

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)*

| FOR COPYRIGHT OFFICE USE ONLY | |
|-------------------------------|-------------------|
| DATE RECEIVED | AMOUNT |
| 8/22/2025 | \$ |
| | ALLOCATION NUMBER |

Return completed workbook by email to

coplicsoa@copyright.gov

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

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

Licensing Section Digitally signed by Licensing Section
 Date: 2026.04.01 11:54:34 -04'00'

| A Accounting Period | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1 | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------|--|--------------|-------|------------------|-----------|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| B Owner | <p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 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 | <p>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</p> | | | | | | | | | | | | | | | | | | | | | | |
| D Area Served First Community Sample | <p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>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"> <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 |
| 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 | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CITY OR TOWN</th> <th style="width:10%;">STATE</th> <th style="width:20%;">CH LINE UP</th> <th style="width:20%;">SUB GRP#</th> </tr> </thead> <tbody> <tr><td>Champaign</td><td>IL</td><td>AA</td><td>1</td></tr> <tr><td>Akron</td><td>IN</td><td>AP</td><td>1</td></tr> <tr><td>Alsip</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Aroma</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Aroma Park</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Ashkum</td><td>IL</td><td>AH</td><td>11</td></tr> <tr><td>Bainbridge Twp</td><td>MI</td><td>AO</td><td>1</td></tr> <tr><td>Ball Township</td><td>IL</td><td>AC</td><td>1</td></tr> <tr><td>Baroda</td><td>MI</td><td>AG</td><td>5</td></tr> <tr><td>Baroda Twp</td><td>MI</td><td>AG</td><td>5</td></tr> <tr><td>Beecher</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Benton Harbor</td><td>MI</td><td>AQ</td><td>9</td></tr> <tr><td>Benton Twp.</td><td>MI</td><td>AQ</td><td>9</td></tr> <tr><td>Berrien Springs</td><td>MI</td><td>AG</td><td>6</td></tr> <tr><td>Berrien Township</td><td>MI</td><td>AG</td><td>6</td></tr> <tr><td>Bertrand Township</td><td>MI</td><td>AK</td><td>12</td></tr> <tr><td>Beverly Shores</td><td>IN</td><td>AF</td><td>1</td></tr> <tr><td>Bissell</td><td>IL</td><td>AC</td><td>1</td></tr> <tr><td>Blue Island</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Bondville</td><td>IL</td><td>AA</td><td>1</td></tr> <tr><td>Bourbonnais</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Bradley</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Bridgman</td><td>MI</td><td>AG</td><td>5</td></tr> <tr><td>Bristol</td><td>IN</td><td>AP</td><td>1</td></tr> <tr><td>Buchanan</td><td>MI</td><td>AK</td><td>12</td></tr> <tr><td>Buchanan Township</td><td>MI</td><td>AK</td><td>12</td></tr> <tr><td>Burket</td><td>IN</td><td>AP</td><td>1</td></tr> <tr><td>Burnham</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Burns Harbor</td><td>IN</td><td>AF</td><td>1</td></tr> <tr><td>Calumet City</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Calumet Park</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Calvin Township</td><td>MI</td><td>AJ</td><td>1</td></tr> <tr><td>Cassopolis</td><td>MI</td><td>AJ</td><td>1</td></tr> <tr><td>Cayuga</td><td>IN</td><td>AB</td><td>3</td></tr> <tr><td>Cedar Lake</td><td>IN</td><td>AF</td><td>1</td></tr> <tr><td>Champaign County</td><td>IL</td><td>AA</td><td>1</td></tr> <tr><td>Chatham</td><td>IL</td><td>AC</td><td>1</td></tr> <tr><td>Chebance</td><td>IL</td><td>AH</td><td>11</td></tr> <tr><td>Chesterton</td><td>IN</td><td>AF</td><td>1</td></tr> <tr><td>Chicago Heights</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Chicago Ridge</td><td>IL</td><td>AF</td><td>1</td></tr> <tr><td>Chikaming Township</td><td>MI</td><td>AG</td><td>5</td></tr> </tbody> </table> | CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | Champaign | IL | AA | 1 | Akron | IN | AP | 1 | Alsip | IL | AF | 1 | Aroma | IL | AF | 1 | Aroma Park | IL | AF | 1 | Ashkum | IL | AH | 11 | Bainbridge Twp | MI | AO | 1 | Ball Township | IL | AC | 1 | Baroda | MI | AG | 5 | Baroda Twp | MI | AG | 5 | Beecher | IL | AF | 1 | Benton Harbor | MI | AQ | 9 | Benton Twp. | MI | AQ | 9 | Berrien Springs | MI | AG | 6 | Berrien Township | MI | AG | 6 | Bertrand Township | MI | AK | 12 | Beverly Shores | IN | AF | 1 | Bissell | IL | AC | 1 | Blue Island | IL | AF | 1 | Bondville | IL | AA | 1 | Bourbonnais | IL | AF | 1 | Bradley | IL | AF | 1 | Bridgman | MI | AG | 5 | Bristol | IN | AP | 1 | Buchanan | MI | AK | 12 | Buchanan Township | MI | AK | 12 | Burket | IN | AP | 1 | Burnham | IL | AF | 1 | Burns Harbor | IN | AF | 1 | Calumet City | IL | AF | 1 | Calumet Park | IL | AF | 1 | Calvin Township | MI | AJ | 1 | Cassopolis | MI | AJ | 1 | Cayuga | IN | AB | 3 | Cedar Lake | IN | AF | 1 | Champaign County | IL | AA | 1 | Chatham | IL | AC | 1 | Chebance | IL | AH | 11 | Chesterton | IN | AF | 1 | Chicago Heights | IL | AF | 1 | Chicago Ridge | IL | AF | 1 | Chikaming Township | MI | AG | 5 | First Community | See instructions for additional information on alphabetization. Add rows as necessary. |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Champaign | IL | AA | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Akron | IN | AP | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alsip | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aroma | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aroma Park | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ashkum | IL | AH | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bainbridge Twp | MI | AO | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ball Township | IL | AC | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baroda | MI | AG | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baroda Twp | MI | AG | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beecher | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benton Harbor | MI | AQ | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benton Twp. | MI | AQ | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Berrien Springs | MI | AG | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Berrien Township | MI | AG | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bertrand Township | MI | AK | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beverly Shores | IN | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bissell | IL | AC | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blue Island | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bondville | IL | AA | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bourbonnais | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bradley | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bridgman | MI | AG | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bristol | IN | AP | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buchanan | MI | AK | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buchanan Township | MI | AK | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burket | IN | AP | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burnham | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burns Harbor | IN | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calumet City | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calumet Park | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calvin Township | MI | AJ | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cassopolis | MI | AJ | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cayuga | IN | AB | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cedar Lake | IN | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Champaign County | IL | AA | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chatham | IL | AC | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chebance | IL | AH | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chesterton | IN | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chicago Heights | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chicago Ridge | IL | AF | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chikaming Township | MI | AG | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|----------------------------|----|----|----|
| 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 |
| Herscher | 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 |

