

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

SA3E
Long Form

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

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

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

Return completed workbook by
email to

coplicsao@copyright.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																					
B Owner	<p>Instructions:</p> <p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p><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> <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. 6768</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast Cable Communications Management, LLC See Attached</p>																					
	6768 2025/1																					
	<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> <table border="1"> <tr> <td>1</td> <td>IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td>2</td> <td>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td> </tr> </table>		1	IDENTIFICATION OF CABLE SYSTEM:	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																
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2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																					
D Area Served First Community	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>Pittsburgh</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>Aida</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	Pittsburgh	PA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Aida	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																					
Pittsburgh	PA																					
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																			
Aida	MD	A	1																			
Alliance	MD	B	2																			
Gering	MD	B	3																			
<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.</p>																						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast Cable Communications Management, LLC

SYSTEM ID#

6768

D
Area
Served

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

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

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

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

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Pittsburgh	PA	AA	1	First Community
Accident	MD	AL	1	
Adams Township	PA	AI	2	See instructions for additional information on alphabetization.
Adamsburg Borough	PA	AD	1	
Addison Township	PA	AI	3	Add rows as necessary.
Adena	OH	AN	1	
Aleppo Township	PA	AA	1	See instructions for additional information on alphabetization.
Aliquippa	PA	AA	1	
Allegany County	MD	AG	6	Add rows as necessary.
Allegheny Township (Cambria Co)	PA	AH	2	
Allegheny Township (Somerset Co)	PA	AH	7	Add rows as necessary.
Allegheny Township (Westmoreland Co) - East	PA	AD	1	
Allegheny Township (Westmoreland Co) - West	PA	AF	3	Add rows as necessary.
Alum Bank Borough	PA	AH	2	
Ambridge Borough	PA	AA	1	Add rows as necessary.
Amwell Township	PA	AA	1	
Apollo Borough	PA	AD	1	Add rows as necessary.
Applewold Borough	PA	AF	3	
Armagh Borough	PA	AF	1	Add rows as necessary.
Armstrong Township (Indiana Co) - North	PA	AD	1	
Armstrong Township (Indiana Co) - South	PA	AF	1	Add rows as necessary.
Arnold	PA	AA	1	
Arona Borough	PA	AD	1	Add rows as necessary.
Ashville Borough	PA	AH	2	
Aspinwall Borough	PA	AA	1	Add rows as necessary.
Avalon Borough	PA	AA	1	
Avonmore Borough	PA	AD	1	Add rows as necessary.
Baden Borough	PA	AA	1	
Baldwin Borough	PA	AA	1	Add rows as necessary.
Baldwin Township	PA	AA	1	
Banks Township	PA	AF	2	Add rows as necessary.
Barnesville	OH	AN	9	
Barr Township	PA	AI	2	Add rows as necessary.
Barton	MD	AG	6	
Beaver Borough	PA	AB	1	Add rows as necessary.
Beaver Falls	PA	AB	1	
Beaver Township	OH	AT	1	Add rows as necessary.
Beaver Township	PA	AI	2	
Beccaria Township	PA	AI	2	Add rows as necessary.
Bedford Borough	PA	AH	7	

Bedford Township	PA	AH	7
Beech Bottom	WV	AU	5
Bell Acres Borough	PA	AA	1
Bell Township (Clearfield Co)	PA	AI	2
Bell Township (Jefferson Co)	PA	AI	2
Bell Township (Westmoreland Co) - North	PA	AD	1
Bell Township (Westmoreland Co) - South	PA	AD	1
Bellaire	OH	AN	9
Belle Vernon Borough	PA	AA	1
Bellevue Borough	PA	AA	1
Belmont	OH	AN	9
Ben Avon Borough	PA	AA	1
Ben Avon Heights Borough	PA	AA	1
Benwood (DIST)	WV	AU	9
Berlin Borough	PA	AH	7
Bessemer Borough	PA	AA	1
Bethany	WV	AU	5
Bethel Park	PA	AA	1
Bethel Township (Armstrong Co)	PA	AD	1
Bethesda	OH	AN	9
Bethlehem	WV	AU	9
Big Beaver Borough	PA	AB	1
Big Run Borough	PA	AI	2
Black Lick Twp (Indiana Co)	PA	AF	1
Black Township	PA	AH	3
Blacklick Township (Cambria Co)	PA	AI	1
Blain-Colerain Township	OH	AN	9
Blairsville Borough	PA	AF	1
Blawnox Borough	PA	AA	1
Boardman Township	OH	AT	1
Boggs Township (Armstrong Co)	PA	AD	1
Bolivar Borough	PA	AF	3
Boswell Borough	PA	AH	3
Brackenridge Borough	PA	AA	1
Braddock Borough	PA	AA	1
Braddock Hills Borough	PA	AA	1
Brady Township (Clearfield Co)	PA	AI	2
Brentwood Borough	PA	AA	1
Bridgeport	OH	AN	9
Bridgeville Borough	PA	AA	1
Bridgewater Borough	PA	AB	1
Brighton Township	PA	AB	1
Brooke County	WV	AU	5
Brookside	OH	AN	9
Brookville and Rose	PA	AI	2
Brookville Borough	PA	AQ	2
Brothersvalley Township	PA	AH	3
Bruceton Mills	WV	AL	1
Buffalo	PA	AF	3
Buffalo Township (Butler Co)	PA	AA	1
Buffalo Township (Washington Co)	PA	AA	1
Buffington Township	PA	AF	1
Burnside Borough	PA	AI	2
Burnside Township	PA	AI	2
Burrell Township (Armstrong Co)	PA	AD	1
Burrell Township (Indiana Co)	PA	AF	1
Cadogan Township	PA	AF	3
Cambria Township	PA	AI	2
Canoe Township	PA	AA	1

Canonsburg Borough	PA	AA	1
Canton Township	PA	AA	1
Carnegie Borough	PA	AA	1
Carroll Township (Washington Co)	PA	AA	1
Carrolltown Borough	PA	AI	2
Cassandra Borough	PA	AH	2
Casselman Borough	PA	AH	7
Castle Shannon Borough	PA	AA	1
Cecil Township	PA	AA	1
Center Township (Beaver Co)	PA	AA	1
Center Township (Greene Co)	PA	AA	1
Center Township (Indiana Co)	PA	AF	1
Central City Borough	PA	AH	7
Chalfont Borough	PA	AA	1
Charleroi Borough	PA	AA	1
Chartiers Township	PA	AA	1
Cherry Tree Borough	PA	AI	1
Cherryhill Township	PA	AF	1
Chest Township	PA	AI	2
Chester	WV	AU	5
Cheswick Borough	PA	AA	1
Chippewa Township	PA	AB	1
Churchill Borough	PA	AA	1
Clairton	PA	AA	1
Clarion Borough	PA	AJ	2
Clarion Township	PA	AJ	2
Claysville Borough	PA	AA	1
Clearfield Township (Cambria Co) - Central	PA	AI	2
Clearfield Township (Cambria Co) - North	PA	AI	1
Clearfield Township (Cambria Co) - South	PA	AH	2
Clearview	WV	AU	1
Clinton Township (Butler Co)	PA	AA	1
Clover Township	PA	AI	2
Clymer Borough	PA	AF	1
Coalport	PA	AI	2
Colerain Township	OH	AN	9
Colerain Township (Bedford Co)	PA	AH	7
Collier Township	PA	AA	1
Columbiana	OH	AP	1
Conemaugh Township - West	PA	AD	1
Conemaugh Township - North	PA	AD	1
Conemaugh Township - South	PA	AF	1
Confluence Borough	PA	AI	3
Conway Borough	PA	AA	1
Coraopolis Borough	PA	AA	1
Cornplanter Township	PA	AE	2
Corsica Borough	PA	AQ	2
Cowanshannock Township	PA	AD	1
Crafton Borough	PA	AA	1
Cranberry Township (Butler Co)	PA	AA	1
Cranberry Township (Venango Co)	PA	AE	2
Creekside Borough	PA	AF	1
Crescent Township	PA	AA	1
Cresson Borough	PA	AH	2
Cresson Township	PA	AH	2
Cross Creek Township	OH	AV	1
Croyle Township	PA	AI	2
Darlington Borough	PA	AB	1
Darlington Township	PA	AB	1

