

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2). If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

**SA3E  
Long Form**

Return completed workbook by email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

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

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/25/2026	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2025/2</b>																						
<b>B</b> Owner	<p><b>Instructions:</b> Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. <span style="float: right;"><b>027876</b></span>																						
	<p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>COMCAST OF DETROIT, GP</b> <b>SEE ATTACHED LIST</b></p> <p style="text-align: right;"><b>02787620252</b> <b>027876 2025/2</b></p> <p><b>One Comcast Center</b> <b>Philadelphia, PA 19103</b></p>																						
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1</td> <td><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>SAME AS ABOVE</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td><b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>12775 LYNDON</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>DETROIT, MI 48227</b> <small>(City, town, state, zip code)</small></td> </tr> </table>			1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>SAME AS ABOVE</b>	2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>12775 LYNDON</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>DETROIT, MI 48227</b> <small>(City, town, state, zip code)</small>																
1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>SAME AS ABOVE</b>																						
2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>12775 LYNDON</b> <small>(Number, street, rural route, apartment, or suite number)</small> <b>DETROIT, MI 48227</b> <small>(City, town, state, zip code)</small>																						
<b>D</b> Area Served First Community Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td><b>Detroit</b></td> <td><b>MI</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	<b>Detroit</b>	<b>MI</b>	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
CITY OR TOWN	STATE																						
<b>Detroit</b>	<b>MI</b>																						
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																				
<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>																				
<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>																				
<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>																				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
027876

COMCAST OF DETROIT, GP

**D**  
Area  
Served

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

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

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).

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 8 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Detroit	Wayne	MI	AA	1
Ada Township	Kent	MI	BF	1
Adams Township	Hillsdale	MI	BL	15
Addison	Lenawee	MI	AU	14
Addison Township	Oakland	MI	AO	1
Adrian	Lenawee	MI	AT	7
Adrian Township	Lenawee	MI	AT	7
Alaiedon	Ingham	MI	AY	1
Alaiedon Township	Ingham	MI	AY	1
Algonac	St Clair	MI	AH	1
Allen Park	Wayne	MI	AI	1
Allen Twp.	Hillsdale	MI	BL	15
Almena Township	Van Buren	MI	BN	1
Almont	Lapeer	MI	AH	2
Almont Township	Lapeer	MI	AH	2
Alpine Township	Kent	MI	BF	1
Ann Arbor	Washtenaw	MI	AK	1
Ann Arbor Township	Washtenaw	MI	AK	1
Antwerp Township	Van Buren	MI	BN	1
Arlington Township	Van Buren	MI	BH	1
Armada	Macomb	MI	AH	1
Armada Township	Macomb	MI	AH	1
Atlas Township	Genesee	MI	AV	9
Auburn Hills	Oakland	MI	AO	1
Augusta Township	Washtenaw	MI	AI	1
Augusta Village	Kalamazoo	MI	BE	1
Aurelius Township	Ingham	MI	AY	1
Bad Axe	Huron	MI	AX	1
Bangor	Van Buren	MI	BH	1
Bangor Twp.	Van Buren	MI	BH	1
Barry Township	Barry	MI	BE	1
Barton Hills	Washtenaw	MI	AK	1
Bath Township	Clinton	MI	AZ	9
Battle Creek	Calhoun	MI	BD	1
Bedford Township	Calhoun	MI	BD	1
Belleville	Wayne	MI	AD	1
Berkley	Oakland	MI	AO	1
Berlin Township (Monroe Co)	Monroe	MI	AI	1
Berlin Township (St Clair Co)	St Clair	MI	AH	2
Beverly Hills	Oakland	MI	AC	1
Bingham Farms	Oakland	MI	AC	1
Birch Run	Saginaw	MI	AV	9
Birch Run Township	Saginaw	MI	AV	9
Birmingham	Oakland	MI	AC	1
Blackman Township	Jackson	MI	BC	23
Blendon Township	Ottawa	MI	BF	1
Bloomfield Hills	Oakland	MI	AC	1
Bloomfield Township	Oakland	MI	AC	1
Brady Township	Kalamazoo	MI	BI	18
Brandon Township	Oakland	MI	BK	1
Bridgehampton Township	Sanilac	MI	AH	3
Brighton	Livingston	MI	AP	1
Brighton Township	Livingston	MI	AP	1
Britton Village	Lenawee	MI	AT	1
Brockway Township	St Clair	MI	AH	2
Brookfield Twp.	Huron	MI	AX	1
Brooklyn	Jackson	MI	AQ	12
Brooks Township	Newaygo	MI	BG	1
Brown City	Sanilac	MI	AH	6
Brownstown	Wayne	MI	AI	1
Bruce Twp	Macomb	MI	AH	1
Buel Township	Sanilac	MI	AH	3
Burtchville Twp	St Clair	MI	AH	2
Burton City	Genesee	MI	AV	9
Byron Township	Kent	MI	BF	1
Caledonia	Kent	MI	BF	1
Calvin Twp	Cass	MI	BJ	10
Cambria	Hillsdale	MI	BL	15
Cambridge Township	Lenawee	MI	BB	7
Cannon Township	Kent	MI	BF	1
Canton Township	Wayne	MI	AC	1
Capac	St Clair	MI	AH	2
Carsonville	Sanilac	MI	AH	3
Cascade Township	Kent	MI	BF	1
Casco Township (Allegan County)	Allegan	MI	BH	1

First  
Community

See instructions for  
additional information  
on alphabetization.

