

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
8/22/2025	\$
	ALLOCATION NUMBER

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

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A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																											
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 006814</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Maryland, LP SEE ATTACHED</p> <p style="text-align: right;">00681420251 006814 2025/1</p> <p>ONE COMCAST CENTER PHILADELPHIA, PA 19103</p>																											
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM:</td> </tr> <tr> <td></td> <td colspan="3"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="3"><small>(City, town, state, zip code)</small></td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM:				<small>(Number, street, rural route, apartment, or suite number)</small>				<small>(City, town, state, zip code)</small>										
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D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td style="text-align: center;">CITY OR TOWN</td> <td colspan="3" style="text-align: center;">STATE</td> </tr> <tr> <td style="text-align: center;">TOWSON</td> <td colspan="3" style="text-align: center;">MD</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">A</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Alliance</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gering</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">B</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE			TOWSON	MD			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																											
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		
Comcast of Maryland, LP		006814		
<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>				D Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
TOWSON	MD	BA	1	
ABERDEEN	MD	BC	1	
ABERDEEN PROVING GROUND	MD	BC	1	
ABINGDON	MD	BC	1	
ALEXANDRIA	VA	AU	1	
ALTA VISTA	VA	AD	1	
AMELIA	VA	BM	1	
AMHERST	VA	AG	3	
AMHERST COUNTY	VA	AG	3	
ANDREWS AFB	MD	AU	1	
ANNAPOLIS	MD	BE	1	
ANNE ARUNDEL COUNTY	MD	BE	1	
ANNE ARUNDEL COUNTY (SOUTH)	MD	AU	1	
ARBUTUS	MD	BA	1	
ARLINGTON COUNTY	VA	AU	1	
ARNOLD	MD	BE	1	
ASHBURN	VA	AR	1	
ASHLAND	VA	BM	1	
AUGUSTA COUNTY	VA	AO	1	
BALDWIN	MD	BC	1	
BALTIMORE	MD	BA	1	
BALTIMORE COUNTY	MD	BA	1	
BANCROFT	WV	BJ	1	
BARBOURSVILLE	WV	BJ	1	
BARNESVILLE	MD	AU	1	
BATH	WV	AY	10	
BEDFORD COUNTY (EAST)	VA	AK	1	
BEDFORD COUNTY (SOUTHWEST)	VA	AH	1	
BEL AIR TWP	MD	BC	1	
BELCAMP	MD	BC	1	
BENEDICT	MD	AU	1	
BERKELEY COUNTY	WV	AV	12	
BERLIN	MD	BK	1	
BERRYVILLE	VA	AJ	11	
BERWYN HEIGHTS	MD	AU	1	
BETHANY BEACH	DE	BH	1	
BETHEL	DE	BH	1	
BETHESDA	MD	AU	1	
BETHLEHEM	MD	BL	1	
BIVALVE	MD	BI	1	
BLACKSBURG	VA	AH	1	
BLADENSBURG	MD	AU	1	

**First
Community**

See instructions for additional information on alphabetization.

Add rows as necessary.

BLADES	DE	BH	1
BLAND COUNTY	VA	AN	1
BLUEFIELD	VA	AM	1
BLUEFIELD	WV	AM	1
BLUEWELL	WV	AM	1
BOLIVAR	WV	AV	10
BOONSBORO	MD	AF	1
BOTETOURT COUNTY	VA	AH	1
BOWERS BEACH	DE	BG	16
BOWIE	MD	AU	1
BOYCE	VA	AJ	11
BOYDS	MD	AU	1
BRAMWELL	WV	AM	1
BRENTWOOD	MD	AU	1
BRIDGEVILLE	DE	BH	1
BRIDGEWATER	VA	AO	1
BROADKILL BEACH	DE	BH	1
BROADWAY	VA	AO	1
BROOKNEAL	VA	AG	3
BROOKVIEW	MD	BI	1
BROOKVILLE	MD	AU	1
BRUNSWICK	MD	AF	1
BUCKINGHAM	VA	BM	1
BUENA VISTA (ROCKBRIDGE COUNTY)	VA	AK	1
BUENA VISTA CITY	VA	AK	1
BUFFALO	WV	BJ	1
BURKITTSVILLE	MD	AF	1
BURTONSVILLE	MD	AU	1
CABELL COUNTY	WV	BJ	1
CABIN JOHN	MD	AU	1
CALVERT COUNTY	MD	AU	1
CAMBRIDGE	MD	BI	1
CAMDEN	DE	BG	15
CAMPBELL COUNTY (EAST)	VA	AG	3
CAMPBELL COUNTY (WEST)	VA	AK	1
CAPE ST CLAIRE	MD	BE	1
CAPITOL HEIGHTS	MD	AU	1
CAROLINE COUNTY	MD	BL	1
CAROLINE COUNTY	VA	BM	1
CARROLL COUNTY	MD	BD	1
CARSON	VA	BM	1
CASWELL COUNTY	NC	AE	1
CATONSVILLE	MD	BA	1
CECIL COUNTY (NORTH)	MD	BF	1
CECIL COUNTY (SOUTH)	MD	BF	13
CECILTON	MD	BF	13
CENTREVILLE	MD	BL	1
CHARLES CITY	VA	BM	1
CHARLES COUNTY	MD	AU	1
CHARLES TOWN	WV	AV	10
CHARLESTOWN	MD	BF	1
CHARLOTTE HALL	MD	AU	1
CHARLOTTESVILLE CITY	VA	AA	1
CHATHAM	VA	AC	5
CHESAPEAKE BEACH	MD	AU	1
CHESTERFIELD	VA	BM	1
CHESWOLD	DE	BG	14
CHEVERLEY	MD	AU	1
CHEVY CHASE	MD	AU	1
CHRISTIANSBURG	VA	AH	1
CHURCH CREEK	MD	BI	1

CHURCHVILLE	MD	BC	1
CLARKE COUNTY (FRONT ROYAL AREA)	VA	AJ	2
CLARKE COUNTY (WINCHESTER AREA)	VA	AJ	11
CLARKSVILLE	MD	BB	1
CLAYTON	DE	BG	14
COBB ISLAND	MD	AU	1
COLLEGE PARK	MD	AU	1
COLMAR MANOR	MD	AU	1
COLONIAL HEIGHTS	VA	BM	1
COLUMBIA	MD	BB	1
COOKSVILLE	MD	BB	1
COTTAGE CITY	MD	AU	1
CRAIGSVILLE TOWN	VA	AO	1
CRIMORA	VA	AO	1
CROFTON	MD	BE	1
CROWNSVILLE	MD	BE	1
CROZET	VA	AA	1
CULPEPER COUNTY	VA	AS	2
CULPEPER TOWN	VA	AS	2
CURTIS BAY	MD	BE	1
DALE CITY	VA	AU	1
DAMASCUS	MD	AU	1
DANVILLE	VA	AC	1
DAVIDSONVILLE	MD	BE	1
DAYTON	MD	BB	1
DAYTON	VA	AO	1
DEAL ISLAND	MD	BI	1
DELMAR	DE	BI	1
DELMAR	MD	BI	1
DENTON	MD	BL	1
DERWOOD	MD	AU	1
DEWEY BEACH	DE	BH	1
DILLWYN	VA	BM	1
DINWIDDIE	VA	BM	1
DISTRICT HEIGHTS	MD	AU	1
DORCHESTER COUNTY	MD	BI	1
DOVER	DE	BG	15
DOVER AFB	DE	BG	15
DUBLIN	VA	AH	1
DUMFRIES	VA	AU	1
DUNDALK	MD	BA	1
EAGLES LANDING	VA	AA	1
EARLEVILLE	MD	BB	1
EAST NEW MARKET	MD	BI	1
EDGEMERE	MD	BA	1
EDGEWOOD ARSENAL	MD	BC	1
EDMONSTON	MD	AU	1
ELEANOR	WV	BJ	1
ELIZABETH LANDING	MD	BE	1
ELKRIDGE	MD	BB	1
ELKTON	MD	BF	1
ELKTON	VA	AO	1
ELLENDALE	DE	BH	1
ELLCOTT CITY	MD	BB	1
EMMITSBURG	MD	AF	9
EMPORIA	VA	BN	19
ESSEX	MD	BA	1
FAIRFAX COUNTY	VA	AU	1
FAIRMOUNT HEIGHTS	MD	AU	1
FALLSTON	MD	BC	1
FARMINGTON	DE	BG	16