Daugherty Township	PA	AB	1
Dayton Borough	PA	AD	1
Dean Township - Northeast	PA	AI	2
Dean Township - Southwest	PA	AH	2
Deemston Borough	PA	AA	1
Delmont Borough	PA	AF	3
Derry Borough	PA	AF	3
Derry Township (Westmoreland Co)	PA	AD	1
Derry Township (Westmoreland Co) - North	PA	AD	1
Derry Township (Westmoreland Co) - Southeast	PA	AF	1
Derry Township (Westmoreland Co) - Southwest	PA	AF	3
Dillonvale	OH	AN	1
Donegal Township	PA	AA	1
Donora Borough	PA	AA	1
Dormont Borough	PA	AA	1
Dravosburg Borough	PA	AA	1
DuBois	PA	AI	2
Duquesne	PA	AA	1
East Carroll Township	PA	AI	2
East Connemaugh Borough	PA	AI	1
East Deer Township	PA	AA	1
East Franklin Township - North	PA	AD	1
East Franklin Township - South	PA	AF	1
East Huntingdon Township	PA	AD	1
East Liverpool	OH	AC	1
East McKeesport Borough	PA	AA	1
East Palestine	OH	AP	1
East Pittsburgh Borough	PA	AA	1
East Providence Township	PA	AH	7
East Rochester Borough	PA	AB	1
East Saint Clair Township	PA	AH	2
East Vandergrift Borough	PA	AD	1
East Washington Borough	PA	AA	1
East Wheatfield Township	PA	AF	1
Eastvale Borough	PA	AB	1
Ebensburg Borough	PA	AI	2
Economy Borough	PA	AA	1
Edgewood Borough	PA	AA	1
Edgeworth Borough	PA	AA	1
Ehrenfeld Borough	PA	AI	2
Elder Township	PA	AI	2
Elderton Borough	PA	AD	1
Eldred Township (Jefferson Co)	PA	AQ	2
Eldred Township (McKean Co)	PA	AR	4
Elizabeth Borough	PA	AA	1
Elizabeth Township (Allegheny Co)	PA	AA	1
Elkrun Township	OH	AP	1
Emlenton Borough	PA	AJ	3
Empire	OH	AV	1
Emsworth Borough	PA	AA	1
Enon Valley Borough	PA	AB	1
Ernest Borough	PA	AF	1
Etna Borough	PA	AA	1
Everett Borough	PA	AH	7
Export Borough	PA	AF	3
Fairfield Township	OH	AP	1
Fairfield Township (Westmoreland Co) - East	PA	AF	1
Fairfield Township (Westmoreland Co) - West	PA	AF	1
Fairmont	WV	AO	2

Fallowfield Township	PA	AA	1
Falls Creek Borough	PA	AI	2
Fallston Borough	PA	AB	1
Fawn Township	PA	AA	1
Findlay Township	PA	AA	1
Finleyville Borough	PA	AA	1
Florence	PA	AA	1
Flushing	OH	AN	8
Follansbee	WV	AV	1
Ford City Borough	PA	AF	3
Ford Cliff Borough	PA	AF	3
Forest Hills Borough	PA	AA	1
Forward Township	PA	AA	1
Foster Township	PA	AR	4
Fox Chapel - East	PA	AA	1
Fox Chapel - West	PA	AA	1
Fox Township	PA	AI	2
Foxburg Borough	PA	AJ	3
Frankfort Springs Borough	PA	AA	1
Franklin Park Borough	PA	AA	1
Franklin Township (Greene Co)	PA	AA	1
Frazer Township	PA	AA	1
Freedom Borough	PA	AB	1
Freeport Borough	PA	AF	3
Friendsville	MD	AL	1
Frostburg	MD	AG	6
Gallitzin Borough	PA	AH	2
Gallitzin Township	PA	AH	2
Garrett (Somerset Co)	PA	AI	3
Garrett County	MD	AK	2
Gaskill Township	PA	AI	2
Georgetown Borough	PA	AA	1
Gilpin Township - East	PA	AD	1
Gilpin Township - West	PA	AD	1
Glasgow Borough	PA	AB	1
Glassport Borough	PA	AA	1
Glen Campbell	PA	AF	2
Glen Dale	WV	AU	1
Glen Hope	PA	AI	2
Glen Osborne Borough	PA	AA	1
Glen Robbins	OH	AN	9
Glenfield Borough	PA	AA	1
Goshen Township	OH	AN	9
Grafton	WV	AO	2
Grantsville	MD	AK	2
Granville	WV	AM	1
Green Township	PA	AF	1
Green Tree Borough	PA	AA	1
Greene Township (Beaver Co) - East	PA	AA	1
Greene Township (Beaver Co) - West	PA	AA	1
Greensburg	PA	AD	1
Hamlin Township	PA	AR	4
Hampton Township	PA	AA	1
Hancock County	WV	AU	5
Hanover Township (Beaver Co) - North	PA	AA	1
Hanover Township (Beaver Co) - South	PA	AA	1
Hanover Township (Washington Co)	PA	AA	1
Harmar Township	PA	AA	1
Harmony Township	PA	AA	1

Harrison Township (Allegheny Co)	PA	AA	1
Harrison Township (Bedford Co)	PA	AH	7
Harrisville	OH	AN	1
Hastings Borough	PA	AI	2
Hawthorn Borough	PA	AA	1
Haysville Borough	PA	AA	1
Heidelberg Borough	PA	AA	1
Hempfield Township	PA	AD	1
Henderson Township (Jefferson Co)	PA	AI	2
Henry Clay Township	PA	AL	1
Hickory Township	PA	AA	1
Highland Township (Elk Co)	PA	AS	1
Holloway	OH	AN	8
Homer City Borough	PA	AF	1
Homestead Borough	PA	AA	1
Hookstown Borough	PA	AA	1
Hooversville Borough	PA	AH	3
Hopewell Township (Beaver Co) - North	PA	AA	1
Hopewell Township (Beaver Co) - South	PA	AA	1
Hopewell Township (Bedford Co)	PA	AH	2
Horton Township	PA	AI	2
Houston Borough	PA	AA	1
Hovey Township	PA	AJ	3
Hunker Borough	PA	AD	1
Hyde Park Borough	PA	AD	1
Hyndman Borough	PA	AH	7
Independence Township	PA	AA	1
Indian Lake Borough	PA	AH	7
Indiana Borough	PA	AF	1
Indiana Township	PA	AA	1
Industry Borough	PA	AB	1
Ingram Borough	PA	AA	1
Irondale	OH	AV	1
Irvona	PA	AI	2
Irwin Borough	PA	AD	1
Island Creek Township	OH	AV	1
Jackson Township (Cambria Co)	PA	AI	1
Jeannette	PA	AD	1
Jefferson Hills Borough	PA	AA	1
Jenner Township	PA	AH	3
Jennerstown Borough	PA	AH	3
Juniata Township (Bedford Co)	PA	AH	2
Kane Borough	PA	AR	4
Keating Township	PA	AR	4
Kennedy Township	PA	AA	1
Keyser	WV	AG	6
Kilbuck Township	PA	AA	1
Kiskiminetas Township - East	PA	AD	1
Kiskiminetas Township - West	PA	AD	1
Kittanning Borough	PA	AF	3
Kittanning Township	PA	AF	3
Knox Township	OH	AV	1
Knox Township - North	PA	AQ	2
Knox Township - South	PA	AI	2
Lafferty	OH	AN	9
Lansing-Pease Township	OH	AN	9
Latrobe	PA	AF	3
Laurel Mountain Park Borough	PA	AF	3
Lawrenceville Township	WV	AU	5

