINGTON, DC
WTTG-DT	36	I	No		WASHINGTON, DC
WTTG-DT2	36	I-M	No		WASHINGTON, DC
WTTG-DT3	36	I-M	No		WASHINGTON, DC
WTTG-DT-HD	36	I-M	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WUSA-DT-HD	9	N-M	No		WASHINGTON, DC
WUSA-DT2	9	I-M	No		WASHINGTON, DC
WUSA-DT3	9	I-M	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD
WWPX-DT	60	I	No		MARTINSBURG, WV
WWPX-DT-HD	60	I-M	No		MARTINSBURG, WV
WWPX-DT2-HD	60	I-M	No		MARTINSBURG, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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(i)(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 another 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
KYW-DT	26	N	No		PHILADELPHIA, PA
KYW-DT-HD	26	N-M	No		PHILADELPHIA, PA
KYW-DT2	26	I-M	No		PHILADELPHIA, PA
KYW-DT3	26	I-M	No		PHILADELPHIA, PA
WACP-DT	4	I	Yes	O	ATLANTIC CITY, NJ
WACP-DT-HD	4	I-M	Yes	E	ATLANTIC CITY, NJ
WBPH-DT	9	I	No		BETHLEHEM, PA
WBPH-DT-HD	9	I-M	No		BETHLEHEM, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WCAU-DT2	34	I-M	No		PHILADELPHIA, PA
WCAU-DT-HD	34	N-M	No		PHILADELPHIA, PA
WCAU-DT3	34	I-M	No		PHILADELPHIA, PA
WDPN-DT	2	I	No		WILMINGTON, DE
WDPN-DTHD	2	I-M	No		WILMINGTON, DE
WDPN-DT4	2	I-M	No		WILMINGTON, DE
WDPN-DT6	2	I-M	No		WILMINGTON, DE
WFMZ-DT	9	I	No		ALLENTOWN, PA
WFMZ-DT2	9	I-M	No		ALLENTOWN, PA
WFMZ-DT-HD	9	I-M	No		ALLENTOWN, PA
WGAL-DT	8	N	No		LANCASTER, PA
WHYY-DT	12	E	Yes	O	WILMINGTON, DE
WHYY-DT2	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT3	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT-HD	12	E-M	Yes	E	WILMINGTON, DE
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WLVt-DT	9	E	No		ALLENTOWN, PA
WLVt-DT2	9	E-M	No		ALLENTOWN, PA
WLVt-DT-HD	9	E-M	No		ALLENTOWN, PA
WLVt-DT3	9	E-M	No		ALLENTOWN, PA
WMCN-DT	12	I	Yes	O	PRINCETON, NJ
WMCN-DT-HD	12	I-M	Yes	E	PRINCETON, NJ
WPHL-DT	17	I	No		PHILADELPHIA, PA
WPHL-DT2	17	I-M	No		PHILADELPHIA, PA
WPHL-DT3	17	I-M	No		PHILADELPHIA, PA
WPHL-DT4	17	I-M	No		PHILADELPHIA, PA
WPHL-DT-HD	17	I-M	No		PHILADELPHIA, PA
WPPT-DT	9	E	Yes	O	PHILADELPHIA, PA
WPPT-DT2	9	E-M	Yes	O	PHILADELPHIA, PA
WPPX-DT	31	I	Yes	O	WILMINGTON, DE
WPPX-DT-HD	31	I-M	Yes	E	WILMINGTON, DE
WPSG-DT	32	I	Yes	O	PHILADELPHIA, PA
WPSG-DT-HD	32	I-M	Yes	E	PHILADELPHIA, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WPVI-DT-HD	6	N-M	No		PHILADELPHIA, PA
WPVI-DT2-HD	6	N-M	No		PHILADELPHIA, PA
WTVE-DT	25	I	No		READING, PA
WTVE-DTHD	25	I-M	No		READING, PA
WTFX-DT	42	I	Yes	O	PHILADELPHIA, PA
WTFX-DT2	42	I-M	Yes	O	PHILADELPHIA, PA
WTFX-DT4	42	I-M	Yes	O	PHILADELPHIA, PA
WTFX-DT-HD	42	I-M	Yes	E	PHILADELPHIA, PA
WTFX-DT3	42	I-M	Yes	O	PHILADELPHIA, PA
WTFX-DT5	42	I-M	Yes	O	PHILADELPHIA, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	Name		
Comcast of Southeast Pennsylvania, LLC		006580			
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
WDCA-DT	20	I	No		WASHINGTON, DC
WDCA-DT-HD	20	I-M	No		WASHINGTON, DC
WDCA-DT2	20	I-M	No		WASHINGTON, DC
WDCA-DT3	20	I-M	No		WASHINGTON, DC
WDCA-DT4	20	I-M	No		WASHINGTON, DC
WDCW-DT	50	I	No		WASHINGTON, DC
WDCW-DT-HD	50	I-M	No		WASHINGTON, DC
WDCW-DT2	50	I-M	No		WASHINGTON, DC
WDME-DT-HD	48	I	No		WASHINGTON, DC
WDME-DT2	48	I-M	No		WASHINGTON, DC
WDME-DT3	48	I-M	No		WASHINGTON, DC
WDME-DT4	48	I-M	No		WASHINGTON, DC
WDVM-DT	25	I	No		HAGERSTOWN, MD
WDVM-DT-HD	25	I-M	No		HAGERSTOWN, MD
WDVM-DT2	25	I-M	No		HAGERSTOWN, MD
WDVM-DT3	25	I-M	No		HAGERSTOWN, MD
WETA-DT	26	E	No		WASHINGTON, DC
WETA-DT-HD	26	E-M	No		WASHINGTON, DC
WETA-DT2-HD	26	E-M	No		WASHINGTON, DC
WETA-DT3	26	E-M	No		WASHINGTON, DC
WETA-DT5-HD	26	E-M	No		WASHINGTON, DC
WGAL-DT	8	N	Yes	O	LANCASTER, PA
WHP-DT	21	N	Yes	O	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJLA-DT-HD	7	N-M	No		WASHINGTON, DC
WJLA-DT2	7	I-M	No		WASHINGTON, DC
WJLA-DT3	7	I-M	No		WASHINGTON, DC
WJZ-DT	13	N	Yes	O	BALTIMORE, MD
WMDE-DT	5	I	No		DOVER, DE
WMDE-DTHD	5	I-M	No		DOVER, DE
WRC-DT	48	N	No		WASHINGTON, DC
WRC-DT-HD	48	N-M	No		WASHINGTON, DC
WRC-DT2	48	I-M	No		WASHINGTON, DC
WRC-DT3	48	I-M	No		WASHINGTON, DC
WTTG-DT	36	I	No		WASHINGTON, DC
WTTG-DT2	36	I-M	No		WASHINGTON, DC
WTTG-DT3	36	I-M	No		WASHINGTON, DC
WTTG-DT-HD	36	I-M	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WUSA-DT-HD	9	N-M	No		WASHINGTON, DC
WUSA-DT2	9	I-M	No		WASHINGTON, DC
WUSA-DT3	9	I-M	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD
WWPX-DT	60	I	No		MARTINSBURG, WV
WWPX-DT-HD	60	I-M	No		MARTINSBURG, WV
WWPX-DT2-HD	60	I-M	No		MARTINSBURG, WV