FAUQUIER COUNTY	VA	AW	1
FEDERALSBURG	MD	BL	1
FELTON	DE	BG	16
FENWICK ISLAND	DE	BK	1
FINCASTLE	VA	AH	1
FISHERSVILLE	VA	AO	1
FLUVANNA COUNTY	VA	AA	1
FOREST HEIGHTS	MD	AU	1
FOREST HILL	MD	BC	1
FORT BELVOIR	VA	AU	1
FORT DETRICK	MD	AF	1
FORT LEE	VA	BM	1
FORT MEADE	MD	BE	1
FORT MYER	VA	AU	1
FREDERICA	DE	BG	16
FREDERICK	MD	AF	1
FREDERICK COUNTY	MD	AF	1
FREDERICK COUNTY	VA	AJ	11
FREDERICKSBURG	VA	AX	1
FRONT ROYAL	VA	AJ	11
FRUITLAND	MD	BI	1
FULTON	MD	BB	1
FULTON COUNTY	PA	AY	10
FUNKSTOWN	MD	AF	9
GAITHERSBURG	MD	AU	1
GALENA	MD	BF	13
GALESTOWN	MD	BI	1
GAMBRILLS	MD	BE	1
GARRETT PARK	MD	AU	1
GEORGETOWN	DE	BH	1
GERMANTOWN	MD	AU	1
GIBSON ISLAND	MD	BE	1
GLASGOW	VA	AK	1
GLEN BURNIE	MD	BE	1
GLEN ECHO	MD	AU	1
GLENARDEN	MD	AU	1
GLENELG	MD	BB	1
GLENWOOD	MD	BB	1
GOLDSBORO	MD	BL	1
GOOCHLAND	VA	BM	1
GORDONSVILLE	VA	AT	1
GREEN VALLEY	WV	AM	1
GREENBELT	MD	AU	1
GREENE COUNTY	VA	AA	1
GREENSBORO	MD	BL	1
GREENSVILLE COUNTY	VA	BN	19
GREENWOOD	DE	BH	1
GRETNA	VA	AD	1
GROTTOES	VA	AO	1
HAGERSTOWN	MD	AF	1
HALIFAX	VA	AI	5
HALIFAX COUNTY	VA	AI	1
HAMILTON	VA	AR	1
HAMPSTEAD	MD	BD	7
HANCOCK	MD	AY	10
HANOVER	MD	BE	1
HANOVER COUNTY	VA	BM	1
HARBOR GATES	MD	BE	1
HARFORD COUNTY	MD	BC	1
HARMANS	MD	BE	1
HARMONY	MD	BL	1

HARPERS FERRY	WV	AV	10
HARRINGTON	DE	BG	16
HARRISONBURG	VA	AO	1
HARRISTON	VA	AO	1
HARTLY	DE	BG	16
HAVRE DE GRACE	MD	BC	1
HAYMARKET	VA	AU	1
HEBRON	MD	BI	1
HEDGESVILLE	WV	AV	12
HENDERSON	MD	BL	1
HENLOPEN ACRES	DE	BH	1
HENRICO COUNTY	VA	BM	1
HENRY COUNTY	VA	AD	1
HERITAGE HARBOR	MD	BE	1
HIGHLAND	MD	BB	1
HIGHLAND BEACH	MD	BE	1
HILLSBORO	MD	BL	1
HOPEWELL	VA	BM	1
HOUSTON	DE	BG	16
HOWARD COUNTY	MD	BB	1
HUDDLESTON	VA	AH	1
HUGHESVILLE	MD	AU	1
HUNTINGTON	WV	BJ	1
HURLOCK	MD	BI	1
HURT	VA	AD	1
HYATTSVILLE	MD	AU	1
INDIAN HEAD	MD	AU	1
JEFFERSON	WV	AV	10
JEFFERSON COUNTY	WV	AV	10
JESSUP	MD	BE	1
JOPPA	MD	BC	1
KANAWHA COUNTY	WV	BJ	1
KEEDYSVILLE	MD	AF	7
KENOVA	WV	BJ	1
KENSINGTON	MD	AU	1
KENT COUNTY	DE	BG	15
KENT COUNTY	MD	BF	13
KENTON	DE	BG	15
KINGSVILLE	MD	BC	1
LA PLATA	MD	AU	1
LACEY SPRINGS	VA	AO	1
LACROSSE	VA	AP	6
LAKE MONTICELLO	VA	AA	1
LAKE RIDGE	VA	AU	1
LANDOVER HILLS	MD	AU	1
LANSDOWNE	MD	BA	1
LAUREL	DE	BH	1
LAUREL (ANNE ARUNDEL)	MD	BE	1
LAUREL (PRINCE GEORGE'S)	MD	AU	1
LAYTONSVILLE	MD	AU	1
LEESBURG	VA	AR	1
LEIPSIC	DE	BG	18
LEONARDTOWN	MD	AU	1
LESAGE	WV	BJ	1
LEWES	DE	BH	1
LEXINGTON (ROCKBRIDGE COUNTY)	VA	AK	1
LEXINGTON CITY	VA	AK	1
LINCOLN	DE	BH	1
LINTHICUM	MD	BE	1
LISBON	MD	BB	1
LITTLE CREEK	DE	BG	18

LOCUST GROVE	VA	AZ	8
LOUDOUN COUNTY	VA	AR	1
LOUISA	VA	AB	1
LOUISA COUNTY (NORTH)	VA	AT	1
LOUISA COUNTY (SOUTH)	VA	AB	1
LOVETTSVILLE	VA	AR	1
LURAY	VA	AL	7
LUTHERVILLE	MD	BA	1
LYNCHBURG	VA	AK	1
LYNDHURST	VA	AO	1
MADISON COUNTY	VA	AA	1
MADISON TOWN	VA	AA	1
MAGNOLIA	DE	BG	15
MANASSAS	VA	AU	1
MANASSAS PARK	VA	AU	1
MANCHESTER	MD	BD	7
MARDELA SPRINGS	MD	BI	1
MARINE BARRACKS	DC	AU	1
MARIOTTVILLE	MD	BB	1
MARTINSBURG	WV	AV	12
MARTINSVILLE	VA	AD	1
MARYDEL	MD	BL	1
MARYLAND CITY	MD	BE	1
MCGAHEYSVILLE	VA	AO	1
MCKENNEY	VA	BM	1
MECHANICSVILLE	MD	AU	1
MECKLENBURG COUNTY	VA	AP	4
MERCER COUNTY	WV	AM	1
MIDDLE RIVER	MD	BA	1
MIDDLEBURG	VA	AR	1
MIDDLETOWN	MD	AF	1
MIDDLETOWN	VA	AJ	11
MILFORD	DE	BG	16
MILFORD (SOUTH)	DE	BH	1
MILLERSVILLE	MD	BE	1
MILTON	DE	BH	1
MINERAL	VA	AB	1
MONTCLAIR	VA	AU	1
MONTGOMERY COUNTY	MD	AU	1
MONTGOMERY COUNTY	VA	AH	1
MORGAN COUNTY	WV	AY	10
MORNINGSIDE	MD	AU	1
MOUNT AIRY (CARROLL)	MD	BD	1
MOUNT AIRY (FREDERICK)	MD	AF	1
MOUNT CLINTON	VA	AO	1
MOUNT CRAWFORD	VA	AO	1
MOUNT RAINER	MD	AU	1
MOUNT SIDNEY	VA	AO	1
MYERSVILLE	MD	AF	9
NANTICOKE	MD	BI	1
NEW CARROLLTON	MD	AU	1
NEW CASTLE COUNTY (SOUTH)	DE	BG	17
NEW HOPE	VA	AO	1
NEW MARKET	MD	AF	1
NEW WINDSOR	MD	BD	1
NORTH BEACH	MD	AU	1
NORTH BRENTWOOD	MD	AU	1
NORTH EAST	MD	BF	1
NORTH LAUREL	MD	BB	1
OCCOQUAN	VA	AU	1
OCEAN CITY	MD	BK	1

ODENTON	MD	BE	1
OLNEY	MD	AU	1
ORANGE	VA	AT	1
ORANGE COUNTY (EAST)	VA	AT	1
ORANGE COUNTY (WEST)	VA	AA	1
OVERLEA	MD	BA	1
OWINGS MILLS	MD	BA	1
PAEONIEN SPRING	VA	AR	1
PAGE COUNTY	VA	AL	7
PARKVILLE	MD	BA	1
PASADENA	MD	BE	1
PATRICK COUNTY	VA	AE	5
PERRY HALL	MD	BA	1
PERRYMAN	MD	BC	1
PERRYVILLE	MD	BF	1
PETERSBURG	VA	BM	1
PIKESVILLE	MD	BA	1
PITTSYLVANIA COUNTY (NORTH)	VA	AD	1
PITTSYLVANIA COUNTY (SOUTH)	VA	AC	1
POCA	WV	BJ	1
POCOHANTAS	VA	AM	1
POCOMOKE CITY	MD	BI	1
POOLESVILLE	MD	AU	1
POTOMAC	MD	AU	1
POWHATAN	VA	BM	1
PRESTON	MD	BL	1
PRINCE GEORGE	VA	BM	1
PRINCE GEORGE'S COUNTY	MD	AU	1
PRINCE WILLIAM COUNTY	VA	AU	1
PRINCESS ANNE	MD	BI	1
PRINCETON	WV	AM	1
PULASKI	VA	AH	1
PULASKI COUNTY	VA	AH	1
PURCELLVILLE	VA	AR	1
PUTNAM COUNTY	WV	BJ	1
QUANTICO	VA	AU	1
QUANTICO MARINE BASE	VA	AU	1
QUEEN ANNE	MD	BL	1
QUEEN ANNE'S COUNTY	MD	BL	1
QUEENSTOWN	MD	BL	1
RANDALLSTOWN	MD	BA	1
RANSON	WV	AV	10
RAPPAHANNOCK	VA	AQ	11
REHOBOTH BEACH	DE	BH	1
REIDS GROVE	MD	BI	1
REISTERSTOWN	MD	BA	1
RELIANCE	MD	BL	1
REMINGTON	VA	AW	1
REMINGTON WEST	VA	AR	1
RESTON	VA	AU	1
RICHMOND	VA	BM	1
RIDGELY	MD	BL	1
RIDGEWAY	VA	AD	1
RIVERDALE	MD	AU	1
ROANOKE COUNTY	VA	AH	1
ROCKBRIDGE COUNTY	VA	AK	1
ROCKINGHAM COUNTY	VA	AO	1
ROCKVILLE	MD	AU	1
ROCKY GAP	VA	AN	1
ROSEDALE	MD	BA	1
ROSEMONT VILLAGE	MD	AF	1