Leechburg Borough	PA	AD	1
Leet Township	PA	AA	1
Leetonia	OH	AP	1
Leetsdale Borough	PA	AA	1
Liberty Borough	PA	AA	1
Ligonier Borough	PA	AF	3
Ligonier Township	PA	AF	3
Lilly Borough	PA	AH	2
Limestone Township (Clarion Co)	PA	AI	10
Lincoln Borough	PA	AA	1
Lincoln Township (Bedford Co)	PA	AH	2
Lincoln Township (Somerset Co)	PA	AH	3
Little Beaver Township	PA	AB	1
Liverpool Township	OH	AC	1
Lonaconing	MD	AG	6
Londonderry Township (Bedford Co)	PA	AH	7
Loretto Borough	PA	AH	2
Lower	PA	AA	1
Lower Burrell	PA	AA	1
Lower Turkeyfoot Township	PA	AI	3
Loyalhanna Township	PA	AD	1
Loyalhanna Township - North	PA	AD	1
Loyalhanna Township - South	PA	AF	3
Luke	MD	AG	6
Madison Borough	PA	AD	1
Madison Township	OH	AC	1
Madison Township (Armstrong Co)	PA	AD	1
Madison Township (Clarion Co)	PA	AJ	1
Mahaffey Borough	PA	AI	2
Mahoning Township (Armstrong Co)	PA	AD	1
Mahoning Township (Lawrence Co)	PA	AA	1
Mahoning Township (Lawrence Co)	PA	AA	1
Mannington	WV	AO	2
Manns Choice Borough	PA	AH	7
Manor Borough	PA	AD	1
Manor Township (Armstrong Co) - North	PA	AD	1
Manor Township (Armstrong Co) - South	PA	AF	1
Manorville Borough	PA	AF	3
Marion Center	PA	AF	1
Marion County (East)	WV	AO	2
Marion County (West)	WV	AO	2
Markleysburg Borough	PA	AL	1
Marshall County	WV	AU	9
Marshall Township	PA	AA	1
Martins Ferry	OH	AN	9
McCalmont Township	PA	AI	2
McCandless	PA	AA	1
McDonald Borough	PA	AA	1
McHenry	MD	AL	1
McKees Rocks Borough	PA	AA	1
McKeesport	PA	AA	1
McMechen	WV	AU	9
Mead Township	OH	AN	9
Meyersdale Borough	PA	AI	7
Middleton Township	OH	AP	1
Midland Borough	PA	AB	1
Midland	MD	AG	6
Midway Borough	PA	AA	1
Milford Township (Somerset Co)	PA	AH	3

Millvale Borough	PA	AA	1
Mineral County	WV	AG	6
Mingo Junction	OH	AV	1
Monaca Borough	PA	AB	1
Monessen	PA	AA	1
Monongah	WV	AO	2
Monongahela	PA	AA	1
Monongalia County	WV	AM	1
Monroe Township (Clarion Co)	PA	AJ	1
Monroeville - East	PA	AF	3
Monroeville - West	PA	AA	1
Montgomery Township (Indiana Co)	PA	AF	2
Montgomery Township (Indiana Co) - Carrolltown	PA	AF	2
Moon Township	PA	AA	1
Morgantown	WV	AM	1
Morris Township	PA	AA	1
Morristown	OH	AN	8
Moundsville	WV	AU	9
Mount Jewett Borough	PA	AR	4
Mount Lebanon	PA	AA	1
Mount Oliver Borough	PA	AA	1
Mount Pleasant	OH	AN	9
Mount Pleasant Township	OH	AN	9
Mount Pleasant Township (Washington Co)	PA	AA	1
Mount Summit	PA	AI	3
Mt. Pleasant Township	PA	AA	1
Munhall Borough	PA	AA	1
Munster Township	PA	AH	1
Murrysville	PA	AF	3
Nanty Glo Borough	PA	AI	2
Napier Township	PA	AH	2
Neffs	OH	AN	9
Neshannock Township	PA	AA	1
Neville Township	PA	AA	1
New Alexandria Borough	PA	AD	1
New Alexandria	OH	AV	1
New Baltimore Borough	PA	AH	7
New Beaver Borough	PA	AB	1
New Bethlehem Borough	PA	AA	1
New Brighton Borough	PA	AB	1
New Castle	PA	AA	1
New Cumberland	WV	AU	5
New Eagle Borough	PA	AA	1
New Florence Borough	PA	AF	1
New Galilee Borough	PA	AB	1
New Kensington	PA	AA	1
New Manchester	WV	AU	5
New Middletown	OH	AT	1
New Paris Borough	PA	AH	7
New Sewickley Township	PA	AA	1
New Stanton Borough	PA	AD	1
New Waterford	OH	AP	1
Newell	WV	AU	5
North Apollo Borough	PA	AD	1
North Beaver Township	PA	AA	1
North Belle Vernon Borough	PA	AA	1
North Braddock Borough	PA	AA	1
North Buffalo Township - West	PA	AA	1
North Buffalo Township - East	PA	AF	3

North Charleroi Borough	PA	AA	1
North Fayette Township	PA	AA	1
North Franklin Township	PA	AA	1
North Huntingdon Township - West	PA	AA	1
North Huntingdon Township - East	PA	AD	1
North Irwin Borough	PA	AD	1
North Strabane Township	PA	AA	1
North Union Township	PA	AL	1
North Versailles Township	PA	AA	1
Northern Cambria Borough	PA	AI	2
Nottingham Township - East	PA	AA	1
Nottingham Township - West	PA	AA	1
Oakdale Borough	PA	AA	1
Oakland (Blakeslee)	MD	AL	1
Oakland Township	PA	AE	2
Oakmont Borough	PA	AA	1
Ogle Township	PA	AI	2
O'Hara Township - North	PA	AA	1
O'Hara Township - South	PA	AA	1
Ohio County	WV	AU	1
Ohio Township	PA	AA	1
Ohiopyle Borough	PA	AL	1
Ohioville Borough	PA	AB	1
Oil City	PA	AE	2
Oklahoma Borough	PA	AD	1
Oliver Township (Jefferson Co)	PA	AI	2
Osage	WV	AM	1
Otto Township	PA	AR	4
Paint Borough	PA	AI	2
Paint Township - North	PA	AI	1
Paint Township - South	PA	AH	1
Parker City	PA	AJ	3
Parker Township	PA	AJ	3
Parks Township - East	PA	AD	1
Parks Township - West	PA	AD	1
Patterson Heights Borough	PA	AB	1
Patterson Township	PA	AB	1
Patton Borough	PA	AI	2
Pease Township	OH	AN	9
Penn Borough	PA	AD	1
Penn Hills	PA	AA	1
Penn Township (Westmoreland Co) - West	PA	AD	1
Penn Township (Westmoreland Co) - East	PA	AF	3
Pennsbury Village Borough	PA	AA	1
Perry Township (Clarion Co)	PA	AJ	1
Perry Township (Greene Co)	PA	AA	1
Perry Township (Jefferson Co)	PA	AI	2
Peters Township (Washington Co)	PA	AA	1
Piedmont	WV	AG	6
Pine Creek Township (Jefferson Co) - NW	PA	AQ	2
Pine Creek Township (Jefferson Co) - SE	PA	AI	2
Pine Township (Allegheny Co)	PA	AA	1
Pine Township (Armstrong Co)	PA	AD	1
Pine Township (Indiana Co) - North	PA	AF	1
Pine Township (Indiana Co) - South	PA	AF	3
Piney Township	PA	AJ	1
Plain Grove Township	PA	AA	1
Pleasant Hills Borough	PA	AA	1
Pleasant Valley	WV	AO	2