G
Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	Name		
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			G		
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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJZ-DT	13	N	Yes	O	BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	Yes	O	BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT2-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT4	29	E-M	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJAL-DT	9	I	Yes	O	SILVER SPRING, MD
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AP					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT4	29	E-M	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	Name		
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: <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. 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). 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		
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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT-HD	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	Yes	O	SCRANTON, PA
WVIA-DT2	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT3	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT-HD	50	E-M	Yes	E	SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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;">87,847,623.92</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	87,847,623.92	(Amount of gross receipts)	
\$	87,847,623.92					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		L Copyright Royalty Fee				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 87,847,623.92 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 934,698.72 This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 47,324.33 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 19,603.01 Line 3. Add lines 1 and 2 and enter here. \$ 66,927.33					
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. \$ 934,698.72 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. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 935,423.72	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						
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.)						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580
M Channels	<p>CHANNELS</p> <p>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 180</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,005</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 (Number, street, rural route, apartment, or suite number)</p> <p>Philadelphia, PA 19103 (City, town, state, zip)</p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <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)] <p style="margin-left: 40px;"> X /s/ Joseph Lance</p> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Joseph Lance</p> <p>Title: Vice President, Regulatory Accounting (Title of official position held in corporation or partnership)</p> <p>Date: August 11, 2025</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ _____ <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p style="font-size: small;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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**INSTRUCTIONS FOR DSE SCHEDULE
WHAT IS A "DSE"**