ROUND HILL	VA	AR	1
RUCKERSVILLE	VA	AA	1
SALEM	VA	AH	1
SALISBURY	MD	BI	1
SAVAGE	MD	BB	1
SEAFORD	DE	BH	1
SEAT PLEASANT	MD	AU	1
SECRETARY	MD	BI	1
SELBYVILLE	DE	BH	1
SEVERN	MD	BE	1
SEVERNA PARK	MD	BE	1
SHARPSBURG	MD	AF	7
SHARPTOWN	MD	BI	1
SHENANDOAH (PAGE COUNTY)	VA	AL	7
SHENANDOAH TOWN	VA	AL	7
SHEPHERDSTOWN	WV	AV	10
SHERWOOD FOREST	MD	BE	1
SILVER SPRING	MD	AU	1
SLAUGHTER BEACH	DE	BH	1
SMYRNA	DE	BG	14
SNOW HILL	MD	BI	1
SOMERSET	MD	AU	1
SOMERSET COUNTY	MD	BI	1
SOUTH BETHANY	DE	BH	1
SOUTH BOSTON	VA	AI	5
SOUTH HILL	VA	AP	6
SOUTH RIDING	VA	AR	1
SPOTSYLVANIA COUNTY	VA	AX	1
ST. CHARLES	MD	AU	1
ST. MARY'S	MD	AU	1
STAFFORD COUNTY	VA	AX	1
STANARDSVILLE	VA	AA	1
STANLEY TOWN	VA	AL	7
STAUNTON CITY	VA	AO	1
STEPHENS CITY	VA	AJ	11
STEPHENSON	VA	AJ	11
STERLING	VA	AR	1
STRASBURG	VA	AJ	11
STUART	VA	AE	5
STUARTS DRAFT	VA	AO	1
SUSSEX COUNTY (NORTHEAST)	DE	BH	1
SUSSEX COUNTY (SOUTHEAST)	DE	BK	1
SUSSEX COUNTY (SOUTHWEST)	DE	BI	1
SYKESVILLE	MD	BD	1
TAKOMA PARK	MD	AU	1
TANEYTOWN	MD	BD	7
TANYARD	MD	BL	1
TAZEWELL COUNTY	VA	AM	1
THE PLAINS	VA	AW	1
THURMONT	MD	AF	9
TIMBERVILLE	VA	AO	1
TIMONIUM	MD	BA	1
TRIANGLE	VA	AU	1
TROUTVILLE	VA	AH	1
UNION BRIDGE	MD	BD	1
UNIVERSITY PARK	MD	AU	1
UPPER MARLBORO	MD	AU	1
US NAVAL ACADEMY	MD	BE	1
US NAVAL SUPPORT FACILITY INDIAN HEAD	MD	AU	1
VIENNA	MD	BI	1
VIOLA	DE	BG	15

WALDORF	MD	AU	1
WALKERSVILLE	MD	AF	1
WALTER REED ARMY MEDICAL	DC	AU	1
WARREN COUNTY	VA	AJ	11
WARRENTON	VA	AW	1
WASHINGTON	DC	AU	1
WASHINGTON	VA	AJ	11
WASHINGTON COUNTY (EAST)	MD	AF	1
WASHINGTON COUNTY (WEST)	MD	AY	10
WASHINGTON GROVE	MD	AU	1
WAYNE COUNTY	WV	BJ	1
WAYNESBORO	VA	AO	1
WEST BETHESDA	MD	AU	1
WEST FRIENDSHIP	MD	BB	1
WESTMINSTER	MD	BD	1
WEYERS CAVE	VA	AO	1
WHEATON	MD	AU	1
WICOMICO COUNTY	MD	BI	1
WILLIAMSPORT	MD	AF	9
WINCHESTER	VA	AJ	11
WINFIELD	WV	BJ	1
WOODBINE	MD	BB	1
WOODBRIIDGE	VA	AU	1
WOODLAWN	MD	BA	1
WOODSBORO	MD	AF	1
WOODSIDE	DE	BG	15
WORCESTER COUNTY (NORTHEAST)	MD	BK	1
WORCESTER COUNTY (SOUTHWEST)	MD	BI	1
WYOMING	DE	BG	15
YANCEYVILLE	NC	AE	1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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). 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). 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. 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)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	725,252	32.00-61.65	HDTV CONVERTERS	1,745,723	\$0.50-\$11.95
	Motel, hotel			DIGITAL CONVERTERS	51,540	\$0.50-\$11.95
	Commercial Converter • Residential • Non-residential	69,346	32.00-127.65	DTA CONVERTERS	363,427	\$0.50-\$11.95
F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	1.99-24.99	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel	\$ 100.00 \$ 100.00		
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 100.00 \$ 100.00	• Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 100.00		

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP 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
WCAV-DT	19	N	No		Charlottesville, VA
WCVE-DT	42	E	No		Richmond, VA
WCVE-DTHD	42	E-M	No		Richmond, VA
WCVE-DT2	42	E-M	No		Richmond, VA
WCVE-DT3	42	E-M	No		Richmond, VA
WCVW-DT	29	E	No		Richmond, VA
WCVW-DTHD	29	E-M	No		Richmond, VA
WNVT-DT	42	E	No		Spotsylvania, VA
WRIC-DT	22	N	No		Petersburg, VA
WRIC-DTHD	22	N-M	No		Petersburg, VA
WRIC-DT3	22	I-M	No		Petersburg, VA
WRIC-DT4	22	I-M	No		Petersburg, VA
WRLH-DT	26	I	No		Richmond, VA
WRLH-DTHD	26	I-M	No		Richmond, VA
WRLH-DT2	26	I-M	No		Richmond, VA
WRLH-DT3	26	I-M	No		Richmond, VA
WTVR-DT	25	N	No		Richmond, VA
WTVR-DTHD	25	N-M	No		Richmond, VA
WTVR-DT2	25	I-M	No		Richmond, VA
WTVR-DT3	25	I-M	No		Richmond, VA
WUPV-DT	47	I	No		Ashland, VA
WUPV-DTHD	47	I-M	No		Ashland, VA
WUPV-DT2	47	I-M	No		Ashland, VA
WUPV-DT3	47	I-M	No		Ashland, VA
WWIR-DT	32	N	No		Charlottesville, VA
WWBT-DT	12	N	No		Richmond, VA
WWBT-DTHD	12	N-M	No		Richmond, VA
WWBT-DT2	12	I-M	No		Richmond, VA
WWBT-DT3	12	I-M	No		Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		Name		
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<p>G</p> <p>Primary Transmitters: Television</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	
WBRA-DT	3	E	No		Roanoke, VA	
WBRA-DTHD	3	E-M	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WDBJ-DT	18	N	No		Roanoke, VA	
WDBJ-DTHD	18	N-M	No		Roanoke, VA	
WDBJ-DT3	18	I-M	No		Roanoke, VA	
WDBJ-DT4	18	I-M	No		Roanoke, VA	
WFXR-DT	17	I	No		Roanoke, VA	
WFXR-DTHD	17	I-M	No		Roanoke, VA	
WFXR-DT2	17	I-M	No		Roanoke, VA	
WFXR-DT3	17	I-M	No		Roanoke, VA	
WPXR-DT	36	I	No		Roanoke, VA	
WPXR-DTHD	36	I-M	No		Roanoke, VA	
WSET-DT	13	N	No		Lynchburg, VA	
WSET-DTHD	13	N-M	No		Lynchburg, VA	
WSET-DT2	13	I-M	No		Lynchburg, VA	
WSET-DT3	13	I-M	No		Lynchburg, VA	
WLSL-DT	30	N	No		Roanoke, VA	
WLSL-DTHD	30	N-M	No		Roanoke, VA	
WLSL-DT2	30	I-M	No		Roanoke, VA	
WLSL-DT3	30	I-M	No		Roanoke, VA	
WWCW-DT	20	I	No		Lynchburg, VA	
WWCW-DTHD	20	I-M	No		Lynchburg, VA	
WWCW-DT3	20	I-M	No		Lynchburg, VA	
WWCW-DT2	20	I-M	No		Lynchburg, VA	
WZBJ-DT	18	I	No		Danville, VA	
WZBJ-DTHD	18	I-M	No		Danville, VA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AE					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRA-DTHD	3	E	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WCWG-DT	31	I	No		Lexington, NC
WCWG-HD	31	I-M	No		Lexington, NC
WCWG-DT2	31	I-M	No		Lexington, NC
WDBJ-DT	18	N	No		Roanoke, VA
WFMY-DT	51	N	No		Greensboro, NC
WFMY-DTHD	51	N-M	No		Greensboro, NC
WFMY-DT2	51	I-M	No		Greensboro, NC
WFMY-DT4	51	I-M	No		Greensboro, NC

WGHP-DT	35	N	No		High Point, NC
WGHP-DTHD	35	N-M	No		High Point, NC
WGHP-DT2	35	I-M	No		High Point, NC
WGHP-DT3	35	I-M	No		High Point, NC
WGPX-DT	14	I	No		Burlington, NC
WGPX-DTHD	14	I-M	No		Burlington, NC
WMYV-DT	33	I	No		Greensboro, NC
WMYV-DTHD	33	I-M	No		Greensboro, NC
WMYV-DT2	33	I-M	No		Greensboro, NC
WMYV-DT3	33	I-M	No		Greensboro, NC
WSET-DT	13	N	No		Lynchburg, VA
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC
WXII-DT	31	N	No		Winston-Salem, NC
WXII-DTHD	31	N-M	No		Winston-Salem, NC
WXII-DT2	31	I-M	No		Winston-Salem, NC
WXII-DT3	31	I-M	No		Winston-Salem, NC
WXLV-DT	29	N	No		Winston-Salem, NC
WXLV-DTHD	29	N-M	No		Winston-Salem, NC
WXLV-DT2	29	I-M	No		Winston-Salem, NC
WXLV-DT3	29	I-M	No		Winston-Salem, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WDCA-DT	35	I	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCA-DTHD	35	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
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC

WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WHUT-DT	33	E	Yes	O	Washington, DC
WHUT-DTHD	33	E-M	Yes	E	Washington, DC
WHUT-DT2	33	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJZ-DT	13	N	No		Baltimore, MD
WMAR-DT	38	N	No		Baltimore, MD
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT2	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP					SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP 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	
WBRA-DT	3	E	No		Roanoke, VA	
WBRA-DTHD	3	E-M	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WCVE-DT	42	E	Yes	O	Richmond, VA	
WCVE-DTHD	42	E-M	Yes	E	Richmond, VA	
WCVE-DT2	42	E-M	Yes	E	Richmond, VA	
WDBJ-DT	18	N	No		Roanoke, VA	
WDBJ-DTHD	18	N-M	No		Roanoke, VA	
WDBJ-DT3	18	I-M	No		Roanoke, VA	
WDBJ-DT4	18	I-M	No		Roanoke, VA	
WFXR-DT	17	I	No		Roanoke, VA	
WFXR-DTHD	17	I-M	No		Roanoke, VA	
WFXR-DT3	17	I-M	No		Roanoke, VA	
WFXR-DT4	17	I-M	No		Roanoke, VA	
WNVN-DT	42	E	Yes	O	Spotsylvania, VA	
WPXR-DT	36	I	No		Roanoke, VA	
WPXR-DTHD	36	I-M	No		Roanoke, VA	
WSET-DT	13	N	No		Lynchburg, VA	
WSET-DTHD	13	N-M	No		Lynchburg, VA	
WSET-DT2	13	I-M	No		Lynchburg, VA	
WSET-DT3	13	I-M	No		Lynchburg, VA	
WSLS-DT	30	N	No		Roanoke, VA	
WSLS-DTHD	30	N-M	No		Roanoke, VA	
WSLS-DT2	30	I-M	No		Roanoke, VA	
WSLS-DT3	30	I-M	No		Roanoke, VA	
WWCW-DT	20	I	No		Lynchburg, VA	
WWCW-DTHD	20	I-M	No		Lynchburg, VA	
WWCW-DT3	20	I-M	No		Lynchburg, VA	
WWCW-DT2	20	I-M	No		Lynchburg, VA	
WZBJ-DT	18	I	No		Danville, VA	
WZBJ-DTHD	18	I-M	No		Danville, VA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.					G Primary Transmitters: Television
CHANNEL LINE-UP AH					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT2	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WLSL-DT	30	N	No		Roanoke, VA
WLSL-DTHD	30	N-M	No		Roanoke, VA
WLSL-DT2	30	I-M	No		Roanoke, VA
WLSL-DT3	30	I-M	No		Roanoke, VA
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT2	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	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 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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT2	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT2	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Comcast of Maryland, LP** SYSTEM ID# **006814** Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.
- Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2." Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast).
- Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.
- Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "NM" (for network multicast), "I" (for independent), "IM" (for independent multicast), "E" (for noncommercial educational), or "EM" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.
- Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes." If not, enter "No." For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.
- Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
- For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (except). For simulcasts, also enter "E." If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.
- Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

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

G
Primary Transmitters: Television

CHANNEL LINE-UP 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WJLA-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVPT-DT	11	E	Yes	O	Staunton, VA
WVPT-DTHD	11	E-M	Yes	E	Staunton, VA
WVPT-DT3	11	E-M	Yes	E	Staunton, VA
WVPT-DT4	11	E-M	Yes	E	Staunton, VA
WVPY-DT	11	E	No		New Market, VA
WVPY-DTHD	11	E-M	No		New Market, VA
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		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>						G	Primary Transmitters: Television
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		
WBRA-DT	3	E	No		Roanoke, VA		
WBRA-DTHD	3	E-M	No		Roanoke, VA		
WBRA-DT2	3	E-M	No		Roanoke, VA		
WBRA-DT3	3	E-M	No		Roanoke, VA		
WBRA-DT4	3	E-M	No		Roanoke, VA		
WDBJ-DT	18	N	No		Roanoke, VA		
WDBJ-DTHD	18	N-M	No		Roanoke, VA		
WDBJ-DT3	18	I-M	No		Roanoke, VA		
WDBJ-DT4	18	I-M	No		Roanoke, VA		
WFXR-DT	17	I	No		Roanoke, VA		
WFXR-DTHD	17	I-M	No		Roanoke, VA		
WFXR-DT2	17	I-M	No		Roanoke, VA		
WFXR-DT3	17	I-M	No		Roanoke, VA		
WPXR-DT	36	I	No		Roanoke, VA		
WPXR-DTHD	36	I-M	No		Roanoke, VA		
WSET-DT	13	N	No		Lynchburg, VA		
WSET-DTHD	13	N-M	No		Lynchburg, VA		
WSET-DT2	13	I-M	No		Lynchburg, VA		
WSET-DT3	13	I-M	No		Lynchburg, VA		
WSLS-DT	30	N	No		Roanoke, VA		
WSLS-DTHD	30	N-M	No		Roanoke, VA		
WSLS-DT2	30	I-M	No		Roanoke, VA		
WSLS-DT3	30	I-M	No		Roanoke, VA		
WVPT-DT	11	E	No		Staunton, VA		
WVPT-DTHD	11	E-M	No		Staunton, VA		
WVPT-DT2	11	E-M	No		Staunton, VA		
WVPT-DT3	11	E-M	No		Staunton, VA		
WVPY-DT2HD	21	E-M	No		New Market, VA		
WVPY-DT2	21	E	No		New Market, VA		
WWCW-DT	20	I	No		Lynchburg, VA		
WWCW-DTHD	20	I-M	No		Lynchburg, VA		
WWCW-DT3	20	I-M	No		Lynchburg, VA		
WWCW-DT2	20	I-M	No		Lynchburg, VA		
WZBJ-DT	18	I	No		Danville, VA		
WZBJ-DTHD	18	I-M	No		Danville, VA		

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Comcast of Maryland, LP SYSTEM ID# **006814** Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (Sections 76.59(c)(2) and (4), 76.61(c)(3) and (4), or 76.63 (relating to 76.61(c)(2) and (4)), and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.
- Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast).
- Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.
- Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "NM" (for network multicast), "I" (for independent), "IM" (for independent multicast), "E" (for noncommercial educational), or "EM" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.
- Column 4: If the station is outside the local service area, (i.e., "distant"), enter "Yes"; if not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.
- Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
- For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.
- Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

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

G
 Primary Transmitters: Television

CHANNEL LINE-UP A-L					
1. CALL SIGN	2. B/CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT3HD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WHSV-DT	49	N	No		Harrisonburg, VA
WJLA-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVIR-DT	32	N	No		Charlottesville, VA
WVPT-DT	11	E	No		Staunton, VA
WVPT-DTHD	11	E-M	No		Staunton, VA
WVPT-DT2	11	E-M	No		Staunton, VA
WVPT-DT3	11	E-M	No		Staunton, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WVPY-DT2	21	E	No		New Market, VA
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WLFB-DT	40	I	No		Bluefield, WV
WOAY-DT	50	N	No		Oak Hill, WV
WOAY-DTHD	50	N-M	No		Oak Hill, WV
WOAY-DT2	50	N-M	No		Oak Hill, WV
WSWP-DT	10	E	No		Grandview, WV
WSWP-DTHD	10	E-M	No		Grandview, WV
WSWP-DT2HD	10	E-M	No		Grandview, WV

WSWP-DT2	10	E-M	No	Grandview, WV
WVNS-DT	8	N	No	Lewisburg, WV
WVNS-DTHD	8	N-M	No	Lewisburg, WV
WVNS-DT2	8	I-M	No	Lewisburg, WV
WVNS-DT2HD	8	I-M	No	Lewisburg, WV
WVVA-DT	46	N	No	Bluefield, WV
WVVA-DTHD	46	N-M	No	Bluefield, WV
WVVA-DT2	46	I-M	No	Bluefield, WV
WVVA-DT2HD	46	I-M	No	Bluefield, WV
WVVA-DT3	46	I-M	No	Bluefield, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AN					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT2	17	I-M	No		Roanoke, VA