| | | |
|-------------|--|------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC | SYSTEM ID# 007563 |
|-------------|--|------------------------------------|

| | | | | | |
|--|--|---------------------|---------------------------|--------------------|-------------------|
| 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) | 220,292 | 41.90-69.54 | Digital Converters | 11,093 | 0.50-11.95 |
| | | | HD Converters | 510,315 | 0.50-11.95 |
| | | | DTA Converters | 103,121 | 0.50-11.95 |
| Motel, hotel | | | | | |
| Commercial | 15,033 | 41.90-133.33 | | | |
| Converter • Residential • Non-residential | | | | | |

| | | | | | |
|--|---|---|------------------|---------------------|------|
| 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 | 1.99-19.99 | Installation: Non-residential • Motel, hotel • Commercial | \$ 100.00 | | |
| Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter | \$ 100.00 \$ 100.00 | • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection | | | |
| | | Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address | \$ 100.00 | | |

| 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 AC | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WAND-DT | 17 | N | No | | DECATUR, IL |
| WAND-DT2 | 17 | I-M | No | | DECATUR, IL |
| WAND-DT3 | 17 | I-M | No | | DECATUR, IL |
| WAND-HD | 17 | N-M | No | | DECATUR, IL |
| WBUI-DT | 22 | I | No | | DECATUR, IL |
| WBUI-DT2 | 22 | I-M | No | | DECATUR, IL |
| WBUI-DT3 | 22 | I-M | No | | DECATUR, IL |
| WBUI-HD | 22 | I-M | No | | DECATUR, IL |
| WCIA-DT | 48 | N | No | | CHAMPAIGN, IL |
| WCIA-DT2 | 48 | I-M | No | | CHAMPAIGN, IL |
| WCIA-DT3 | 48 | I-M | No | | CHAMPAIGN, IL |
| WCIA-HD | 48 | N-M | No | | CHAMPAIGN, IL |
| WCIX-DT | 13 | I | No | | SPRINGFIELD, IL |
| WCIX-DT2 | 13 | I-M | No | | SPRINGFIELD, IL |
| WCIX-DT3 | 13 | I-M | No | | SPRINGFIELD, IL |
| WCIX-HD | 13 | I-M | No | | SPRINGFIELD, IL |
| WICS-DT | 42 | N | No | | Springfield, IL |
| WICS-DT2 | 42 | I-M | No | | Springfield, IL |
| WICS-DT3 | 42 | I-M | No | | Springfield, IL |
| WICS-DT-HD | 42 | N-M | No | | Springfield, IL |
| WILL-DT | 9 | E | No | | URBANA, IL |
| WILL-DT2 | 9 | E-M | No | | URBANA, IL |
| WILL-DT3 | 9 | E-M | No | | URBANA, IL |
| WILL-HD | 9 | E-M | No | | URBANA, IL |
| WRSP-DT | 44 | I | No | | Springfield, IL |
| WRSP-DT2 | 44 | I-M | No | | Springfield, IL |
| WRSP-DT3 | 44 | I-M | No | | Springfield, IL |
| WRSP-DT-HD | 44 | I-M | No | | Springfield, IL |
| WSEC-DT | 15 | E | Yes | O | Jacksonville, IL |
| WSEC-DT2 | 15 | E-M | Yes | E | Jacksonville, IL |
| WSEC-DT3 | 15 | E-M | Yes | E | Jacksonville, IL |
| WSEC-DT-HD | 15 | E-M | Yes | E | Jacksonville, IL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM SA3E, PAGE 3.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC | | SYSTEM ID# 007563 | | 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 78.59(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: Comcast of Illinois/Indiana/Ohio, LLC | | SYSTEM ID# 007563 | 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 78.59(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 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 |

G
Primary Transmitters: Television

FORM SA3E, PAGE 3

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

G

Primary Transmitters: Television

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC | | SYSTEM ID# 007563 | Name | | |
|---|--------------------------|----------------------|-------------------------|-----------------------------------|---|
| PRIMARY TRANSMITTERS: TELEVISION <p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p>Note: if you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> | | | | | G Primary Transmitters: Television |
| CHANNEL LINE-UP 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 |
| 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 | Yes | O | CHICAGO, IL |
| WTTW-DT2 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-DT3 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-DT4 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-HD | 47 | E-M | Yes | E | 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 |
| WWMT-DT | 8 | N | Yes | O | KALAMAZOO, MI |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 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 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 |
| 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 | Yes | O | CHICAGO, IL |
| WCIU-DT3 | 27 | I-M | Yes | E | CHICAGO, IL |
| WCIU-DT4 | 27 | I-M | Yes | E | CHICAGO, IL |
| WCIU-DT5 | 27 | I-M | Yes | E | CHICAGO, IL |
| WCIU-DT6 | 27 | I-M | Yes | O | CHICAGO, IL |
| WCIU-HD | 27 | I-M | Yes | E | CHICAGO, IL |
| WCPX-DT | 43 | I | Yes | O | CHICAGO, IL |
| WCPX-DT2HD | 43 | I-M | Yes | E | CHICAGO, IL |
| WCPX-HD | 43 | I-M | Yes | E | 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 | Yes | O | 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 |
| WPWR-DT | 31 | I | Yes | O | GARY, IN |
| WPWR-HD | 31 | I-M | Yes | E | GARY, IN |
| WTTW-DT | 47 | E | Yes | O | CHICAGO, IL |
| WTTW-DT2 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-DT2HD | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-DT3 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-DT4 | 47 | E-M | Yes | E | CHICAGO, IL |
| WTTW-HD | 47 | E-M | Yes | E | 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 |

| 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> <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> <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;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ First community served _____ Accounting period _____ ID number _____ | Q Interest Assessment |
|---|--|

