

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

**SA3E
 Long Form**

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

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

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

Return completed workbook by
 email to

coplicsoa@copyright.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																							
B Owner	<p>Instructions: 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> <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. 007563																							
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Illinois/Indiana/Ohio, LLC See Attached List</p> <p style="text-align: right;">00756320251 007563 2025/1</p> <p>One Comcast Center Philadelphia, PA 19103</p>																							
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																							
	1	IDENTIFICATION OF CABLE SYSTEM:																						
	2	MAILING ADDRESS OF CABLE SYSTEM:																						
		<small>(Number, street, rural route, apartment, or suite number)</small>																						
		<small>(City, town, state, zip code)</small>																						
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" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td>Champaign</td> <td>IL</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	Champaign	IL	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
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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 Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563																																																																																																																																																																												
<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																																																																																																																																																																										
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Chrisman	IL	AA	1
Clifton	IL	AH	11
Coloma	MI	AO	1
Coloma Twp.	MI	AO	1
Cook County	IL	AF	1
Country Club Hills	IL	AF	1
Crestwood	IL	AF	1
Crete	IL	AF	1
Crown Point	IN	AF	1
Curran	IL	AC	1
Curran Township	IL	AC	1
Danforth	IL	AA	3
Danville	IL	AA	2
Decatur	IL	AC	10
Demotte	IN	AF	1
Divernon	IL	AC	1
Dixmoor	IL	AF	1
Dolton	IL	AF	1
Dowagiac	MI	AJ	1
Dune Acres	IN	AF	1
Duneland Beach	IN	AI	1
Dyer	IN	AF	1
East Chicago	IN	AF	1
East Hazel Crest	IL	AF	1
Edwardsburg	MI	AP	1
Elkhart	IN	AP	1
Elkhart County	IN	AP	1
Etna Green	IN	AP	1
Eugene	IN	AB	3
Evergreen Park	IL	AF	1
Fairmount	IL	AA	2
Fithian	IL	AA	2
Flossmoor	IL	AF	1
Ford Heights	IL	AF	1
Forsyth	IL	AC	10
Fulton County	IN	AP	1
Fulton County (Rochester)	IN	AP	1
Gardner Township	IL	AC	1
Gary	IN	AE	1
Gilman	IL	AA	2
Glenarm	IL	AC	1
Glenwood	IL	AF	1
Goshen	IN	AP	1
Grand Beach	MI	AD	7
Grandview	IL	AC	1
Griffith	IN	AF	1
Hagar Twp.	MI	AO	1
Hammond	IN	AF	1
Harristown	IL	AC	10
Hartford Twp.	MI	AN	8
Harvey	IL	AF	1
Hazel Crest	IL	AF	1
Hebron	IN	AF	1
Herschler	IL	AF	9
Hickory Hills	IL	AF	1
Highland	IN	AF	1
Hobart	IN	AF	1
Homer	IL	AA	1
Hometown	IL	AF	1
Homewood	IL	AF	1
Howard Township	MI	AK	4