WFXR-DT3	17	I-M	No	Roanoke, VA
WPXR-DT	36	I	No	Roanoke, VA
WPXR-DTHD	36	I-M	No	Roanoke, VA
WSET-DT	13	N	No	Lynchburg, VA
WSET-DTHD	13	N-M	No	Lynchburg, VA
WSET-DT2	13	I-M	No	Lynchburg, VA
WSET-DT3	13	I-M	No	Lynchburg, VA
WSLS-DT	30	N	No	Roanoke, VA
WSLS-DTHD	30	N-M	No	Roanoke, VA
WSLS-DT2	30	I-M	No	Roanoke, VA
WSLS-DT3	30	I-M	No	Roanoke, VA
WSWP-DT	10	E	No	Grandview, WV
WSWP-DTHD	10	E-M	No	Grandview, WV
WSWP-DT2HD	10	E-M	No	Grandview, WV
WSWP-DT2	10	E-M	No	Grandview, WV
WWCW-DT	20	I	No	Lynchburg, VA
WWCW-DTHD	20	I-M	No	Lynchburg, VA
WWCW-DT3	20	I-M	No	Lynchburg, VA
WWCW-DT2	20	I-M	No	Lynchburg, VA
WZBJ-DT	18	I	No	Danville, VA
WZBJ-DTHD	18	I-M	No	Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AP					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCVE-DT	42	E	Yes	O	Richmond, VA
WCVE-DTHD	42	E-M	Yes	E	Richmond, VA
WCVE-DT2	42	E-M	Yes	E	Richmond, VA
WFPX-DT	36	I	No		Archer Lodge, NC
WFPX-DTHD	36	I-M	No		Archer Lodge, NC
WFL-DT	27	I	Yes	O	Raleigh, NC
WFL-DTHD	27	I-M	Yes	E	Raleigh, NC
WFL-DT2	27	I-M	Yes	O	Raleigh, NC
WFL-DT3	27	I-M	Yes	O	Raleigh, NC
WNCN-DT	17	N	Yes	O	Goldsboro, NC
WNCN-DTHD	17	N-M	Yes	E	Goldsboro, NC
WNCN-DT3	17	I-M	Yes	O	Goldsboro, NC
WNCN-DT2	17	I-M	Yes	O	Goldsboro, NC
WTVT-DT	42	E	Yes	O	Spotsylvania, VA
WRAL-DT	48	N	No		Raleigh, NC
WRAL-DTHD	48	N-M	No		Raleigh, NC
WRAL-DT2	48	I-M	No		Raleigh, NC
WRAY-DT	25	I	No		Wake Forest, NC
WRAY-DTHD	25	I-M	No		Wake Forest, NC
WRAZ-DT	49	I	No		Raleigh, NC
WRAZ-DTHD	49	I-M	No		Raleigh, NC
WRAZ-DT2HHD	49	I-M	No		Raleigh, NC
WRDC-DT	28	I	Yes	O	Raleigh, NC
WRDC-DTHD	28	I-M	Yes	E	Raleigh, NC
WRDC-DT2	28	I-M	Yes	O	Raleigh, NC
WRPX-DT	15	I	No		Rocky Mount, NC
WRPX-DTHD	15	I-M	No		Rocky Mount, NC
WTVD-DT	11	N	No		Durham, NC
WTVD-DTHD	11	N-M	No		Durham, NC
WTVD-DT2HHD	11	N-M	No		Durham, NC
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC
WWBT-DT	12	N	Yes	O	Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		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>						G Primary Transmitters: Television
CHANNEL LINE-UP AR						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WDCA-DT	35	I	No		Washington, DC	
WDCA-DTHD	35	I-M	No		Washington, DC	
WDCA-DT2	35	I-M	No		Washington, DC	
WDCA-DT3	35	I-M	No		Washington, DC	
WDCA-DT4	35	I-M	No		Washington, DC	
WDCW-DT	15	I	No		Washington, DC	
WDCW-DTHD	15	I-M	No		Washington, DC	
WDCW-DT2	15	I-M	No		Washington, DC	
WDME-DT	20	I	No		Washington, DC	
WDME-DTHD	20	I-M	No		Washington, DC	
WDME-DT2	20	I-M	No		Washington, DC	
WDME-DT3	20	I-M	No		Washington, DC	

WDVM-DT	23	I	No	Hagerstown, MD
WDVM-DTHD	23	I-M	No	Hagerstown, MD
WDVM-DT2	23	I-M	No	Hagerstown, MD
WDVM-DT3	23	I-M	No	Hagerstown, MD
WETA-DT	27	E	No	Washington, DC
WETA-DTHD	27	E-M	No	Washington, DC
WETA-DT3	27	E-M	No	Washington, DC
WETA-DT2HD	27	E-M	No	Washington, DC
WETA-DT5HD	27	E-M	No	Washington, DC
WHUT-DT	33	E	No	Washington, DC
WHUT-DTHD	33	E-M	No	Washington, DC
WHUT-DT2	33	E-M	No	Washington, DC
WJAL-DT	39	I	No	Silver Spring, MD
WJLA-DT	7	N	No	Washington, DC
WJLA-DTHD	7	N-M	No	Washington, DC
WJLA-DT2	7	I-M	No	Washington, DC
WJLA-DT3	7	N-M	No	Washington, DC
WMDE-DT	5	I	No	Dover, DE
WMDE-DTHD	5	I-M	No	Dover, DE
WPXW-DT	34	I	No	Manassas, VA
WPXW-DTHD	34	I-M	No	Manassas, VA
WPXW-DT2HD	34	I-M	No	Manassas, VA
WRC-DT	48	N	No	Washington, DC
WRC-DTHD	48	N-M	No	Washington, DC
WRC-DT2	48	I-M	No	Washington, DC
WRC-DT3	48	I-M	No	Washington, DC
WTTG-DT	36	I	No	Washington, DC
WTTG-DTHD	36	I-M	No	Washington, DC
WTTG-DT2	36	I-M	No	Washington, DC
WTTG-DT3	36	I-M	No	Washington, DC
WUSA-DT	9	N	No	Washington, DC
WUSA-DTHD	9	N-M	No	Washington, DC
WUSA-DT2	9	I-M	No	Washington, DC
WUSA-DT3	9	I-M	No	Washington, DC
WWPB-DT	44	E	No	Hagerstown, MD
WWPB-DTHD	44	E-M	No	Hagerstown, MD
WWPB-DT2	44	E-M	No	Hagerstown, MD
WWPB-DT3	44	E-M	No	Hagerstown, MD
WWPB-DT2HD	44	E-M	No	Hagerstown, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	Name			
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television	
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AS						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)		6. LOCATION OF STATION
WDCA-DT	35	I	No			Washington, DC
WDCW-DT	15	I	No			Washington, DC
WDME-DT	20	I	No			Washington, DC
WDME-DTHD	20	I-M	No			Washington, DC
WDME-DT2	20	I-M	No			Washington, DC
WDME-DT3	20	I-M	No			Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD	
WDVM-DTHD	23	I-M	No		Hagerstown, MD	
WDVM-DT2	23	I-M	No		Hagerstown, MD	
WDVM-DT3	23	I-M	No		Hagerstown, MD	
WETA-DT	27	E	No		Washington, DC	
WETA-DTHD	27	E-M	No		Washington, DC	
WETA-DT2HD	27	E-M	No		Washington, DC	
WETA-DT5HD	27	E-M	No		Washington, DC	
WETA-DT3	27	E-M	No		Washington, DC	
WHTJ-DT	46	E	No		Charlottesville, VA	
WHTJ-DTHD	46	E-M	No		Charlottesville, VA	
WHTJ-DT2	46	E-M	No		Charlottesville, VA	
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA	
WJAL-DT	39	I	No		Silver Spring, MD	
WJLA-DT	7	N	No		Washington, DC	
WJLA-DTHD	7	N-M	No		Washington, DC	
WJLA-DT2	7	I-M	No		Washington, DC	
WJLA-DT3	7	N-M	No		Washington, DC	
WMDE-DT	5	I	No		Dover, DE	
WMDE-DTHD	5	I-M	No		Dover, DE	
WNVC-DT	46	E	No		Culpeper, VA	
WPXW-DT	34	I	No		Manassas, VA	
WRC-DT	48	N	No		Washington, DC	
WRC-DTHD	48	N-M	No		Washington, DC	
WRC-DT2	48	I-M	No		Washington, DC	
WRC-DT3	48	I-M	No		Washington, DC	
WTTG-DT	36	I	No		Washington, DC	
WTTG-DT2	36	I-M	No		Washington, DC	
WTTG-DTHD	36	I-M	No		Washington, DC	
WTTG-DT3	36	I-M	No		Washington, DC	
WUSA-DT	9	N	No		Washington, DC	
WUSA-DTHD	9	N-M	No		Washington, DC	
WUSA-DT2	9	I-M	No		Washington, DC	
WUSA-DT3	9	I-M	No		Washington, DC	
WVIR-DT	32	N	No		Charlottesville, VA	
WVPT-DT	11	E	Yes	O	Staunton, VA	
WVPT-DTHD	11	E-M	Yes	E	Staunton, VA	
WVPT-DT2	11	E-M	Yes	E	Staunton, VA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	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 AT					
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
WCAV-DT	19	N	No		Charlottesville, VA
WCAV-DTHD	19	N-M	No		Charlottesville, VA
WCAV-DT3	19	I-M	No		Charlottesville, VA
WCAV-DT3HD	19	I-M	No		Charlottesville, VA
WHTJ-DT	46	E	No		Charlottesville, VA
WHTJ-DTHD	46	E-M	No		Charlottesville, VA
WHTJ-DT2	46	E-M	No		Charlottesville, VA
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA
WHTJ-DT3	46	E-M	No		Charlottesville, VA
WNVC-DT	46	E	No		Culpeper, VA
WRC-DT	48	N	No		Washington, DC
WRLH-DT	26	I	No		Richmond, VA
WTTG-DT	36	I	No		Washington, DC
WTVR-DT	25	N	No		Richmond, VA
WVAW-LP	16	N	No		Charlottesville, VA
WVAW-DTHD	16	N-M	No		Charlottesville, VA
WVAW-DT2	16	I-M	No		Charlottesville, VA
WVAW-DT3	16	I-M	No		Charlottesville, VA
WWIR-DT	32	N	No		Charlottesville, VA
WWIR-DTHD	32	N-M	No		Charlottesville, VA
WWIR-DT2	32	I-M	No		Charlottesville, VA
WWIR-DT3	32	I-M	No		Charlottesville, VA
WWIR-DT3HD	32	I-M	No		Charlottesville, VA
WWBT-DT	12	N	No		Richmond, VA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM

Comcast of Maryland, LP

SYSTEM ID#

006814

Name

PRIMARY TRANSMITTERS: TELEVISION

In General. In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 75.55(i)(2) and (4), 75.61(e)(2) and (4), or 75.63 (relating to 75.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "T" (retrans). 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 (vi) of the general instructions located in the paper SA3 form.