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

| | | |
|-------------|--|------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of 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 | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |
| | ÷ | = | x | = | |

SUM OF DSEs OF CATEGORY LAC STATIONS:
 Add the DSEs of each station.
 Enter the sum here and in line 2 of part 5 of this schedule,▶ **0.00**

4
Computation of DSEs for Substitute-Basis Stations

Instructions:
Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
 • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).
Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.
Column 3: Enter the number of days in the calendar year: 365, except in a leap year.
Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

| 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
|--------------|-----------------------|---------------------------|--------|--------------|-----------------------|---------------------------|--------|
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |
| | ÷ | = | | | ÷ | = | |

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
 Add the DSEs of each station.
 Enter the sum here and in line 3 of part 5 of this schedule,▶ **0.00**

5
Total Number of DSEs

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

| | | | |
|---|--|--------------|--|
| 1. Number of DSEs from part 2 ● _____ ▶ | | 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 |
|---|------------------------------------|-------------|

Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

6

Computation of
3.75 Fee

BLOCK A: TELEVISION MARKETS

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

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

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
 A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
 B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)
 C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
 D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
 E Carried pursuant to individual waiver of FCC rules (76.7)
 *F A station previously carried on a part-time or substitute basis prior to June 25, 1981
 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]
 M Retransmission of a distant multicast stream.

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

| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE |
|--------------|--------------------|--------|--------------|--------------------|--------|--------------|--------------------|--------|
| 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) _____

0.00

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

| | | | |
|--|---|--|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of 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 section 1) | ▶ \$ | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | ▶ \$ | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | ▶ | |
| | D. Multiply line B by line C and enter here | ▶ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | ▶ \$ | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | ▶ \$ | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | ▶ \$ | |
| | C. Multiply line B by 3.000 and enter here | ▶ \$ | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | ▶ \$ | |
| | E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here | ▶ | |
| | F. Multiply line D by line E and enter here | ▶ \$ | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | ▶ \$ | |
| SECTION 4: SECOND 50 TELEVISION MARKET | | | |
| Section 4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00300 of gross receipts (the amount in section 1) | ▶ \$ | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) | ▶ \$ | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | ▶ | |
| | D. Multiply line B by line C and enter here | ▶ \$ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | ▶ \$ | |

| | | |
|------|--|-----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC | SYSTEM ID# 007563 |
|------|--|-----------------------------|

| | | | |
|----------|------------|---|--|
| 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 | <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

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

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

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

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

| | | |
|---|------------------------------------|-------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Illinois/Indiana/Ohio, LLC | SYSTEM ID# 007563 | 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 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 | CALL SIGN | DSE |
| | | | | WEIU-DT [C] | 0.25 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total DSEs | | | | 0.00 | Total DSEs | | | | 0.25 |
| 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 | | | | \$ 2,884.27 |
| THIRD SUBSCRIBER GROUP | | | | | FOURTH SUBSCRIBER GROUP | | | | |
| COMMUNITY/ AREA Subgroup 3 | | | | | COMMUNITY/ AREA Subgroup 4 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
| WEIU-DT [C] | 0.25 | | | | | | | | |
| WILL-DT [C] | 0.25 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total DSEs | | | | 0.50 | Total DSEs | | | | 0.00 |
| Gross Receipts Third Group | | | | \$ 38,046.34 | Gross Receipts Fourth Group | | | | \$ 216,564.81 |
| Base Rate Fee Third Group | | | | \$ 202.41 | 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) | | | | | | | | \$ 68,338.95 | |