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

**BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED
IN SPACE G OF SA3E (LONG FORM)**

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is 1.00
- **Network:** its type-value is 0.25
- **Noncommercial educational:** its type-value is 0.25

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

**SPECIAL FORMULA FOR STATIONS LISTED IN
SPACE I OF SA3E (LONG FORM)**

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.73 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

EXAMPLE:

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

<p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Distant Stations Carried</th> <th colspan="2">Identification of Subscriber Groups</th> <th rowspan="2">GROSS RECEIPTS FROM SUBSCRIBERS</th> </tr> <tr> <th>STATION</th> <th>DSE</th> <th>CITY</th> <th>OUTSIDE LOCAL SERVICE AREA OF</th> </tr> </thead> <tbody> <tr> <td>A (independent)</td> <td>1.0</td> <td></td> <td></td> <td>\$310,000.00</td> </tr> <tr> <td>B (independent)</td> <td>1.0</td> <td>Santa Rosa</td> <td>Stations A, B, C, D, E</td> <td>100,000.00</td> </tr> <tr> <td>C (part-time)</td> <td>0.083</td> <td>Rapid City</td> <td>Stations A and C</td> <td>70,000.00</td> </tr> <tr> <td>D (part-time)</td> <td>0.139</td> <td>Bodega Bay</td> <td>Stations A and C</td> <td>120,000.00</td> </tr> <tr> <td>E (network)</td> <td><u>0.25</u></td> <td>Fairvale</td> <td>Stations B, D, and E</td> <td><u>120,000.00</u></td> </tr> <tr> <td>TOTAL DSEs</td> <td>2.472</td> <td></td> <td>TOTAL GROSS RECEIPTS</td> <td>\$600,000.00</td> </tr> </tbody> </table>	Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS	STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	A (independent)	1.0			\$310,000.00	B (independent)	1.0	Santa Rosa	Stations A, B, C, D, E	100,000.00	C (part-time)	0.083	Rapid City	Stations A and C	70,000.00	D (part-time)	0.139	Bodega Bay	Stations A and C	120,000.00	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	<u>120,000.00</u>	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Minimum Fee</td> <td>Total Gross Receipts</td> <td>\$600,000.00</td> </tr> <tr> <td></td> <td></td> <td>x .01064</td> </tr> <tr> <td></td> <td></td> <td><u>\$6,384.00</u></td> </tr> </table>	Minimum Fee	Total Gross Receipts	\$600,000.00			x .01064			<u>\$6,384.00</u>
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC					SYSTEM ID# 006580		
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 CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	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 ● _____ ▶				15.00			
	2. Number of DSEs from part 3 ● _____ ▶				0.00			
	3. Number of DSEs from part 4 ● _____ ▶				0.00			
TOTAL NUMBER OF DSEs _____ ▶						15.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.)

PERMITTED BASIS OF CARRIAGE

- 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
WTXF-DT4	M	1.00	WVIA-DT	C	0.25	WTXF-DT5	M	1.00
WGAL-DT	D	0.25	WJAL-DT	A	1.00	WHYY-DT	C	0.25
WHP-DT	D	0.25	WTTG-DT	A	1.00	WMCN-DT	A	1.00
WPPT-DT2	M	0.25	WPSU-DT	C	0.25	WPPT-DT	C	0.25
WTF-DT	C	0.25	WTXF-DT2	M	1.00	WJAC-DT	A	0.25
WJZ-DT	D	0.25	WTXF-DT	A	1.00	WTXF-DT3	M	1.00

10.75

BLOCK C: COMPUTATION OF 3.75 FEE

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

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

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

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

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

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

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

0.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC		SYSTEM ID# 006580	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$ 87,847,623.92	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 Southeast Pennsylvania, LLC	SYSTEM ID# 006580
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ \$ _____ B. Enter 0.00189 of gross receipts (the amount in section 1). ▶ \$ _____ C. Multiply line B by 3.000 and enter here. ▶ \$ _____ D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ _____ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) _____ Syndicated Exclusivity Surcharge. ▶ \$ _____	