Illiopolis	IL	AC	1
Indianola	IL	AA	1
Iroquois County	IL	AH	13
Jasper	IN	AF	1
Jefferson Township (IN)	IN	AP	1
Jefferson Township (MI)	MI	AJ	1
Jerome	IL	AC	1
Kankakee	IL	AF	1
Kankakee County	IL	AF	1
Kingsbury	IN	AM	1
Kingsford Heights	IN	AM	1
Kosciusko County	IN	AP	1
La Grange Township	MI	AJ	1
Lake County	IN	AF	1
Lake Station	IN	AF	1
Lake Twp	MI	AG	5
Lakes of the Four Seasons	IN	AF	1
Lansing	IL	AF	1
LaPorte	IN	AM	1
LaPorte County	IN	AI	1
LaPorte County (NE)	IN	AL	12
Leland Grove	IL	AC	1
Limestone	IL	AF	1
Lincoln	IL	AC	10
Lincoln Township	MI	AG	5
Lodi	IN	AB	3
Logan County	IL	AC	10
Long Beach	IN	AI	1
Long Creek	IL	AC	10
Lowell	IN	AF	1
Lynwood	IL	AF	1
Macon County	IL	AC	10
Manteno	IL	AF	1
Markham	IL	AF	1
Marshall County	IN	AP	1
Mason Township	MI	AP	1
Matteson	IL	AF	1
Mentone	IN	AP	1
Merrillville	IN	AF	1
Merrionette Park	IL	AF	1
Michiana	MI	AD	7
Michiana Shores	IN	AI	1
Michigan City	IN	AI	1
Middlebury	IN	AP	1
Midlothian	IL	AF	1
Milton Township	MI	AK	4
Mishawaka	IN	AP	1
Monee	IL	AF	1
Mount Pulaski	IL	AC	10
Mount Zion	IL	AC	10
Muncie	IL	AA	2
Munster	IN	AF	1
Nappanee	IN	AP	1
New Buffalo	MI	AG	5
New Buffalo Twp (East)	MI	AG	5
New Buffalo Twp (West)	MI	AD	7
New Carlisle	IN	AG	5
New Chicago	IN	AF	1
Niantic	IL	AC	10
Niles	MI	AK	12
Niles Township	MI	AK	12

Notre Dame	IN	AP	1
Oak Forest	IL	AF	1
Oak Lawn	IL	AF	1
Oakwood	IL	AA	2
Ogden	IL	AA	1
Ogden Dunes	IN	AF	1
Olympia Fields	IL	AF	1
Onarga	IL	AA	2
Ontwa Twp	MI	AP	1
Orland Hills	IL	AF	1
Orland Park	IL	AF	1
Oronoko Township	MI	AG	6
Osceola	IN	AP	1
Otto	IL	AF	1
Palos Heights	IL	AF	1
Palos Hills	IL	AF	1
Palos Park	IL	AF	1
Park Forest	IL	AF	1
Pawnee	IL	AC	1
Penn Township	MI	AJ	1
Peotone	IL	AF	1
Philo	IL	AA	1
Phoenix	IL	AF	1
Pines Township	IN	AI	1
Pipestone Township	MI	AJ	1
Plymouth	MI	AP	1
Pokagon Township	MI	AJ	1
Portage	IN	AF	1
Porter	IN	AF	1
Porter (UO Valparaiso)	IN	AM	1
Porter County	IN	AI	1
Porter Township	MI	AP	1
Posen	IL	AF	1
Pottawatomie Park	IN	AI	1
Richton Park	IL	AF	1
Ridge Farm	IL	AA	2
Riverdale	IL	AF	1
Robbins	IL	AF	1
Rochester	IL	AC	1
Rochester	IN	AP	1
Rochester Township (Sangamon County)	IL	AC	1
Roseland	IN	AP	1
Royalton Township	MI	AG	6
Sauk Village	IL	AF	1
Savoy	IL	AA	1
Schererville	IN	AF	1
Shoreham	MI	AG	6
Shorewood	IN	AF	1
Sidney	IL	AA	1
Silver Creek Township	MI	AJ	1
Silver Lake	IN	AP	1
Silverwood/Kingman	IN	AB	3
Sodus Township	MI	AG	6
South Bend	IN	AP	1
South Chicago Heights	IL	AF	1
South Holland	IL	AF	1
Southern View	IL	AC	1
Spaulding	IL	AC	1
Springfield	IL	AC	1
Springfield Township	IL	AC	1
St. Anne	IL	AF	1