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 | | | | | | | | | | | |
| 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 | | | | |
| WTVK-DT [A] | 1.00 | | | WTTW-DT [C] | 0.25 | | | | | | |
| WTVK-DT2HD [M] | 1.00 | | | WTVK-DT [A] | 1.00 | | | | | | |
| | | | | WTVK-DT2HI [M] | 1.00 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total DSEs | | | | <u>2.00</u> | | Total DSEs | | | | <u>2.25</u> | |
| Gross Receipts First Group | | | | \$ <u>1,593,714.44</u> | | Gross Receipts Second Group | | | | \$ <u>831,317.61</u> | |
| Base Rate Fee First Group | | | | \$ <u>28,129.06</u> | | Base Rate Fee Second Group | | | | \$ <u>16,129.64</u> | |
| 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 | | | | |
| WMEU-CD [A] | 1.00 | | | WCWW-LD [A] | 1.00 | | | | | | |
| WTVK-DT [A] | 1.00 | | | WMYS-LD [A] | 1.00 | | | | | | |
| WTVK-DT2HD [M] | 1.00 | | | WBND-LD2 [M] | 0.25 | | | | | | |
| | | | | WBND-LD3 [M] | 0.25 | | | | | | |
| | | | | WCWW-LD2 [M] | 1.00 | | | | | | |
| | | | | WMYS-LD2 [M] | 1.00 | | | | | | |
| | | | | WMYS-LD3 [M] | 1.00 | | | | | | |
| | | | | WCWW-LD3 [M] | 1.00 | | | | | | |
| | | | | WCWW-LD5 [M] | 1.00 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total DSEs | | | | <u>3.00</u> | | Total DSEs | | | | <u>7.50</u> | |
| Gross Receipts Third Group | | | | \$ <u>128,506.82</u> | | Gross Receipts Fourth Group | | | | \$ <u>7,942.31</u> | |
| Base Rate Fee Third Group | | | | \$ <u>3,168.98</u> | | Base Rate Fee Fourth Group | | | | \$ <u>343.27</u> | |
| <p>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)</p> | | | | | | | | | | | |
| \$ | | | | | | | | | | | |

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 | | | | | | | | | | | |
| 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) | | | | | | | | \$ 0.00 | |

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 | | | | | | | | | |
| 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 | | |
| WWMT-DT | 0.25 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total DSEs | | 0.25 | | | Total DSEs | | 0.00 | | |
| Gross Receipts First Group | | \$ 1,593,714.44 | | | Gross Receipts Second Group | | \$ 831,317.61 | | |
| Base Rate Fee First Group | | \$ 14,941.07 | | | 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 | | |
| | | | | WBND-LD | 0.25 | | | | |
| | | | | WMAQ-DT | 0.25 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total DSEs | | 0.00 | | | Total DSEs | | 0.50 | | |
| Gross Receipts Third Group | | \$ 128,506.82 | | | Gross Receipts Fourth Group | | \$ 7,942.31 | | |
| Base Rate Fee Third Group | | \$ 0.00 | | | Base Rate Fee Fourth Group | | \$ 148.92 | | |
| 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 | | | | | | | | | |
| 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 | | Line 1: Enter the VHF DSEs | |
| Line 2: Enter the Exempt DSEs | | Line 2: Enter the Exempt DSEs | |
| 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 | | 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 | |
| SYNDICATED EXCLUSIVITY SURCHARGE | | SYNDICATED EXCLUSIVITY SURCHARGE | |
| First Group \$ | | Second Group \$ | |
| THIRD SUBSCRIBER GROUP | | FOURTH SUBSCRIBER GROUP | |
| Line 1: Enter the VHF DSEs | | Line 1: Enter the VHF DSEs | |
| Line 2: Enter the Exempt DSEs | | Line 2: Enter the Exempt DSEs | |
| 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 | | 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 | |
| SYNDICATED EXCLUSIVITY SURCHARGE | | SYNDICATED EXCLUSIVITY SURCHARGE | |
| Third Group \$ | | Fourth Group \$ | |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) | | | \$ |