Plum Borough	PA	AF	3
Plumcreek Township	PA	AD	1
Plumville Borough	PA	AD	1
Poland	OH	AT	1
Poland Township	OH	AT	1
Port Vue Borough	PA	AA	1
Portage Borough	PA	AI	2
Portage Township	PA	AI	2
Porter Township (Clarion Co)	PA	AA	1
Potter Township (Beaver Co) - East	PA	AA	1
Potter Township (Beaver Co) - West	PA	AA	1
Preston County	WV	AL	1
Pulaski Township (Beaver Co)	PA	AB	1
Pulaski Township (Lawrence Co)	PA	AA	1
Pultney	OH	AN	9
Pultney Township	OH	AN	9
Punxsutawney Borough	PA	AI	2
Quemahoning Township	PA	AH	3
Raccoon Township	PA	AA	1
Rainsburg Borough	PA	AH	7
Rankin Borough	PA	AA	1
Rayburn Township - North	PA	AD	1
Rayburn Township - South	PA	AF	1
Rayland	OH	AN	9
Rayne Township	PA	AF	1
Reade Township	PA	AI	2
Redbank Township (Armstrong Co)	PA	AA	1
Redbank Township (Clarion Co)	PA	AI	10
Reserve Township	PA	AA	1
Reynoldsville Borough	PA	AI	2
Richland	OH	AN	9
Richland Township	OH	AN	9
Richland Township (Allegheny Co)	PA	AA	1
Richland Township (Cambria Co)	PA	AI	1
Richland Township (Clarion Co)	PA	AJ	1
Richland Township (Venango Co)	PA	AJ	1
Richmond	OH	AV	1
Ridgway Borough	PA	AI	2
Ridgway Township	PA	AI	2
Rimersburg Borough	PA	AJ	1
Ringgold Township	PA	AI	2
Rivesville	WV	AO	2
Robinson Township (Allegheny Co)	PA	AA	1
Robinson Township (Washington Co)	PA	AA	1
Rochester Borough	PA	AB	1
Rochester Township	PA	AB	1
Rockwood Borough	PA	AH	7
Rogers	OH	AP	1
Rose Township	PA	AQ	2
Ross Township	PA	AA	1
Rosslyn Farms Borough	PA	AA	1
Rostraver Township - East	PA	AA	1
Rostraver Township - West	PA	AA	1
Rouseville Borough	PA	AE	2
Rowlesburg	WV	AL	1
Rural Valley Borough	PA	AD	1
Salem Township (Jefferson Co)	OH	AV	1
Salem Township (Columbiana Co)	OH	AP	1
Salem Township (Westmoreland Co) - West	PA	AD	1

Salem Township (Westmoreland Co) - East	PA	AF	3
Saline Township	OH	AV	1
Salisbury Borough	PA	AI	7
Saltsburg Borough	PA	AD	1
Sandy Township	PA	AI	2
Sankertown Borough	PA	AH	2
Scalp Level Borough	PA	AI	2
Schellsburg Borough	PA	AH	7
Scott Township (Allegheny Co)	PA	AA	1
Scott Township (Lawrence Co)	PA	AA	1
Seward Borough	PA	AF	1
Sewickley Borough	PA	AA	1
Sewickley Heights Borough	PA	AA	1
Sewickley Hills Borough	PA	AA	1
Sewickley Township	PA	AD	1
Shade Township	PA	AH	2
Shadyside	OH	AN	9
Shaler Township	PA	AA	1
Shanksville Borough	PA	AH	7
Sharpsburg Borough	PA	AA	1
Shelocka Borough	PA	AD	1
Shenango Township	PA	AA	1
Shippingport Borough	PA	AB	1
Short Creek Township	OH	AN	1
Sligo Borough	PA	AJ	1
Smethport Borough	PA	AR	4
Smith Township	PA	AA	1
Smith Township	OH	AN	9
Smithfield Township	OH	AN	1
Snake Spring Township	PA	AH	7
Snyder Township (Jefferson Co)	PA	AI	2
Somerset Borough	PA	AH	3
Somerset Township (Somerset Co)	PA	AH	3
Somerset Township (Washington Co)	PA	AA	1
South Beaver Township - North	PA	AB	1
South Beaver Township - South	PA	AB	1
South Bend Township	PA	AD	1
South Bethlehem Borough	PA	AA	1
South Buffalo Township - West	PA	AA	1
South Buffalo Township - East	PA	AF	3
South Fayette Township	PA	AA	1
South Fork Borough	PA	AI	2
South Franklin Township	PA	AA	1
South Greensburg Borough	PA	AD	1
South Heights Borough	PA	AA	1
South Huntingdon Township - West	PA	AA	1
South Huntingdon Township - East	PA	AD	1
South Mahoning Township	PA	AD	1
South New Castle Borough	PA	AA	1
South Park Township	PA	AA	1
South Strabane Township	PA	AA	1
South Versailles Township	PA	AD	1
Southwest Greensburg Borough	PA	AD	1
Speers Borough	PA	AA	1
Springdale Borough	PA	AA	1
Springdale Township	PA	AA	1
Springfield Township	OH	AT	1
St Clair Township	PA	AF	1
St. Clair Township	OH	AC	1