St. John	IN	AF	1
St. Joseph	IL	AA	1
St. Joseph	MI	AQ	9
St. Joseph County	IN	AP	1
St. Joseph Township	MI	AG	6
Steger	IL	AF	1
Stevensville Village	MI	AG	5
Sun River Terrace	IL	AF	1
Thornton	IL	AF	1
Thornton Twp	IL	AF	1
Three Oaks	MI	AG	5
Three Oaks Twp.	MI	AG	5
Tinley Park	IL	AF	1
Trail Creek	IN	AI	1
University Park	IL	AF	1
Urbana	IL	AA	1
Valparaiso	IN	AF	1
Vermilion County (Danville)	IL	AA	2
Wakarusa	IN	AP	1
Warsaw	IN	AP	1
Washington Township	MI	AP	1
Watervliet	MI	AO	1
Watervliet Twp.	MI	AO	1
Wayne Township	MI	AJ	1
Weesaw Twp	MI	AG	5
Whiting	IN	AF	1
Will (NW) (Griffith)	IN	AF	1
Will (Peotone)	IL	AF	1
Will County	IL	AF	1
Winfield	IN	AF	1
Winona Lake	IN	AP	1
Woodside Township	IL	AC	1
Worth	IL	AF	1

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Illinois/Indiana/Ohio, LLC		007563			
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(a)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AD					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBBM-DT	12	N	No		CHICAGO, IL
WBBM-DT2	12	I-M	No		CHICAGO, IL
WBBM-DT3	12	I-M	No		CHICAGO, IL
WBBM-HD	12	N-M	No		CHICAGO, IL
WCIU-DT	27	I	No		CHICAGO, IL
WCIU-DT3	27	I-M	No		CHICAGO, IL
WCIU-DT4	27	I-M	No		CHICAGO, IL
WCIU-DT5	27	I-M	No		CHICAGO, IL
WCIU-DT6	27	I-M	No		CHICAGO, IL
WCIU-HD	27	I-M	No		CHICAGO, IL
WCPX-DT	43	I	No		CHICAGO, IL
WCPX-DT2HD	43	I-M	No		CHICAGO, IL
WCPX-HD	43	I-M	No		CHICAGO, IL
WFLD-DT	31	I	No		CHICAGO, IL
WFLD-DT2	31	I-M	No		CHICAGO, IL
WFLD-DT3	31	I-M	No		CHICAGO, IL
WFLD-DT4	31	I-M	No		CHICAGO, IL
WFLD-DT5	31	I-M	No		CHICAGO, IL
WFLD-HD	31	I-M	No		CHICAGO, IL
WGN-DT	19	I	No		CHICAGO, IL
WGN-DT2	19	I-M	No		CHICAGO, IL
WGN-DT3	19	I-M	No		CHICAGO, IL
WGN-DT4	19	I-M	No		CHICAGO, IL
WGN-HD	19	I-M	No		CHICAGO, IL
WJYS-DT	36	I	No		HAMMOND, IN
WLS-DT	44	N	No		CHICAGO, IL
WLS-DT2	44	N-M	No		CHICAGO, IL
WLS-HD	44	N-M	No		CHICAGO, IL
WMAQ-DT	29	N	No		CHICAGO, IL
WMAQ-DT2	29	I-M	No		CHICAGO, IL
WMAQ-DT3	29	I-M	No		CHICAGO, IL
WMAQ-HD	29	N-M	No		CHICAGO, IL
WMEU-CD	18	I	Yes	O	CHICAGO, IL
WMEU-HD	18	I-M	Yes	E	CHICAGO, IL
WNDU-DT	42	N	No		SOUTH BEND, IN
WNIT-DT	35	E	No		SOUTH BEND, IN
WPWR-DT	31	I	No		GARY, IN
WPWR-HD	31	I-M	No		GARY, IN
WSBT-DT	22	N	No		SOUTH BEND, IN
WSBT-DT2	22	I-M	No		SOUTH BEND, IN
WTTW-DT	47	E	No		CHICAGO, IL
WTTW-DT2	47	E-M	No		CHICAGO, IL
WTTW-DT2HD	47	E-M	No		CHICAGO, IL
WTTW-DT3	47	E-M	No		CHICAGO, IL
WTTW-DT4	47	E-M	No		CHICAGO, IL
WTTW-HD	47	E-M	No		CHICAGO, IL
WTVK-DT	59	I	Yes	O	CHICAGO, IL
WTVK-DT2HD	59	I-M	Yes	O	CHICAGO, IL
WTVK-DT-HD	59	I-M	Yes	E	CHICAGO, IL
WYIN-DT	17	E	No		GARY, IN
WYIN-DT2HD	17	E-M	No		GARY, IN
WYIN-DTHD	17	E-M	No		GARY, IN