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

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AU

Table with 6 columns: 1. CALL SIGN, 2. BCAST CHANNEL NUMBER, 3. TYPE OF STATION, 4. DISTANT? (Yes or No), 5. BASIS OF CARRIAGE (If Distant), 6. LOCATION OF STATION. Rows include stations like WDCA-DT, WDCA-DTHD, WDCA-DT2, etc., up to WUSA-DT3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC

WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNPB-DT	33	E	Yes	O	Morgantown, WV
WNPB-DTHD	33	E-M	Yes	E	Morgantown, WV
WNPB-DT2HD	33	E-M	Yes	E	Morgantown, WV
WNPB-DT2	33	E-M	Yes	E	Morgantown, WV
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT2	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP					SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AW						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WDCA-DT	35	I	No		Washington, DC	
WDCA-DTHD	35	I-M	No		Washington, DC	
WDCA-DT2	35	I-M	No		Washington, DC	
WDCA-DT3	35	I-M	No		Washington, DC	
WDCA-DT4	35	I-M	No		Washington, DC	
WDCW-DT	15	I	No		Washington, DC	
WDCW-DTHD	15	I-M	No		Washington, DC	
WDCW-DT2	15	I-M	No		Washington, DC	
WDME-DT	20	I	No		Washington, DC	
WDME-DTHD	20	I-M	No		Washington, DC	
WDME-DT2	20	I-M	No		Washington, DC	
WDME-DT3	20	I-M	No		Washington, DC	
WDVM-DT	23	I	No		Hagerstown, MD	
WDVM-DTHD	23	I-M	No		Hagerstown, MD	
WDVM-DT2	23	I-M	No		Hagerstown, MD	
WDVM-DT3	23	I-M	No		Hagerstown, MD	
WETA-DT	27	E	No		Washington, DC	
WETA-DTHD	27	E-M	No		Washington, DC	
WETA-DT2HD	27	E-M	No		Washington, DC	
WETA-DT5HD	27	E-M	No		Washington, DC	
WETA-DT3	27	E-M	No		Washington, DC	
WJAL-DT	39	I	No		Silver Spring, MD	
WJLA-DT	7	N	No		Washington, DC	
WJLA-DTHD	7	N-M	No		Washington, DC	
WJLA-DT2	7	I-M	No		Washington, DC	
WJLA-DT3	7	N-M	No		Washington, DC	
WMDE-DT	5	I	No		Dover, DE	
WMDE-DTHD	5	I-M	No		Dover, DE	
WPXW-DT	34	I	No		Manassas, VA	
WPXW-DTHD	34	I-M	No		Manassas, VA	
WPXW-DT2HD	34	I-M	No		Manassas, VA	
WRC-DT	48	N	No		Washington, DC	
WRC-DTHD	48	N-M	No		Washington, DC	
WRC-DT2	48	I-M	No		Washington, DC	
WRC-DT3	48	I-M	No		Washington, DC	
WTTG-DT	36	I	No		Washington, DC	
WTTG-DT2	36	I-M	No		Washington, DC	
WTTG-DTHD	36	I-M	No		Washington, DC	
WTTG-DT3	36	I-M	No		Washington, DC	
WUSA-DT	9	N	No		Washington, DC	
WUSA-DTHD	9	N-M	No		Washington, DC	
WUSA-DT2	9	I-M	No		Washington, DC	
WUSA-DT3	9	I-M	No		Washington, DC	

LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	Name		
Comcast of Maryland, LP		006814			
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" (example). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AX					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCVE-DT	42	E	No		Richmond, VA
WCVE-DTHD	42	E-M	No		Richmond, VA
WCVE-DT2	42	E-M	No		Richmond, VA
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNVT-DT	42	E	No		Spotsylvania, VA
WPXW-DT	34	I	No		Manassas, VA
WPXW-DTHD	34	I-M	No		Manassas, VA
WPXW-DT2HD	34	I-M	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC

G
Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AY					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DT4	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		G Primary Transmitters: Television			
CHANNEL LINE-UP AZ					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCAV-DT	19	N	No		Charlottesville, VA
WCAV-DTHD	19	N-M	No		Charlottesville, VA
WCAV-DT3HD	19	I-M	No		Charlottesville, VA
WCAV-DT3	19	I-M	No		Charlottesville, VA
WDCA-DT	35	I	Yes	O	Washington, DC
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHTJ-DT	46	E	No		Charlottesville, VA
WHTJ-DTHD	46	E-M	No		Charlottesville, VA
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA
WHTJ-DT2	46	E-M	No		Charlottesville, VA
WHTJ-DT3	46	E-M	No		Charlottesville, VA
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WNVC-DT	46	E	No		Culpeper, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WVAW-LP	16	N	No		Charlottesville, VA
WVAW-DTHD	16	N-M	No		Charlottesville, VA
WVAW-DT2	16	I-M	No		Charlottesville, VA
WVAW-DT3	16	I-M	No		Charlottesville, VA
WVIR-DT	32	N	No		Charlottesville, VA
WVIR-DTHD	32	N-M	No		Charlottesville, VA
WVIR-DT2	32	I-M	No		Charlottesville, VA
WVIR-DT3HD	32	I-M	No		Charlottesville, VA
WVIR-DT3	32	I-M	No		Charlottesville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	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>		<p style="font-size: 24pt; font-weight: bold; margin: 0;">G</p> <p style="margin: 0;">Primary Transmitters: Television</p>			
CHANNEL LINE-UP BA					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT2	38	I-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DTHD	29	E-M	No		BALTIMORE, MD
WMPB-DT2	29	E-M	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2HD	29	E-M	No		BALTIMORE, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WUTB-DT3	46	I	No		BALTIMORE, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	Name		
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(n)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			G		
CHANNEL LINE-UP BB					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJLA-DT	7	N	No		Washington, DC
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT2	38	I-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DTHD	29	E-M	No		BALTIMORE, MD
WMPB-DT2	29	E-M	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2HD	29	E-M	No		BALTIMORE, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WRC-DT	48	N	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUTB-DT3	46	I	No		BALTIMORE, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 BC					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT2	38	I-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DTHD	29	E-M	No		BALTIMORE, MD
WMPB-DT2	29	E-M	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2HD	29	E-M	No		BALTIMORE, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WTTG-DTHD	36	I-M	No		Washington, DC
WUTB-DT3	46	I	No		BALTIMORE, MD

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	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 BD					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WJLA-DT	7	N	No		Washington, DC
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT2	38	I-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DTHD	29	E-M	No		BALTIMORE, MD
WMPB-DT2	29	E-M	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2HD	29	E-M	No		BALTIMORE, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WRC-DT	48	N	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUTB-DT3	46	I	No		BALTIMORE, MD

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		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>						G Primary Transmitters: Television
CHANNEL LINE-UP BE						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBAL-DT	11	N	No		Baltimore, MD	
WBAL-DTHD	11	N-M	No		BALTIMORE, MD	
WBAL-DT2	11	I-M	No		BALTIMORE, MD	
WBAL-DT3	11	I-M	No		BALTIMORE, MD	
WBFF-DT	46	I	No		BALTIMORE, MD	
WBFF-DTHD	46	I-M	No		BALTIMORE, MD	
WBFF-DT2	46	I-M	No		BALTIMORE, MD	
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD	
WBFF-DT4	46	I-M	No		BALTIMORE, MD	
WETA-DT	27	E	No		Washington, DC	
WETA-DTHD	27	E-M	No		Washington, DC	
WETA-DT2HD	27	E-M	No		Washington, DC	

WETA-DT5HD	27	E-M	No	Washington, DC
WETA-DT3	27	E-M	No	Washington, DC
WHUT-DT	33	E	No	Washington, DC
WHUT-DTHD	33	E-M	No	Washington, DC
WHUT-DT2	33	E-M	No	Washington, DC
WJLA-DT	7	N	No	Washington, DC
WJZ-DT	13	N	No	Baltimore, MD
WJZ-DTHD	13	N-M	No	BALTIMORE, MD
WJZ-DT2	13	I-M	No	BALTIMORE, MD
WJZ-DT3	13	I-M	No	BALTIMORE, MD
WMAR-DT	38	N	No	Baltimore, MD
WMAR-DTHD	38	N-M	No	BALTIMORE, MD
WMAR-DT2	38	I-M	No	BALTIMORE, MD
WMAR-DT3	38	I-M	No	BALTIMORE, MD
WMPT-DT	42	E	No	Annapolis, MD
WMPT-DTHD	42	E-M	No	Annapolis, MD
WMPT-DT2	42	E-M	No	Annapolis, MD
WMPT-DT3	42	E-M	No	Annapolis, MD
WMPT-DT2HD	42	E-M	No	Annapolis, MD
WNUV-DT	40	I	No	BALTIMORE, MD
WNUV-DTHD	40	I-M	No	BALTIMORE, MD
WNUV-DT2	40	I-M	No	BALTIMORE, MD
WNUV-DT3	40	I-M	No	BALTIMORE, MD
WRC-DT	48	N	No	Washington, DC
WTTG-DTHD	36	I	No	Washington, DC
WUSA-DT	9	N	No	Washington, DC
WUTB-DT3	46	I	No	BALTIMORE, MD