St. Clairsville	OH	AN	9
St. Petersburg Borough	PA	AJ	3
Star City	WV	AM	1
Steubenville City	OH	AV	1
Steubenville Township	OH	AV	1
Stewart Township	PA	AL	1
Stonycreek Township	PA	AH	7
Stowe Township	PA	AA	1
Stoystown Borough	PA	AH	3
Strattan	OH	AV	1
Strattanville Borough	PA	AJ	2
Struthers	OH	AT	1
Sugarcreek Borough	PA	AE	2
Sugarcreek Township	PA	AD	1
Summerhill Borough	PA	AI	2
Summerhill Township	PA	AI	2
Summerville Borough	PA	AI	2
Summit Township	PA	AI	3
Susquehanna Township (Cambria Co)	PA	AI	2
Sutersville Borough	PA	AA	1
Swissvale Borough	PA	AA	1
Sykesville Borough	PA	AI	2
Tarentum Borough	PA	AA	1
Taylor County	WV	AO	2
Thornburg Borough	PA	AA	1
Tiltonsville	OH	AN	9
Timblin Borough	PA	AI	2
Toby Township	PA	AJ	1
Trafford Borough	PA	AA	1
Triadelphia	WV	AU	9
Troutville Borough	PA	AI	2
Tunnelhill Borough	PA	AH	2
Turtle Creek Borough	PA	AA	1
Twilight Borough	PA	AA	1
Union Township	OH	AN	8
Union Township (Clearfield Co)	PA	AI	2
Union Township (Jefferson Co)	PA	AQ	2
Union Township (Lawrence Co)	PA	AA	1
Union Township (Washington Co)	PA	AA	1
Unity Township	OH	AP	1
Unity Township - West	PA	AD	1
Unity Township - East	PA	AF	3
Upper Burrell Township	PA	AF	3
Upper Saint Clair Township	PA	AA	1
Upper Turkeyfoot Township	PA	AH	3
Ursina Borough	PA	AI	3
Valley Grove	WV	AU	9
Valley Township (Armstrong Co) - North	PA	AD	1
Valley Township (Armstrong Co) - South	PA	AF	1
Vandergrift Borough	PA	AD	1
Vanport Township	PA	AB	1
Verona Borough	PA	AA	1
Versailles Borough	PA	AA	1
Vintondale Borough	PA	AI	1
Wall Borough	PA	AA	1
Warren Township (Belmont County)	OH	AN	9
Warren Township (Jefferson County)	OH	AN	9
Warwood	WV	AU	9
Washington	PA	AA	1

Washington Township	OH	AP	1
Washington Township (Armstrong Co)	PA	AD	1
Washington Township (Cambria Co) - East	PA	AH	2
Washington Township (Cambria Co) - West	PA	AI	2
Washington Township (Fayette Co)	PA	AA	1
Washington Township (Jefferson Co)	PA	AI	2
Washington Township (Lawrence Co)	PA	AA	1
Washington Township (Westmoreland Co)	PA	AD	1
Washington Township (Westmoreland Co) - East	PA	AF	3
Washington Township (Westmoreland Co) - West	PA	AF	3
Washingtonville	OH	AP	1
Wayne Township	OH	AV	1
Wayne Township (Lawrence Co)	PA	AA	1
Waynesburg Borough	PA	AA	1
Weirton	WV	AU	5
Wells Township (fka Brilliant)	OH	AV	1
Wellsburg	WV	AV	1
Wellsville	OH	AC	1
West Alexander	PA	AA	1
West Carroll Township	PA	AI	2
West Deer Township	PA	AA	1
West Elizabeth Borough	PA	AA	1
West Franklin Township	PA	AF	3
West Homestead Borough	PA	AA	1
West Kittanning Borough	PA	AF	3
West Leechburg Borough	PA	AD	1
West Liberty	WV	AU	9
West Mayfield Borough	PA	AB	1
West Mifflin Borough	PA	AA	1
West Newton Borough	PA	AA	1
West Providence Township	PA	AH	7
West Saint Clair Township	PA	AH	2
West View Borough	PA	AA	1
West Wheatfield Township - East	PA	AF	1
West Wheatfield Township - West	PA	AF	1
Westernport	MD	AG	6
Westover	WV	AM	1
Westover Borough	PA	AI	2
Wetmore Township	PA	AR	4
Wharton Township	PA	AL	1
Wheeling (AML)	WV	AU	9
Wheeling Township	OH	AN	9
Whitaker Borough	PA	AA	1
White Hall	WV	AO	2
White Oak - West	PA	AA	1
White Oak - East	PA	AD	1
White Township (Beaver Co)	PA	AB	1
White Township (Cambria Co)	PA	AI	1
White Township (Indiana Co)	PA	AF	1
Whitehall Borough	PA	AA	1
Wilkins Township	PA	AA	1
Wilkinsburg Borough	PA	AA	1
Wilmerding Borough	PA	AA	1
Wilmington Township	PA	AA	1
Wilmore Borough	PA	AI	2
Windber Borough	PA	AI	2
Windsor Heights	WV	AU	5
Winslow Township	PA	AI	2
Wintersville	OH	AV	1

Worthington Borough	PA	AF	3
Worthington	WV	AO	2
Worthville Borough	PA	AI	2
Yellow Creek Township	OH	AC	1
Yorkville	OH	AN	9
Young Township (Indiana Co) - North	PA	AD	1
Young Township (Indiana Co) - South	PA	AF	1
Young Township (Jefferson Co)	PA	AI	2
Youngstown Borough	PA	AF	3
Youngwood Borough	PA	AD	1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC				SYSTEM ID# 6768
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).</p> <p>Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).</p> <p>Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.</p> <p>Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."</p> <p>Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>				
	BLOCK 1			BLOCK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS
	Residential:	325,727	\$38.20-\$58.09	HDTV Converters	700,131
	• Service to first set				\$0.50-\$11.95
	• Service to additional set(s)				DTA Converters
	• FM radio (if separate rate)				174,988
	Motel, hotel				\$0.50-\$11.95
	Commercial	24,163	\$38.20-\$127.05		Digital Converters
	Converter				16,743
	• Residential				\$0.50-\$11.95
	• Non-residential				
F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>				
	BLOCK 1			BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE
	Continuing Services:		Installation: Non-residential		
	• Pay cable	1.99-32.99	• Motel, hotel	\$ 100.00	
	• Pay cable—add'l channel		• Commercial	\$ 100.00	
	• Fire protection		• Pay cable		
	• Burglar protection		• Pay cable-add'l channel		
	Installation: Residential		• Fire protection		
	• First set	\$ 100.00	• Burglar protection		
	• Additional set(s)		Other services:		
	• FM radio (if separate rate)		• Reconnect		
	• Converter		• Disconnect		
			• Outlet relocation		
			• Move to new address		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC	SYSTEM ID# 6768	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 AA					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

G
Primary
Transmitters:
Television

See instructions for
additional information
on alphabetization.

SYSTEM ID#						Name
Comcast Cable Communications Management, LLC						6768
PRIMARY TRANSMITTERS: TELEVISION						
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AB						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WNEO-DT	45	E	No		Alliance, OH	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	No		Pittsburgh, PA	
WQED-DTHD	13	E-M	No		Pittsburgh, PA	
WQED-DT2	13	E-M	No		Pittsburgh, PA	
WQED-DT5	13	E-M	No		Pittsburgh, PA	
WQED-DT4	13	E-M	No		Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	
WTOV-DT	9	N	No		Steubenville, OH	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC						SYSTEM ID# 6768	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 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		
KDKA-DT	25	N	No		Pittsburgh, PA		
KDKA-DTHD	25	N-M	No		Pittsburgh, PA		
KDKA-DT2	25	I-M	No		Pittsburgh, PA		
KDKA-DT3	25	I-M	No		Pittsburgh, PA		
WINP-DT	38	I	No		Pittsburgh, PA		
WINP-DTHD	38	I-M	No		Pittsburgh, PA		
WJAC-DT	34	N	No		Johnstown, PA		
WPCB-DT	40	I	No		Greensburg, PA		
WPCB-DTHD	40	I-M	No		Greensburg, PA		
WPCB-DT6	40	I-M	No		Greensburg, PA		
WPGH-DT	43	I	No		Pittsburgh, PA		
WPGH-DTHD	43	I-M	No		Pittsburgh, PA		
WPGH-DT2	43	I-M	No		Pittsburgh, PA		
WPGH-DT3	43	I-M	No		Pittsburgh, PA		
WPKD-DT	11	I	No		Jeannette, PA		
WPKD-DTHD	11	I-M	No		Jeannette, PA		
WPNT-DT	42	I	No		Pittsburgh, PA		
WPNT-DTHD	42	I-M	No		Pittsburgh, PA		
WPNT-DT2	42	I-M	No		Pittsburgh, PA		
WPNT-DT4	42	I-M	No		Pittsburgh, PA		
WPXI-DT	48	N	No		Pittsburgh, PA		
WPXI-DTHD	48	N-M	No		Pittsburgh, PA		
WPXI-DT2	48	I-M	No		Pittsburgh, PA		
WPXI-DT3	48	I-M	No		Pittsburgh, PA		
WQED-DT	13	E	No		Pittsburgh, PA		
WQED-DTHD	13	E-M	No		Pittsburgh, PA		
WQED-DT2	13	E-M	No		Pittsburgh, PA		
WQED-DT5	13	E-M	No		Pittsburgh, PA		
WQED-DT4	13	E-M	No		Pittsburgh, PA		
WTAE-DT	51	N	No		Pittsburgh, PA		
WTAE-DTHD	51	N-M	No		Pittsburgh, PA		
WTAE-DT2	51	I-M	No		Pittsburgh, PA		
WTAE-DT3	51	I-M	No		Pittsburgh, PA		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	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 AE						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WICU-DT	12	N	No		ERIE, PA	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WQLN-DT	50	E	No		ERIE, PA	
WSEE-DT	16	N	No		ERIE, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	