G
Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Illinois/Indiana/Ohio, LLC		007563			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AE					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBBM-DT	12	N	No		CHICAGO, IL
WBBM-DT2	12	I-M	No		CHICAGO, IL
WBBM-DT3	12	I-M	No		CHICAGO, IL
WBBM-HD	12	N-M	No		CHICAGO, IL
WCIU-DT	27	I	No		CHICAGO, IL
WCIU-DT2	27	I-M	No		CHICAGO, IL
WCIU-DT3	27	I-M	No		CHICAGO, IL
WCIU-DT4	27	I-M	No		CHICAGO, IL
WCIU-DT5	27	I-M	No		CHICAGO, IL
WCIU-HD	27	I-M	No		CHICAGO, IL
WCPX-DT	43	I	No		CHICAGO, IL
WCPX-DT2HD	43	I-M	No		CHICAGO, IL
WCPX-HD	43	I-M	No		CHICAGO, IL
WFLD-DT	31	I	No		CHICAGO, IL
WFLD-DT2	31	I-M	No		CHICAGO, IL
WFLD-DT3	31	I-M	No		CHICAGO, IL
WFLD-DT4	31	I-M	No		CHICAGO, IL
WFLD-DT5	31	I-M	No		CHICAGO, IL
WFLD-HD	31	I-M	No		CHICAGO, IL
WGN-DT	19	I	No		CHICAGO, IL
WGN-DT2	19	I-M	No		CHICAGO, IL
WGN-DT3	19	I-M	No		CHICAGO, IL
WGN-DT4	19	I-M	No		CHICAGO, IL
WGN-HD	19	I-M	No		CHICAGO, IL
WJYS-DT	36	I	No		HAMMOND, IN
WLS-DT	44	N	No		CHICAGO, IL
WLS-DT2	44	N-M	No		CHICAGO, IL
WLS-HD	44	N-M	No		CHICAGO, IL
WMAQ-DT	29	N	No		CHICAGO, IL
WMAQ-DT2	29	I-M	No		CHICAGO, IL
WMAQ-DT3	29	I-M	No		CHICAGO, IL
WMAQ-HD	29	N-M	No		CHICAGO, IL
WMEU-CD	18	I	No		CHICAGO, IL
WMEU-HD	18	I-M	No		CHICAGO, IL
WPWR-DT	31	I	No		GARY, IN
WPWR-HD	31	I-M	No		GARY, IN
WTTW-DT	47	E	No		CHICAGO, IL
WTTW-DT2	47	E-M	No		CHICAGO, IL
WTTW-DT2HD	47	E-M	No		CHICAGO, IL
WTTW-DT3	47	E-M	No		CHICAGO, IL
WTTW-DT4	47	E-M	No		CHICAGO, IL
WTTW-HD	47	E-M	No		CHICAGO, IL
WTVK-DT	59	I	No		CHICAGO, IL
WTVK-DT2HD	59	I-M	No		CHICAGO, IL
WTVK-DT-HD	59	I-M	No		CHICAGO, IL
WYIN-DT	17	E	No		GARY, IN
WYIN-DT2HD	17	E-M	No		GARY, IN
WYIN-DTHD	17	E-M	No		GARY, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	Name		
Comcast of Illinois/Indiana/Ohio, LLC		007563			
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(b)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
CHANNEL LINE-UP AL					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBBM-DT	12	N	No		CHICAGO, IL
WBND-HD	34	N-M	No		SOUTH BEND, IN
WBND-LD	34	N	No		SOUTH BEND, IN