| 9 | Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations | <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 style="text-align: center;">BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</p> <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> | | | | | | | | | | |
|---|---|---|--------------------------|-------------------------|--|--|---|---|---|---|---|--|
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">FIFTH SUBSCRIBER GROUP</th> <th style="width:50%;">SIXTH SUBSCRIBER GROUP</th> </tr> <tr> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> </tr> <tr> <td> SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ <input style="width:100px;" type="text"/> </td> <td> SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> </td> </tr> </table> | FIFTH SUBSCRIBER GROUP | SIXTH 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 First Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> |
| FIFTH SUBSCRIBER GROUP | SIXTH 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 First Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> | | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">SEVENTH SUBSCRIBER GROUP</th> <th style="width:50%;">EIGHTH SUBSCRIBER GROUP</th> </tr> <tr> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> </tr> <tr> <td> SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <input style="width:100px;" type="text"/> </td> <td> SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/> </td> </tr> </table> | SEVENTH SUBSCRIBER GROUP | EIGHTH 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 Third Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Fourth 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 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 Third Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/> | | | | | | | | | | | |
| | | <p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width:100px;" type="text"/></p> | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|------------------------------|----------------------------------|---------------------------------|--|--|---|---|---|---|---|--|
| 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> | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">NINTH SUBSCRIBER GROUP</td> <td style="width:50%; text-align: center;">TENTH SUBSCRIBER GROUP</td> </tr> <tr> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> </tr> <tr> <td> SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ <input style="width:100px;" type="text"/> </td> <td> SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> </td> </tr> </table> | | | NINTH SUBSCRIBER GROUP | TENTH 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 First Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> |
| NINTH SUBSCRIBER GROUP | TENTH 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 First Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/> | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">ELEVENTH SUBSCRIBER GROUP</td> <td style="width:50%; text-align: center;">TWELVTH SUBSCRIBER GROUP</td> </tr> <tr> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> <td> Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> <td> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> </td> </tr> <tr> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> <td> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/> - </td> </tr> <tr> <td> SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <input style="width:100px;" type="text"/> </td> <td> SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/> </td> </tr> </table> | | | ELEVENTH SUBSCRIBER GROUP | TWELVTH 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 Third Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/> |
| ELEVENTH SUBSCRIBER GROUP | TWELVTH SUBSCRIBER GROUP | | | | | | | | | | | |
| Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> | Line 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 Third Group \$ <input style="width:100px;" type="text"/> | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/> | | | | | | | | | | | |
| <p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width:100px;" type="text"/></p> | | | | | | | | | | | | |

| 9 | Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations | <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 style="text-align: center;">BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</p> <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> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">THIRTEENTH SUBSCRIBER GROUP</th> <th style="width:50%; text-align: center;">FOURTEENTH SUBSCRIBER GROUP</th> </tr> <tr> <td> <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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>First Group \$ <input style="width:100px;" type="text"/></p> </td> <td> <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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width:100px;" type="text"/></p> </td> </tr> <tr> <th style="width:50%; text-align: center;">FIFTEENTH SUBSCRIBER GROUP</th> <th style="width:50%; text-align: center;">SIXTEENTH SUBSCRIBER GROUP</th> </tr> <tr> <td> <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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Third Group \$ <input style="width:100px;" type="text"/></p> </td> <td> <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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width:100px;" type="text"/></p> </td> </tr> <tr> <td colspan="2"> <p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width:100px;" type="text"/></p> </td> </tr> </table> | THIRTEENTH SUBSCRIBER GROUP | FOURTEENTH SUBSCRIBER GROUP | <p>Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/></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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width:100px;" type="text"/></p> | FIFTEENTH SUBSCRIBER GROUP | SIXTEENTH SUBSCRIBER GROUP | <p>Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/></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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width:100px;" type="text"/></p> | <p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width:100px;" type="text"/></p> | |
|--|---|--|-----------------------------|-----------------------------|--|---|----------------------------|----------------------------|--|---|---|--|
| THIRTEENTH SUBSCRIBER GROUP | FOURTEENTH SUBSCRIBER GROUP | | | | | | | | | | | |
| <p>Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/></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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Second Group \$ <input style="width:100px;" type="text"/></p> | | | | | | | | | | | |
| FIFTEENTH SUBSCRIBER GROUP | SIXTEENTH SUBSCRIBER GROUP | | | | | | | | | | | |
| <p>Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation <input style="width:100px;" type="text"/></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"/></p> <p>SYNDICATED EXCLUSIVITY SURCHARGE</p> <p>Fourth Group \$ <input style="width:100px;" type="text"/></p> | | | | | | | | | | | |
| <p>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ <input style="width:100px;" type="text"/></p> | | | | | | | | | | | | |