SYSTEM ID#						Name	
PRIMARY TRANSMITTERS: TELEVISION							
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						G	Primary Transmitters: Television
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		
KDKA-DT	25	N	No		Pittsburgh, PA		
KDKA-DTHD	25	N-M	No		Pittsburgh, PA		
KDKA-DT2	25	I-M	No		Pittsburgh, PA		
KDKA-DT3	25	I-M	No		Pittsburgh, PA		
WINP-DT	38	I	No		Pittsburgh, PA		
WINP-DTHD	38	I-M	No		Pittsburgh, PA		
WJAC-DT	34	N	No		Johnstown, PA		
WPCB-DT	40	I	No		Greensburg, PA		
WPCB-DTHD	40	I-M	No		Greensburg, PA		
WPCB-DT6	40	I-M	No		Greensburg, PA		
WPGH-DT	43	I	No		Pittsburgh, PA		
WPGH-DTHD	43	I-M	No		Pittsburgh, PA		
WPGH-DT2	43	I-M	No		Pittsburgh, PA		
WPGH-DT3	43	I-M	No		Pittsburgh, PA		
WPKD-DT	11	I	No		Jeannette, PA		
WPKD-DTHD	11	I-M	No		Jeannette, PA		
WPNT-DT	42	I	No		Pittsburgh, PA		
WPNT-DTHD	42	I-M	No		Pittsburgh, PA		
WPNT-DT2	42	I-M	No		Pittsburgh, PA		
WPNT-DT4	42	I-M	No		Pittsburgh, PA		
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA		
WPXI-DT	48	N	No		Pittsburgh, PA		
WPXI-DTHD	48	N-M	No		Pittsburgh, PA		
WPXI-DT2	48	I-M	No		Pittsburgh, PA		
WPXI-DT3	48	I-M	No		Pittsburgh, PA		
WQED-DT	13	E	Yes	O	Pittsburgh, PA		
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA		
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA		
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA		
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA		
WTAE-DT	51	N	No		Pittsburgh, PA		
WTAE-DTHD	51	N-M	No		Pittsburgh, PA		
WTAE-DT2	51	I-M	No		Pittsburgh, PA		
WTAE-DT3	51	I-M	No		Pittsburgh, PA		

Comcast Cable Communications Management, LLC						SYSTEM ID# 6768	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>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		
KDKA-DT	25	N	Yes	O	Pittsburgh, PA		
WDCB-DT	35	I	No		WASHINGTON, DC		
WDCB-DT2	35	I-M	No		WASHINGTON, DC		
WDCB-DT3	35	I-M	No		WASHINGTON, DC		
WDCB-DTHD	35	I-M	No		WASHINGTON, DC		
WDCB-DT4	35	I-M	No		WASHINGTON, DC		
WDME-DTHD	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		
WDCW-DT	15	I	No		WASHINGTON, DC		
WDCW-DT2	15	I-M	No		WASHINGTON, DC		
WDCW-DTHD	15	I-M	No		WASHINGTON, DC		
WDVM-DT	26	N	No		HAGERSTOWN, MD		
WDVM-DT2	26	I-M	No		HAGERSTOWN, MD		
WDVM-DT3	26	I-M	No		HAGERSTOWN, MD		
WDVM-DTHD	26	N-M	No		HAGERSTOWN, MD		
WGPT-DT	36	E	No		OAKLAND, MD		
WGPT-DT2	36	E-M	No		OAKLAND, MD		
WGPT-DT3	36	E-M	No		OAKLAND, MD		
WGPT-DTHD	36	E-M	No		OAKLAND, MD		
WGPT-DT2HD	36	E-M	No		OAKLAND, MD		
WJLA-DT	9	I	No		SILVER SPRING, MD		
WJLA-DT	7	N	No		WASHINGTON, DC		
WJLA-DT2	7	I-M	No		WASHINGTON, DC		
WJLA-DT3	7	I-M	No		WASHINGTON, DC		
WJLA-DTHD	7	N-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		
WNPB-DT	33	E	No		MORGANTOWN, WV		
WNPB-DT2	33	E-M	No		MORGANTOWN, WV		
WNPB-DT3	33	E-M	No		MORGANTOWN, WV		
WNPB-DTHD	33	E-M	No		MORGANTOWN, WV		
WRC-DT	48	N	No		WASHINGTON, DC		
WRC-DT2	48	I-M	No		WASHINGTON, DC		
WRC-DT3	48	I-M	No		WASHINGTON, DC		
WRC-DTHD	48	N-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-DTHD	36	I-M	No		WASHINGTON, DC		
WUSA-DT	9	N	No		WASHINGTON, DC		
WUSA-DT2	9	I-M	No		WASHINGTON, DC		
WUSA-DT3	9	I-M	No		WASHINGTON, DC		
WUSA-DTHD	9	N-M	No		WASHINGTON, DC		
WWPX-DT	60	I	No		MARTINSBURG, WV		
WWPX-DTHD	60	I-M	No		MARTINSBURG, WV		
WWPX-DT2HD	60	I-M	No		MARTINSBURG, WV		

G
Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	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 AH						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WATM-DT	24	N	No		ALTOONA, PA	
WATM-DTHD	24	N-M	No		ALTOONA, PA	
WATM-DT3	24	I-M	No		ALTOONA, PA	
WATM-DT4	24	I-M	No		ALTOONA, PA	
WHVL-DT	23	I	No		STATE COLLEGE, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA	
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA	
WKBS-DT	46	I	No		ALTOONA, PA	
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA	
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DTHD	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAJ-DT	32	N	No		ALTOONA, PA	
WTAJ-DTHD	32	N-M	No		ALTOONA, PA	
WTAJ-DT2	32	I-M	No		ALTOONA, PA	
WTAJ-DT3	32	I-M	No		ALTOONA, PA	
WWCP-DT	8	I	No		JOHNSTOWN, PA	
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	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 AI						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WATM-DT	24	N	Yes	O	ALTOONA, PA	
WATM-DTHD	24	N-M	Yes	E	ALTOONA, PA	
WATM-DT3	24	I-M	Yes	O	ALTOONA, PA	
WATM-DT4	24	I-M	Yes	O	ALTOONA, PA	
WHVL-DT	23	I	No		STATE COLLEGE, PA	
WHVL-DTHD	23	I-M	No		STATE COLLEGE, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA	
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA	
WKBS-DT	46	I	No		ALTOONA, PA	
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA	
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DTHD	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAJ-DT	32	N	No		ALTOONA, PA	
WTAJ-DTHD	32	N-M	No		ALTOONA, PA	
WTAJ-DT2	32	I-M	No		ALTOONA, PA	
WTAJ-DT3	32	I-M	No		ALTOONA, PA	
WWCP-DT	8	I	No		JOHNSTOWN, PA	
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA	