WBND-LD2	34	N-M	No		SOUTH BEND, IN
WBND-LD3	34	N-M	No		SOUTH BEND, IN
WCWW-HD	25	I-M	No		SOUTH BEND, IN
WCWW-LD	25	I	No		SOUTH BEND, IN
WCWW-LD2	25	I-M	No		SOUTH BEND, IN
WCWW-LD3	25	I-M	No		SOUTH BEND, IN
WCWW-LD5	25	I-M	No		SOUTH BEND, IN
WLS-DT	44	N	No		CHICAGO, IL
WMAQ-DT	29	N	No		CHICAGO, IL
WMYS-HD	39	I-M	No		SOUTH BEND, IN
WMYS-LD	39	I	No		SOUTH BEND, IN
WMYS-LD2	39	I-M	No		SOUTH BEND, IN
WMYS-LD3	39	I-M	No		SOUTH BEND, IN
WNDU-DT	42	N	No		SOUTH BEND, IN
WNDU-DT2	42	I-M	No		SOUTH BEND, IN
WNDU-DT3	42	I-M	No		SOUTH BEND, IN
WNDU-HD	42	N-M	No		SOUTH BEND, IN
WNIT-DT	35	E	No		SOUTH BEND, IN
WNIT-DT2	35	E-M	No		SOUTH BEND, IN
WNIT-DT3	35	E-M	No		SOUTH BEND, IN
WNIT-DT4	35	E-M	No		SOUTH BEND, IN
WNIT-HD	35	E-M	No		SOUTH BEND, IN
WSBT-DT	22	N	No		SOUTH BEND, IN
WSBT-DT2	22	I-M	No		SOUTH BEND, IN
WSBT-DT2HD	22	I-M	No		SOUTH BEND, IN
WSBT-DT3	22	I-M	No		SOUTH BEND, IN
WSBT-HD	22	N-M	No		SOUTH BEND, IN
WSJV-DT	28	I	No		ELKHART, IN
WTTW-DT	47	E	No		CHICAGO, IL
WTTW-DT2	47	E-M	No		CHICAGO, IL
WTTW-DT3	47	E-M	No		CHICAGO, IL
WTTW-DT4	47	E-M	No		CHICAGO, IL
WTTW-HD	47	E-M	No		CHICAGO, IL
WTVK-DT	59	I	No		CHICAGO, IL
WTVK-DT2HD	59	I-M	No		CHICAGO, IL
WTVK-DT-HD	59	I-M	No		CHICAGO, IL
WWMT-DT	8	N	Yes	O	KALAMAZOO, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563	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;">68,355,141.95</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	68,355,141.95	(Amount of gross receipts)	
\$	68,355,141.95					
(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. \$ 68,355,141.95 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 727,298.71					
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. \$ 68,338.95 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 25,270.98 Line 3. Add lines 1 and 2 and enter here. \$ 93,609.92					
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. \$ 727,298.71 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 728,023.71					
EFT Trace # or TRANSACTION ID #		27QLCML7				
Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)						