8 Computation of Base Rate Fee	Instructions: 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. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
• 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 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	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. 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. Subtract 1.000 from total DSEs (the figure 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 base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. ▶ \$ 0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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. 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	8 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
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<p>Name</p>	<p>LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Comcast of Southeast Pennsylvania, LLC 006580</p>
	<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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		
				WJAL-DT [A]	1.00				
Total DSEs			0.00		Total DSEs			1.00	
Gross Receipts First Group			\$ 10,751.99		Gross Receipts Second Group			\$ 283,014.14	
Base Rate Fee First Group			\$ 0.00		Base Rate Fee Second Group			\$ 3,011.27	
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		
				WITF-DT [C]	0.25				
Total DSEs			0.00		Total DSEs			0.25	
Gross Receipts Third Group			\$ 73,313,888.84		Gross Receipts Fourth Group			\$ 3,387,933.06	
Base Rate Fee Third Group			\$ 0.00		Base Rate Fee Fourth Group			\$ 9,011.90	
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)						\$ 47,324.33			

9

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
WHP-DT	[D] 0.25			WGAL-DT	[D] 0.25				
				WHP-DT	[D] 0.25				
				WJZ-DT	[D] 0.25				
Total DSEs			0.25	Total DSEs			0.75		
Gross Receipts First Group			\$ 24,469.92	Gross Receipts Second Group			\$ 61,094.50		
Base Rate Fee First Group			\$ 65.09	Base Rate Fee Second Group			\$ 487.53		
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		
WVIA-DT	[C] 0.25			WTTG-DT	[A] 1.00				
Total DSEs			0.25	Total DSEs			1.00		
Gross Receipts Third Group			\$ 5,620,340.55	Gross Receipts Fourth Group			\$ 540,460.87		
Base Rate Fee Third Group			\$ 14,950.11	Base Rate Fee Fourth Group			\$ 5,750.50		
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)							\$ 		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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
WHYY-DT [C]	0.25			WJAC-DT [A]	0.25				
WMCN-DT [A]	1.00								
WTFX-DT [A]	1.00								
WTFX-DT4 [M]	1.00								
WTFX-DT2 [M]	1.00								
WTFX-DT3 [M]	1.00								
WTFX-DT5 [M]	1.00								
Total DSEs				6.25	Total DSEs				0.25
Gross Receipts First Group				\$ 681.17	Gross Receipts Second Group				\$ 613,856.13
Base Rate Fee First Group				\$ 26.63	Base Rate Fee Second Group				\$ 1,632.86
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WPPT-DT [C]	0.25								
WPPT-DT2 [M]	0.25								
Total DSEs				0.50	Total DSEs				0.00
Gross Receipts Third Group				\$ 246,763.19	Gross Receipts Fourth Group				\$ 0.00
Base Rate Fee Third Group				\$ 1,312.78	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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		
WJZ-DT	0.25										
WMAR-DT	0.25										
Total DSEs				0.50		Total DSEs				0.00	
Gross Receipts First Group				\$ 10,751.99		Gross Receipts Second Group				\$ 283,014.14	
Base Rate Fee First Group				\$ 201.60		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				\$ 73,313,888.84		Gross Receipts Fourth Group				\$ 3,387,933.06	
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)						\$ 19,603.01					

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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		\$	24,469.92	Gross Receipts Second Group		\$	61,094.50		
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		
				WJLA-DT	0.25				
				WRC-DT	0.25				
				WUSA-DT	0.25				
Total DSEs				0.00	Total DSEs				0.75
Gross Receipts Third Group		\$	5,620,340.55	Gross Receipts Fourth Group		\$	540,460.87		
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth Group		\$	15,200.46		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)							\$		

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		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
WGAL-DT	0.25								
WHP-DT	0.25								
Total DSEs				0.50	Total DSEs				0.00
Gross Receipts First Group				\$ 167,474.57	Gross Receipts Second Group				\$ 104,477.19
Base Rate Fee First Group				\$ 3,140.15	Base Rate Fee Second Group				\$ 0.00
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
WCAU-DT	0.25								
Total DSEs				0.25	Total DSEs				0.00
Gross Receipts Third Group				\$ 104,977.62	Gross Receipts Fourth Group				\$ 3,367,440.20
Base Rate Fee Third Group				\$ 984.17	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

9
Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580
<p>9</p> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</p>	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580									
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP										
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>										
	INSTRUCTIONS:										
	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.											
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<p>9</p> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</p>	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
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FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP	
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CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #

Amount

Initials

Examined by

Reviewed by

Date examination completed

Allocation number

Space A
Accounting
Period

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

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space B
Owner

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space D
Area Served

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space E
Secondary
Transmission
Service
Subscribers:
and Rates

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space G
Primary
Transmitters:
Television

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space H
Primary
Transmitters:
Radio

Accepted

Phone call/Date/Contact

Space I
Substitute

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