SYSTEM ID#						Name
Comcast Cable Communications Management, LLC						6768
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 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	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AK						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WGPT-DT	36	E	No		OAKLAND, MD	
WGPT-DT2	36	E-M	No		OAKLAND, MD	
WGPT-DTHD	36	E-M	No		OAKLAND, MD	
WGPT-DT3	36	E-M	No		OAKLAND, MD	
WGPT-DTHD2	36	E-M	No		OAKLAND, MD	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	

SYSTEM ID# 6768						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 AL						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WGPT-DT	36	E	No		OAKLAND, MD	
WGPT-DTHD	36	E-M	No		OAKLAND, MD	
WGPT-DT2	36	E-M	No		OAKLAND, MD	
WGPT-DT3	36	E-M	No		OAKLAND, MD	
WGPT-DTHD2	36	E-M	No		OAKLAND, MD	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	No		Pittsburgh, PA	
WQED-DT2	13	E-M	No		Pittsburgh, PA	
WQED-DT5	13	E-M	No		Pittsburgh, PA	
WQED-DTHD	13	E-M	No		Pittsburgh, PA	
WQED-DT4	13	E-M	No		Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	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 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	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WDTV-DTHD	5	N	No		WESTON, WV	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WNPB-DT	33	E	No		MORGANTOWN, WV	
WNPB-DTHD	33	E-M	No		MORGANTOWN, WV	
WNPB-DT2	33	E-M	No		MORGANTOWN, WV	
WNPB-DT3	33	E-M	No		MORGANTOWN, WV	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	No		Pittsburgh, PA	
WQED-DT2	13	E-M	No		Pittsburgh, PA	
WQED-DT5	13	E-M	No		Pittsburgh, PA	
WQED-DTHD	13	E-M	No		Pittsburgh, PA	
WQED-DT4	13	E-M	No		Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	
WVFX-DTHD	10	I	No		CLARKSBURG, WV	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 6768	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 AR						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGRZ-DT	33	N	No		BUFFALO, NY	
WGRZ-DTHD	33	N-M	No		BUFFALO, NY	
WGRZ-DT2	33	I-M	No		BUFFALO, NY	
WGRZ-DT3	33	I-M	No		BUFFALO, NY	
WIVB-DT	32	N	No		BUFFALO, NY	
WIVB-DTHD	32	N-M	No		BUFFALO, NY	
WKBW-DT	38	N	No		BUFFALO, NY	
WKBW-DTHD	38	N-M	No		BUFFALO, NY	
WKBW-DT2	38	I-M	No		BUFFALO, NY	
WKBW-DT3	38	I-M	No		BUFFALO, NY	
WNED-DT	43	E	Yes	O	BUFFALO, NY	
WNED-DTHD	43	E-M	Yes	E	BUFFALO, NY	
WNED-DT2	43	E-M	Yes	E	BUFFALO, NY	
WNED-DT3	43	E-M	Yes	E	BUFFALO, NY	
WNLO-DT	32	I	No		BUFFALO, NY	
WNLO-DTHD	32	I-M	No		BUFFALO, NY	
WNLO-DT2	32	I-M	No		BUFFALO, NY	
WNYB-DT	26	I	No		JAMESTOWN, NY	
WNYO-DT	49	I	No		BUFFALO, NY	
WNYO-DTHD	49	I-M	No		BUFFALO, NY	
WNYO-DT2	49	I-M	No		BUFFALO, NY	
WNYO-DT3	49	I-M	No		BUFFALO, NY	
WPSU-DT	15	E	No		CLEARFIELD, PA	
WPSU-DTHD	15	E-M	No		CLEARFIELD, PA	
WPSU-DT2	15	E-M	No		CLEARFIELD, PA	
WPSU-DT3	15	E-M	No		CLEARFIELD, PA	
WPSU-DT4	15	E-M	No		CLEARFIELD, PA	
WPXJ-DT	51	I	No		BATAVIA, NY	
WPXJ-DTHD	51	I-M	No		BATAVIA, NY	
WPXJ-DT2	51	I-M	No		BATAVIA, NY	
WPXJ-DT3	51	I-M	No		BATAVIA, NY	
WUTV-DT	14	I	No		BUFFALO, NY	
WUTV-DTHD	14	I-M	No		BUFFALO, NY	
WUTV-DT2	14	I-M	No		BUFFALO, NY	
WUTV-DT3	14	I-M	No		BUFFALO, NY	

FCC Form 747, Page 3					
LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC				SYSTEM ID# 6768	Name
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AU					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNEO-DT	45	E	Yes	O	Alliance, OH
WNEO-DTHD	45	E-M	Yes	E	Alliance, OH
WNEO-DT2	45	E-M	Yes	E	Alliance, OH
WNEO-DT3	45	E-M	Yes	E	Alliance, OH
WNPB-DT	33	E	Yes	O	MORGANTOWN, WV
WNPB-DT2-HD	33	E-M	Yes	E	MORGANTOWN, WV
WNPB-DT3	33	E-M	Yes	E	MORGANTOWN, WV
WNPB-DTHD	33	E-M	Yes	E	MORGANTOWN, WV
WOUC-DT	35	E	No		Cambridge, OH
WOUC-DTHD	35	E-M	No		Cambridge, OH
WOUC-DT2	35	E-M	No		Cambridge, OH
WOUC-DT3	35	E-M	No		Cambridge, OH
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTOV-DT	9	N	No		Steubenville, OH
WTOV-DT2	9	I-M	No		Steubenville, OH
WTOV-DT3	9	I-M	No		Steubenville, OH
WTOV-DTHD	9	N-M	No		Steubenville, OH
WTOV-DT2HD	9	I-M	No		Steubenville, OH
WTRF-DT	7	N	No		Wheeling, WV
WTRF-DT3	7	N-M	No		Wheeling, WV
WTRF-DTHD	7	N-M	No		Wheeling, WV
WTRF-DT2HD	7	I-M	No		Wheeling, WV
WTRF-DT3HD	7	N-M	No		Wheeling, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 6768	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. IMPORTANT: You must complete a statement in space P concerning gross receipts. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> \$ 87,569,305.36 (Amount of gross receipts) </div>			
K Gross Receipts			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <ul style="list-style-type: none"> ► 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. 			
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. \$ 87,569,305.36 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 931,737.41		
	Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 	
Block 3		Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 62,792.59 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ 62,792.59	
	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. \$ 931,737.41 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. 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 \$ 932,462.41	
EFT Trace # or TRANSACTION ID # <input type="text" value="27QLCML7"/> <i>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.)</i>			
<i>Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees.</i>			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 6768
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
	1. Enter the total number of channels on which the cable system carried television broadcast stations	185	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	940	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
	Name Julie Laine, Comcast Cable Communications, LLC	Telephone 215-286-2334	
	Address One Comcast Center (Number, street, rural route, apartment, or suite number)		
	Philadelphia, PA 19103 (City, town, state, zip)		
	Email Licensing_Office_Inquiries@Comcast.com	Fax (optional).....	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)		
	<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)] 		
	 X /s/ Joseph Lance		
	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.		
	Typed or printed name: Joseph Lance		
	Title: Vice President, Regulatory Accounting (Title of official position held in corporation or partnership)		
	Date: August 11, 2025		