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563
M Channels	<p>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 149</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 999</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Julie Laine - Comcast Cable Communications, LLC Telephone 215-286-2334</p> <p>Address One Comcast Center <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Philadelphia, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <p>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</p> <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Joseph Lance</p> <p style="text-align: center;">_____</p> <p>Title: Vice President - Regulatory Accounting <small>(Title of official position held in corporation or partnership)</small></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 Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ <div style="text-align: right; margin-left: 400px;">\$ _____ (interest charge)</div> <p style="font-size: small; margin-top: 10px;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small; margin-top: 10px;">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.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

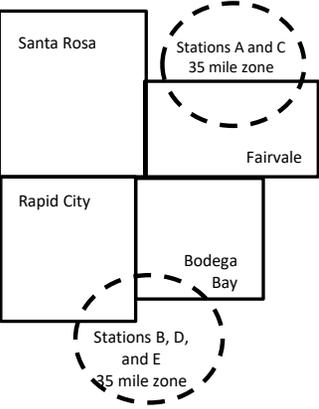
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

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

EXAMPLE:

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

<p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p> 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Distant Stations Carried</th> <th colspan="2">Identification of Subscriber Groups</th> <th rowspan="2">GROSS RECEIPTS FROM SUBSCRIBERS</th> </tr> <tr> <th>STATION</th> <th>DSE</th> <th>CITY</th> <th>OUTSIDE LOCAL SERVICE AREA OF</th> </tr> </thead> <tbody> <tr> <td>A (independent)</td> <td>1.0</td> <td></td> <td>Stations A, B, C, D, E</td> <td>\$310,000.00</td> </tr> <tr> <td>B (independent)</td> <td>1.0</td> <td>Santa Rosa</td> <td></td> <td>100,000.00</td> </tr> <tr> <td>C (part-time)</td> <td>0.083</td> <td>Rapid City</td> <td></td> <td>70,000.00</td> </tr> <tr> <td>D (part-time)</td> <td>0.139</td> <td>Bodega Bay</td> <td></td> <td>120,000.00</td> </tr> <tr> <td>E (network)</td> <td>0.25</td> <td>Fairvale</td> <td></td> <td></td> </tr> <tr> <td>TOTAL DSEs</td> <td>2.472</td> <td></td> <td>TOTAL GROSS RECEIPTS</td> <td>\$600,000.00</td> </tr> </tbody> </table>	Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS	STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00	B (independent)	1.0	Santa Rosa		100,000.00	C (part-time)	0.083	Rapid City		70,000.00	D (part-time)	0.139	Bodega Bay		120,000.00	E (network)	0.25	Fairvale			TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Minimum Fee</td> <td>Total Gross Receipts</td> <td>\$600,000.00</td> </tr> <tr> <td colspan="2"></td> <td>x .01064</td> <td>\$6,384.00</td> </tr> <tr> <td colspan="2"></td> <td>First Subscriber Group</td> <td>Second Subscriber Group</td> </tr> <tr> <td colspan="2"></td> <td>(Santa Rosa)</td> <td>(Rapid City and Bodega Bay)</td> </tr> <tr> <td>Gross receipts</td> <td>\$310,000.00</td> <td>Gross receipts</td> <td>\$170,000.00</td> </tr> <tr> <td>DSEs</td> <td>2.472</td> <td>DSEs</td> <td>1.083</td> </tr> <tr> <td>Base rate fee</td> <td>\$6,497.20</td> <td>Base rate fee</td> <td>\$1,907.71</td> </tr> <tr> <td>\$310,000 x .01064 x 1.0 =</td> <td>3,298.40</td> <td>\$170,000 x .01064 x 1.0 =</td> <td>1,808.80</td> </tr> <tr> <td>\$310,000 x .00701 x 1.472 =</td> <td>3,198.80</td> <td>\$170,000 x .00701 x .083 =</td> <td>98.91</td> </tr> <tr> <td>Base rate fee</td> <td>\$6,497.20</td> <td>Base rate fee</td> <td>\$1,907.71</td> </tr> <tr> <td colspan="2">Total Base Rate Fee:</td> <td colspan="2">\$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94</td> </tr> <tr> <td colspan="4">In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)</td> </tr> </table>	Minimum Fee		Total Gross Receipts	\$600,000.00			x .01064	\$6,384.00			First Subscriber Group	Second Subscriber Group			(Santa Rosa)	(Rapid City and Bodega Bay)	Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	DSEs	2.472	DSEs	1.083	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Total Base Rate Fee:		\$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94		In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)			
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC					SYSTEM ID# 007563		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
				SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,▶				
				0.00				
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
					SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,▶			
					0.00			
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●		_____▶			17.50		
	2. Number of DSEs from part 3 ●		_____▶			0.00		
	3. Number of DSEs from part 4 ●		_____▶			0.00		
TOTAL NUMBER OF DSEs						_____▶	17.50	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer is "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 is "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
WEIU-DT	C	0.25	WPWR-DT	A	1.00	WCWW-LD2	M	1.00
WILL-DT	C	0.25	WTTW-DT	C	0.25	WMYS-LD2	M	1.00
WCWW-LD	A	1.00	WCWW-LD5	M	1.00	WMYS-LD3	M	1.00
WJYS-DT	A	1.00	WMYS-LD	A	1.00	WMEU-CD	A	1.00
WCIU-DT	A	1.00	WBND-LD2	M	0.25	WCIU-DT6	M	1.00
WCPX-DT	A	1.00	WBND-LD3	M	0.25	WCWW-LD3	M	1.00