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		Name	
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KYW-DT	26	N	No		PHILADELPHIA, PA
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WCAU-DT	34	N	No		PHILADELPHIA, PA
WHYY-DT	12	E	No		WILMINGTON, DE
WHYY-DTHD	12	E-M	No		WILMINGTON, DE
WHYY-DT3	12	E-M	No		WILMINGTON, DE
WHYY-DT2	12	E-M	No		WILMINGTON, DE
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT2	38	I-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMPT-DT	42	E	No		Annapolis, MD
WMPT-DTHD	42	E-M	No		Annapolis, MD
WMPT-DT2	42	E-M	No		Annapolis, MD
WMPT-DT3	42	E-M	No		Annapolis, MD
WMPT-DT2HD	42	E-M	No		Annapolis, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WPVI-DT	6	N	No		PHILADELPHIA, PA
WTFX-DT	42	I	Yes	O	PHILADELPHIA, PA
WUTB-DT3	46	I	No		BALTIMORE, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(f)(2) and (4), 76.61(e)(2) and (4), or 76.83 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP BG					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KYW-DT	26	N	No		PHILADELPHIA, PA
KYW-DTHD	26	N-M	No		PHILADELPHIA, PA
KYW-DT2	26	I-M	No		PHILADELPHIA, PA
KYW-DT3	26	I-M	No		PHILADELPHIA, PA
WACP-DT	4	I	No		ATLANTIC CITY, NJ
WACP-DTHD	4	I-M	No		ATLANTIC CITY, NJ
WBOC-DT	21	N	Yes	O	SALISBURY, MD
WBOC-DT2	21	I-M	Yes	E	SALISBURY, MD
WBOC-DTHD	21	N-M	Yes	E	SALISBURY, MD
WBOC-DT2HD	21	I-M	Yes	E	SALISBURY, MD
WBOC-DT3HD	21	I-M	Yes	O	SALISBURY, MD
WBPH-DT	9	I	No		BETHLEHEM, PA
WBPH-DTHD	9	I-M	No		BETHLEHEM, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WCAU-DTHD	34	N-M	No		PHILADELPHIA, PA
WCAU-DT2	34	I-M	No		PHILADELPHIA, PA
WCAU-DT3	34	I-M	No		PHILADELPHIA, PA
WDPN-DT	2	I	No		WILMINGTON, DE
WDPN-DTHD	2	I-M	No		WILMINGTON, DE
WDPN-DT4	2	I-M	No		WILMINGTON, DE
WDPN-DT6	2	I-M	No		WILMINGTON, DE
WFMZ-DT	9	I	No		ALLENTOWN, PA
WFMZ-DTHD	9	I-M	No		ALLENTOWN, PA
WFMZ-DT2	9	I-M	No		ALLENTOWN, PA
WHYY-DT	12	E	Yes	O	WILMINGTON, DE
WHYY-DTHD	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT2	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT3	12	E-M	Yes	E	WILMINGTON, DE
WLVT-DT	9	E	Yes	O	ALLENTOWN, PA
WLVT-DT-HD	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT2	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT3	9	E-M	Yes	E	ALLENTOWN, PA
WMCN-DT	12	I	No		PRINCETON, NJ
WMCN-DTHD	12	I-M	No		PRINCETON, NJ
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WMDT-DT	47	N	Yes	O	SALISBURY, MD
WMDT-DTHD	47	N-M	Yes	E	SALISBURY, MD
WPHL-DT	17	I	No		PHILADELPHIA, PA
WPHL-DTHD	17	I-M	No		PHILADELPHIA, PA
WPHL-DT2	17	I-M	No		PHILADELPHIA, PA
WPHL-DT3	17	I-M	No		PHILADELPHIA, PA
WPHL-DT4	17	I-M	No		PHILADELPHIA, PA
WPPT-DT	9	I	No		PHILADELPHIA, PA
WPPT-DT2	9	I-M	No		PHILADELPHIA, PA
WPPX-DT	31	I	No		WILMINGTON, DE
WPPX-DTHD	31	I-M	No		WILMINGTON, DE
WPSG-DT	32	I	No		PHILADELPHIA, PA
WPSG-DTHD	32	I-M	No		PHILADELPHIA, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WPVI-DTHD	6	N-M	No		PHILADELPHIA, PA
WPVI-DT2HD	6	N-M	No		PHILADELPHIA, PA
WTVE-DT	25	I	No		READING, PA
WTVE-DTHD	25	I-M	No		READING, PA
WTFX-DT	42	I	No		PHILADELPHIA, PA
WTFX-DTHD	42	I-M	No		PHILADELPHIA, PA
WTFX-DT2	42	I-M	No		PHILADELPHIA, PA
WTFX-DT3	42	I-M	No		PHILADELPHIA, PA
WTFX-DT4	42	I-M	No		PHILADELPHIA, PA
WTFX-DT5	42	I-M	No		PHILADELPHIA, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION					G Primary Transmitters: Television
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP BH					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WBOC-DT2	21	I-M	No		SALISBURY, MD
WBOC-DT2HD	21	I-M	No		SALISBURY, MD
WBOC-DT3HD	21	I-M	No		SALISBURY, MD
WBOC-LD	22	I	No		CAMBRIDGE, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT2	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WDPB-DT	44	E	No		SEAFORD, DE
WDPB-DTHD	44	E-M	No		SEAFORD, DE
WDPB-DT2	44	E-M	No		SEAFORD, DE
WDPB-DT3	44	E-M	No		SEAFORD, DE
WMDT-DT	47	N	No		SALISBURY, MD
WMDT-DTHD	47	N-M	No		SALISBURY, MD
WMDT-DT2	47	I-M	No		SALISBURY, MD
WMDT-DT2HD	47	I-M	No		SALISBURY, MD
WMDT-DT3	47	I-M	No		SALISBURY, MD
WRDE-LD	31	N	No		REHOBOTH BEACH, DE
WRDE-HD	31	N-M	No		REHOBOTH BEACH, DE
WRDE-LD2	31	I-M	No		REHOBOTH BEACH, DE
WRDE-DT3	31	I-M	No		REHOBOTH BEACH, DE

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814		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 BJ					
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
WCHS-DT	41	N	No		CHARLESTON, WV
WCHS-DTHD	41	N-M	No		CHARLESTON, WV
WCHS-DT2	41	I-M	No		CHARLESTON, WV
WCHS-DT4	41	I-M	No		CHARLESTON, WV
WCHS-DT4HD	41	I-M	No		CHARLESTON, WV
WKAS-DT	26	E	No		ASHLAND, KY
WKAS-DTHD	26	E-M	No		ASHLAND, KY
WKAS-DT2HD	26	E-M	No		ASHLAND, KY
WKAS-DT2	26	E-M	No		ASHLAND, KY
WKAS-DT3	26	E-M	No		ASHLAND, KY
WLPX-DT	39	I	No		CHARLESTON, WV
WLPX-DTHD	39	I-M	No		CHARLESTON, WV
WOWK-DT	13	N	No		HUNTINGTON, WV
WOWK-DTHD	13	N-M	No		HUNTINGTON, WV
WOWK-DT2	13	I-M	No		HUNTINGTON, WV
WOWK-DT3	13	I-M	No		HUNTINGTON, WV
WQCW-DT	17	I	No		PORTSMOUTH, OH
WQCW-DTHD	17	I-M	No		PORTSMOUTH, OH
WQCW-DT2	17	I-M	No		PORTSMOUTH, OH
WQCW-DT3	17	I-M	No		PORTSMOUTH, OH
WSAZ-DT	23	N	No		HUNTINGTON, WV
WSAZ-DTHD	23	N-M	No		HUNTINGTON, WV
WSAZ-DT2	23	I-M	No		HUNTINGTON, WV
WSAZ-DT3	23	I-M	No		HUNTINGTON, WV
WVAH-DT	19	I	No		CHARLESTON, WV
WVAH-DT2	19	I-M	No		CHARLESTON, WV
WVAH-DT3	19	I-M	No		CHARLESTON, WV
WVPB-DT	34	E	No		HUNTINGTON, WV
WVPB-DTHD	34	E-M	No		HUNTINGTON, WV
WVPB-DT2HD	34	E-M	No		HUNTINGTON, WV
WVPB-DT2	34	E-M	No		HUNTINGTON, WV

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 BL					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DT2	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMAR-DT4	38	I-M	No		BALTIMORE, MD
WMDT-DT	47	N	No		SALISBURY, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WUTB-DT3	46	I	No		BALTIMORE, MD