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 Cable Communications Management, LLC		SYSTEM ID# 6768	Name										
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 20px;">"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Name</td> </tr> <tr> <td>Mailing Address</td> <td>Mailing Address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>				Name	Name	Mailing Address	Mailing Address		
Name	Name												
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<p>P</p> <p>Special Statement Concerning Gross Receipts Exclusion</p>													
<p>INTEREST ASSESSMENTS</p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">X</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">X</p> <p style="text-align: right;">days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)</p> <p style="text-align: right;">..... \$</p> <p style="text-align: right;">(interest charge)</p> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Owner</td> <td style="width: 50%;">.....</td> </tr> <tr> <td>Address</td> <td>.....</td> </tr> <tr> <td>First community served</td> <td>.....</td> </tr> <tr> <td>Accounting period</td> <td>.....</td> </tr> <tr> <td>ID number</td> <td>.....</td> </tr> </table>				Owner	Address	First community served	Accounting period	ID number
Owner												
Address												
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Accounting period												
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<p>Q</p> <p>Interest Assessment</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.

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 76.63 (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.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

1. 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

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

DSE SCHEDULE. PAGE 11. (CONTINUED)

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Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC						SYSTEM ID# 6768		
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:								0.00		
Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, ➤										
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: <ul style="list-style-type: none"> • 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:								0.00	
Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ➤										
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 ➤ _____								4.00	
	2. Number of DSEs from part 3 ➤ _____								0.00	
	3. Number of DSEs from part 4 ➤ _____								0.00	
TOTAL NUMBER OF DSEs ➤ _____								4.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 6768						
Name 6								
<p>Instructions: Block A must be completed.</p> <p>In block A:</p> <ul style="list-style-type: none"> • 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. 								
BLOCK A: TELEVISION MARKETS								
<p>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?</p> <p><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.</p> <p><input checked="" type="checkbox"/> No—Complete blocks B and C below.</p>								
BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN	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: BASIS OF PERMITTED CARRIAGE	<p>Enter the appropriate letter indicating the basis on which you carried a permitted station.</p> <p>(Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>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)]</p> <p>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)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>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)]</p> <p>M Retransmission of a distant multicast stream.</p>							
Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.							
	<p>(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.)</p>							
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WQED-DT	C	0.25	WATM-DT	A	0.25			
WPSU-DT	C	0.25	WATM-DT3	M	1.00			
WNED-DT	C	0.25	WATM-DT4	M	1.00			
KDKA-DT	A,D	0.25	WNEO-DT	C	0.25			
WJZ-DT	A	0.25						
WNPB-DT	C	0.25						
4.00								
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								

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 6768	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7) ► \$ 87,569,305.36		
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 section1) ► \$ 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 .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 Cable Communications Management, LLC	SYSTEM ID# 6768					
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	<p>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.</p> <ul style="list-style-type: none"> In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p> <p style="text-align: center;">BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</p> <ul style="list-style-type: none"> Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p> <p style="text-align: center;">BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</p> <table border="1"> <tr> <td>Section 1</td> <td>Enter the amount of gross receipts from space K (page 7). ► \$ _____</td> </tr> <tr> <td>Section 2</td> <td>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.). ► \$ _____</td> </tr> <tr> <td>Section 3</td> <td> <p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► \$ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► \$ _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$ _____ 0.00</p> </td> </tr> </table>	Section 1	Enter the amount of gross receipts from space K (page 7). ► \$ _____	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ► \$ _____	Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► \$ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► \$ _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$ _____ 0.00</p>
Section 1	Enter the amount of gross receipts from space K (page 7). ► \$ _____						
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ► \$ _____						
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► \$ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► \$ _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$ _____ 0.00</p>						

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast Cable Communications Management, LLC		6768			
Section 4	<p>If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ► \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ► \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ► \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ► _____</p> <p>F. Multiply line D by line E and enter here ► \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$ 0.00</p>			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: <ul 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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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC	SYSTEM ID# 6768
	<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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>	

FORM SA3E. PAGE 19.

SYSTEM ID#								Name
LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC								
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
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	
WNPB-DT [C]	0.25			KDKA-DT [A]	0.25			
				WJZ-DT [A]	0.25			
Total DSEs	0.25			Total DSEs	0.50			
Gross Receipts First Group	\$	1,520,833.05		Gross Receipts Second Group	\$	973,315.88		
Base Rate Fee First Group	\$	4,045.42		Base Rate Fee Second Group	\$	5,178.04		
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	
WPSU-DT [C]	0.25			WQED-DT [C]	0.25			
WQED-DT [C]	0.25			WNEO-DT [C]	0.25			
Total DSEs	0.50			Total DSEs	0.50			
Gross Receipts Third Group	\$	1,006,688.29		Gross Receipts Fourth Group	\$	69,544.13		
Base Rate Fee Third Group	\$	5,355.58		Base Rate Fee Fourth Group	\$	369.97		
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)								

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID#	Name
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 9			COMMUNITY/ AREA	Subgroup 10			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WNEO-DT [C]	0.25			WATM-DT [A]	0.25				
				WATM-DT3 [M]	1.00				
				WATM-DT4 [M]	1.00				
Total DSEs	0.25			Total DSEs	2.25				
Gross Receipts First Group	\$	4,876,084.90		Gross Receipts Second Group	\$	8,837.47			
Base Rate Fee First Group	\$	12,970.39		Base Rate Fee Second Group	\$	171.47			
ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	0			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	0.00		Gross Receipts Fourth Group	\$	0.00			
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID#	Name
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 1			COMMUNITY/ AREA	Subgroup 2			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts First Group	\$	66,068,241.50		Gross Receipts Second Group	\$	6,963,995.41			
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00			
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 3			COMMUNITY/ AREA	Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	5,621,032.44		Gross Receipts Fourth Group	\$	460,732.29			
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ 0.00									

Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID#	Name
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 5			COMMUNITY/ AREA	Subgroup 6			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts First Group	\$	1,520,833.05		Gross Receipts Second Group	\$	973,315.88			
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00			
SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA	Subgroup 7			COMMUNITY/ AREA	Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	1,006,688.29		Gross Receipts Fourth Group	\$	69,544.13			
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)									

Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID#	Name
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 9			COMMUNITY/ AREA	Subgroup 10			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts First Group	\$	4,876,084.90		Gross Receipts Second Group	\$	8,837.47			
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00			
ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	0			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	0.00		Gross Receipts Fourth Group	\$	0.00			
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

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

REMITTANCE #:



Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials
----------------------------	---------------------	----------

Date of remittance	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> FILING FEES
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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)				
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
Space B Owner					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
Space D Area Served					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
Space E Secondary Transission Service Subscribers: and Rates					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
Space G Primary Transmitters: Television					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
Space H Primary Transmitters: Radio					
	<input type="checkbox"/> Accepted		<input type="checkbox"/> 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"/> Phone 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	