16.50

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 Illinois/Indiana/Ohio, LLC		SYSTEM ID# 007563	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	▶ \$ 68,355,141.95	7 Computation of the Syndicated Exclusivity Surcharge
Section 2	A. Enter the total DSEs from block B of part 7	▶ 0.00	
	B. Enter the total number of exempt DSEs from block C of part 7	▶ 0.00	
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	▶ \$ 0.00	
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> No—Complete section 4 below.			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)	▶ \$ 	
	B. Enter 0.00377 of gross receipts (the amount in section 1).....	▶ \$ 	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶ 	
	D. Multiply line B by line C and enter here	▶ 	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$ 	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	▶ \$ 	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	▶ \$ 	
	C. Multiply line B by 3.000 and enter here	▶ \$ 	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	▶ \$ 	
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here	▶ 	
	F. Multiply line D by line E and enter here	▶ \$ 	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$ 	
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1)	▶ \$ 	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	▶ \$ 	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	▶ 	
	D. Multiply line B by line C and enter here	▶ \$ 	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	▶ \$ 	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC		SYSTEM ID# 007563
7 Computation of the Syndicated Exclusivity Surcharge	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 Computation of Base Rate Fee	<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>		
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS			
<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>			
BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ _____		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶ _____		
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.</p> <p>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. ▶ \$ 0.00</p>		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563	Name
<p>Section 4</p> <p>If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ▶ \$ 0.00</p>	<p style="font-size: 2em; font-weight: bold;">8</p> <p>Computation of Base Rate Fee</p>		

<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. 	<p style="font-size: 2em; font-weight: bold;">9</p> <p>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations</p>
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<p>Name</p>	<p>LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC</p> <p style="text-align: right;">SYSTEM ID# 007563</p> <p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC						SYSTEM ID# 007563		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		
WTTW-DT [C]	0.25			WSEC-DT [C]	0.25				
Total DSEs				0.25	Total DSEs				0.25
Gross Receipts First Group				\$ 817,426.55	Gross Receipts Second Group				\$ 3,657,319.48
Base Rate Fee First Group				\$ 2,174.35	Base Rate Fee Second Group				\$ 9,728.47
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		
WCIU-DT [A]	1.00								
WCPX-DT [A]	1.00								
WJYS-DT [A]	1.00								
WPWR-DT [A]	1.00								
WTTW-DT [C]	0.25								
WMEU-CD [A]	1.00								
WCIU-DT6 [M]	1.00								
Total DSEs				6.25	Total DSEs				0.00
Gross Receipts Third Group				\$ 142,690.80	Gross Receipts Fourth Group				\$ 869,407.01
Base Rate Fee Third Group				\$ 5,578.50	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