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP				SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.					G Primary Transmitters: Television
CHANNEL LINE-UP BN					
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
WCVE-DT	42	E	Yes	O	Richmond, VA
WCVE-DTHD	42	E-M	Yes	E	Richmond, VA
WCVE-DT2	42	E-M	Yes	E	Richmond, VA
WCVE-DT3	42	E-M	Yes	E	Richmond, VA
WCVW-DT	29	E	Yes	O	Richmond, VA
WCVW-DTHD	29	E-M	Yes	E	Richmond, VA
WTVT-DT	42	E	Yes	O	Spotsylvania, VA
WRIC-DT	22	N	No		Petersburg, VA
WRIC-DTHD	22	N-M	No		Petersburg, VA
WRIC-DT3	22	I-M	No		Petersburg, VA
WRIC-DT4	22	I-M	No		Petersburg, VA
WRLH-DT	26	I	No		Richmond, VA
WRLH-DTHD	26	I-M	No		Richmond, VA
WRLH-DT2	26	I-M	No		Richmond, VA
WRLH-DT3	26	I-M	No		Richmond, VA
WTVR-DT	25	N	No		Richmond, VA
WTVR-DTHD	25	N-M	No		Richmond, VA
WTVR-DT2	25	I-M	No		Richmond, VA
WTVR-DT3	25	I-M	No		Richmond, VA
WUPV-DT	47	I	No		Ashland, VA
WUPV-DTHD	47	I-M	No		Ashland, VA
WUPV-DT2	47	I-M	No		Ashland, VA
WUPV-DT3	47	I-M	No		Ashland, VA
WWBT-DT	12	N	No		Richmond, VA
WWBT-DTHD	12	N-M	No		Richmond, VA
WWBT-DT2	12	I-M	No		Richmond, VA
WWBT-DT3	12	I-M	No		Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">213,624,841.26</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	213,624,841.26	(Amount of gross receipts)	
\$	213,624,841.26					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		L Copyright Royalty Fee				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 213,624,841.26 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 2,272,968.31 This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 170,329.35 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 11,605.95 Line 3. Add lines 1 and 2 and enter here. \$ 181,935.30					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 2,272,968.31 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. \$ 2,273,693.31 Add Lines 1, 2 and 3 of block 4 and enter total here	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # 27QL7U32						
<p style="text-align: center; color: blue; font-size: small;"> Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.) </p>						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
M Channels	<p>CHANNELS</p> <p>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 369</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,035</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name JULIE LANE Telephone 215-286-2334</p> <p>Address COMCAST CABLE COMMUNICATIONS, LLC, ONE COMCAST CENTER (Number, street, rural route, apartment, or suite number)</p> <p>PHILADELPHIA, PA 19103 (City, town, state, zip)</p> <p>Email LICENSING OFFICE INQUIRIES@COMCAST.I Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: small; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: JOSEPH LANCE</p> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <p>Title: VICE PRESIDENT - REGULATORY ACCOUNTING (Title of official position held in corporation or partnership)</p> <p>Date: August 11, 2025</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> <hr style="width: 100%;"/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> <hr style="width: 100%;"/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> <hr style="width: 100%;"/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* 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> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____	Q Interest Assessment
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

6

Computation of
3.75 Fee

BLOCK A: TELEVISION MARKETS

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

- Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.
- No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: 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
 Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
- A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
 - B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1))
 - C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
 - D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
 - E Carried pursuant to individual waiver of FCC rules (76.7)
 - *F A station previously carried on a part-time or substitute basis prior to June 25, 1981
 - G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]
 - M Retransmission of a distant multicast stream.

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

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WBOC-DT	A, D	0.25	WHUT-DT	C	0.25	WMDT-DT	D	0.25
WBOC-DT3HD	M	1.00	WHYY-DT	D	0.25	WNCN-DT	A	0.25
WCVE-DT	A, C	0.25	WLFL-DT	A	1.00	WNCN-DT2	M	1.00
WCVW-DT	C	0.25	WLFL-DT2	M	1.00	WNCN-DT3	M	1.00
WDCA-DT	A	1.00	WLFL-DT3	M	1.00	WNPB-DT	C	0.25
WETA-DT	C, D	0.25	WLVT-DT	C	0.25	WNVN-DT	C	0.25

12.50

BLOCK C: COMPUTATION OF 3.75 FEE

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

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

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

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

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

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

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

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

0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP		SYSTEM ID# 006814	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$	213,624,841.26
Section 2	A. Enter the total DSEs from block B of part 7	▶	0.00
	B. Enter the total number of exempt DSEs from block C of part 7	▶	0.00
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	▶ \$	0.00
<p>• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.</p>			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</p> <p>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.</p>		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶	
	D. Multiply line B by line C and enter here	▶	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	
Section 3b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</p>		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$	
	C. Multiply line B by 3.000 and enter here	▶ \$	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	▶ \$	
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here	▶	
	F. Multiply line D by line E and enter here	▶ \$	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	<p>Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</p> <p>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.</p>		
	A. Enter 0.00300 of gross receipts (the amount in section 1)	▶ \$	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	▶ \$	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶	
	D. Multiply line B by line C and enter here	▶ \$	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$	

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Computation of the Syndicated Exclusivity Surcharge

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	Comcast of Maryland, LP		006814
7	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. ▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ _____</p> <p>F. Multiply line D by line E and enter here. ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge. ▶ \$ _____</p>	
8	Section 1	<p>Instructions:</p> <p>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p> <p style="text-align: center;">BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</p> <p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p> <p style="text-align: center;">BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</p> <p>Enter the amount of gross receipts from space K (page 7). ▶ \$ _____</p> <p>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.). ▶ _____</p> <p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. ▶ \$ 0.00</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
Section 4 If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.		8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00		Computation of Base Rate Fee

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WVPT-DT [C]	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts First Group				\$ 191,410,130.38	Gross Receipts Second Group				\$ 1,255,952.70
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 3,340.83
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WCVE-DT [C]	0.25			WCVE-DT [A]	0.25				
WNVN-DT [C]	0.25			WWBT-DT [A]	0.25				
				WUNC-DT [C]	0.25				
				WNVN-DT [C]	0.25				
Total DSEs				0.50	Total DSEs				1.00
Gross Receipts Third Group				\$ 799,337.12	Gross Receipts Fourth Group				\$ 30,676.22
Base Rate Fee Third Group				\$ 4,252.47	Base Rate Fee Fourth Group				\$ 326.39
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)								\$ 170,329.35	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WUNC-DT [C]	0.25			WCVE-DT [A]	0.25				
				WLFL-DT [A]	1.00				
				WNCN-DT [A]	0.25				
				WRDC-DT [A]	1.00				
				WWBT-DT [A]	0.25				
				WLFL-DT2 [M]	1.00				
				WUNC-DT [C]	0.25				
				WNCN-DT2 [M]	1.00				
				WNCN-DT3 [M]	1.00				
				WLFL-DT3 [M]	1.00				
				WRDC-DT2 [M]	1.00				
				WNVT-DT [C]	0.25				
Total DSEs					0.25				
Gross Receipts First Group					\$ 454,168.20				
Base Rate Fee First Group					\$ 1,208.09				
Total DSEs					8.25				
Gross Receipts Second Group					\$ 183,410.52				
Base Rate Fee Second Group					\$ 8,380.94				
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		
WETA-DT [C]	0.25			WDCA-DT [C]	1.00				
Total DSEs					0.25				
Gross Receipts Third Group					\$ 1,233,351.48				
Base Rate Fee Third Group					\$ 3,280.71				
Total DSEs					1.00				
Gross Receipts Fourth Group					\$ 469,061.14				
Base Rate Fee Fourth Group					\$ 4,990.81				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WETA-DT [C]	0.25			WNPB-DT [C]	0.25				
WHUT-DT [C]	0.25								
Total DSEs				0.50	Total DSEs				0.25
Gross Receipts First Group				\$ 739,089.86	Gross Receipts Second Group				\$ 2,050,033.64
Base Rate Fee First Group				\$ 3,931.96	Base Rate Fee Second Group				\$ 5,453.09
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WETA-DT [C]	0.25			WETA-DT [C]	0.25				
WVPT-DT [C]	0.25			WNPB-DT [C]	0.25				
Total DSEs				0.50	Total DSEs				0.50
Gross Receipts Third Group				\$ 5,065,325.30	Gross Receipts Fourth Group				\$ 3,321,847.63
Base Rate Fee Third Group				\$ 26,947.53	Base Rate Fee Fourth Group				\$ 17,672.23
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 191,410,130.38	Gross Receipts Second Group				\$ 1,255,952.70
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 799,337.12	Gross Receipts Fourth Group				\$ 30,676.22
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)								\$ 11,605.95	

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts First Group		\$ 454,168.20			Gross Receipts Second Group		\$ 183,410.52		
Base Rate Fee First Group		\$ 0.00			Base Rate Fee Second Group		\$ 0.00		
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts Third Group		\$ 1,233,351.48			Gross Receipts Fourth Group		\$ 469,061.14		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 739,089.86	Gross Receipts Second Group				\$ 2,050,033.64
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 5,065,325.30	Gross Receipts Fourth Group				\$ 3,321,847.63
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 13					COMMUNITY/ AREA Subgroup 14				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WTFX-DT	1.00								
Total DSEs		1.00			Total DSEs		0.00		
Gross Receipts First Group		\$ 309,491.93			Gross Receipts Second Group		\$ 589,805.97		
Base Rate Fee First Group		\$ 11,605.95			Base Rate Fee Second Group		\$ 0.00		
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA Subgroup 16				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts Third Group		\$ 4,832,597.21			Gross Receipts Fourth Group		\$ 612,300.24		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 17					COMMUNITY/ AREA Subgroup 18				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 4,385.55	Gross Receipts Second Group				\$ 10,831.10
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 19					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 253,045.07	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)								\$ 0.00	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP	
<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width: 100px;" type="text"/></p>	
<p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 1) \$ <input style="width: 100px;" type="text"/></p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
	<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p>	
	INSTRUCTIONS:	
	<p>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p>	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width: 100px;" type="text"/></p>	<p>Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text" value="-"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width: 100px;" type="text"/></p>
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP	
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	INSTRUCTIONS:						
	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.						
	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.						
	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.						
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