9

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC						SYSTEM ID# 007563		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
WCIU-DT [A]	1.00								
WCPX-DT [A]	1.00								
WJYS-DT [A]	1.00								
WPWR-DT [A]	1.00								
WTTW-DT [C]	0.25								
WMEU-CD [A]	1.00								
WCIU-DT6 [M]	1.00								
WTVK-DT [A]	1.00								
WTVK-DT2HD [M]	1.00								
Total DSEs 8.25				Total DSEs 0.00					
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 0.00				Gross Receipts Fourth Group \$ 0.00					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC						SYSTEM ID# 007563		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		
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 58,967,892.76	Gross Receipts Second Group				\$ 1,084,313.02
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		
				WLS-DT	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 38,046.34	Gross Receipts Fourth Group				\$ 216,564.81
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 2,030.30
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)								\$ 25,270.98	

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC						SYSTEM ID# 007563		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		
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 817,426.55	Gross Receipts Second Group				\$ 3,657,319.48
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		
				WWMT-DT	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 142,690.80	Gross Receipts Fourth Group				\$ 869,407.01
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 8,150.69
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

9

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

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC						SYSTEM ID# 007563		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					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 First Group \$ _____ 0.00				Gross Receipts Second Group \$ _____ 0.00					
Base Rate Fee First Group \$ _____ 0.00				Base Rate Fee Second Group \$ _____ 0.00					
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					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 \$ _____ 0.00				Gross Receipts Fourth Group \$ _____ 0.00					
Base Rate Fee Third Group \$ _____ 0.00				Base Rate Fee Fourth Group \$ _____ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ _____			

9

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

9	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563
BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
<input type="checkbox"/> First 50 major television market <input checked="" type="checkbox"/> Second 50 major television market			
INSTRUCTIONS:			
Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.			
Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.			
Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.			
Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.			
FIRST SUBSCRIBER GROUP		SECOND SUBSCRIBER GROUP	
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/>		Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/>	
Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/>		Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/>	
SYNDICATED EXCLUSIVITY SURCHARGE		SYNDICATED EXCLUSIVITY SURCHARGE	
First Group \$ <input style="width: 100px;" type="text"/>		Second Group \$ <input style="width: 100px;" type="text"/>	
THIRD SUBSCRIBER GROUP		FOURTH SUBSCRIBER GROUP	
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/>		Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/>	
Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/>		Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/>	
SYNDICATED EXCLUSIVITY SURCHARGE		SYNDICATED EXCLUSIVITY SURCHARGE	
Third Group \$ <input style="width: 100px;" type="text"/>		Fourth Group \$ <input style="width: 100px;" type="text"/>	
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /)			<input style="width: 100px;" type="text"/>

9	Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563
BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market <input checked="" type="checkbox"/> Second 50 major television market </p> <p>INSTRUCTIONS:</p> <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
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/> -		Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/> -
SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ <input style="width: 100px;" type="text"/>		SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width: 100px;" type="text"/>
SEVENTH SUBSCRIBER GROUP		EIGHTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/> -		Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width: 100px;" type="text"/> -
SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <input style="width: 100px;" type="text"/>		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width: 100px;" type="text"/>
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /) \$ <input style="width: 100px;" type="text"/>		

9	Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563
BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market </p> <p>INSTRUCTIONS:</p> <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>		
NINTH SUBSCRIBER GROUP		TENTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> -		Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> -
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ELEVENTH SUBSCRIBER GROUP		TWELVTH SUBSCRIBER GROUP
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SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <input style="width:100px;" type="text"/>		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/>
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /) \$ <input style="width:100px;" type="text"/>		

9	Comcast of Illinois/Indiana/Ohio, LLC	SYSTEM ID# 007563						
BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
<p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market <input checked="" type="checkbox"/> Second 50 major television market </p> <p>INSTRUCTIONS:</p> <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>								
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CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #	Amount	Initials
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Examined by	Reviewed by	Date examination completed	Allocation number	
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Space A Accounting Period		(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space B Owner	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space D Area Served	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space G Primary Transmitters: Television	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space H Primary Transmitters: Radio	
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

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