Add rows as necessary.

Casco Township (St. Clair County)	St Clair	MI	AH	1
Caseville	Huron	MI	AX	1
Caseville Twp.	Huron	MI	AX	1
Cedar Creek Township	Muskegon	MI	BG	1
Cement City	Lenawee	MI	BB	14
Centerline	Macomb	MI	AR	1
Centerville	St Joseph	MI	BI	19
Charleston Township	Kalamazoo	MI	BE	1
Charlotte	Eaton	MI	AY	1
Chelsea	Washtenaw	MI	AN	1
Chesterfield Twp	Macomb	MI	AH	1
China Twp	St Clair	MI	AH	1
Clarkston	Oakland	MI	AF	1
Clawson	Oakland	MI	AO	1
Clay Twp	St Clair	MI	AH	1
Clayton Township	Genesee	MI	AV	9
Clinton	Lenawee	MI	AM	1
Clinton Township	Macomb	MI	AR	1
Clio	Genesee	MI	AV	9
Clyde Township (Allegan County)	Allegan	MI	BH	1
Clyde Township (St. Clair County)	St Clair	MI	AH	2
Cohoctah Township	Livingston	MI	AP	1
Colfax Twp.	Huron	MI	AX	1
Columbia Township	Jackson	MI	AQ	12
Columbus Twp	St Clair	MI	AH	2
Commerce Twp	Oakland	MI	AG	1
Comstock Township	Kalamazoo	MI	BE	1
Concord	Jackson	MI	BC	23
Constantine	St Joseph	MI	BI	19
Constantine Twp	St Joseph	MI	BI	19
Convis Township	Calhoun	MI	BD	1
Cottrellville Twp	St Clair	MI	AH	1
Covert	Van Buren	MI	BH	1
Croswell	Sanilac	MI	AH	3
Custer Township	Sanilac	MI	AH	3
Dalton Township	Muskegon	MI	BG	1
Davison	Genesee	MI	AV	9
Davison Township	Genesee	MI	AV	9
Dayton	Newaygo	MI	BG	1
Dearborn	Wayne	MI	AS	1
Dearborn Heights	Wayne	MI	AS	1
Decatur	Van Buren	MI	BN	1
Decatur Township	Van Buren	MI	BN	1
Deckerville	Sanilac	MI	AH	3
Delhi Twp	Ingham	MI	AY	1
Delta Twp	Eaton	MI	AY	1
Dewitt City	Clinton	MI	AY	1
Dewitt Twp	Clinton	MI	AY	1
Dexter	Washtenaw	MI	AN	1
Dimondale	Eaton	MI	AY	1
Dorr Township	Allegan	MI	BF	1
Douglas Village	Allegan	MI	BH	1
Dover Township	Lenawee	MI	AU	8
Dundee	Monroe	MI	AL	1
Dwight Twp.	Huron	MI	AX	1
Eagle Township	Clinton	MI	AY	1
East China Twp	St Clair	MI	AH	1
East Grand Rapids	Kent	MI	BF	1
East Lansing	Ingham	MI	AZ	9
Eastpointe	Macomb	MI	AR	1
Eaton Rapids City	Eaton	MI	AY	1
Eaton Rapids Twp	Eaton	MI	AY	1
Eaton Township	Eaton	MI	AY	1
Ecorse	Wayne	MI	AI	1
Egelston Township	Muskegon	MI	BG	1
Elk Township	Sanilac	MI	AH	6
Elkhart County	Elkhart	IN	AE	11
Elkton	Huron	MI	AX	1
Elmwood Twp.	Huron	MI	AX	1
Emmett Township (Calhoun County)	Calhoun	MI	BD	1
Emmett Township (St Clair County)	St Clair	MI	AH	2
Exeter Township	Monroe	MI	AI	1
Fabius	St Joseph	MI	BI	19
Fairfield Township	Lenawee	MI	AT	7
Fairhaven	Huron	MI	AX	1
Fairhaven Twp.	Huron	MI	AX	1
Farmington	Oakland	MI	AC	1
Farmington Hills	Oakland	MI	AC	1
Fayette	Hillsdale	MI	BL	15
Fennville	Allegan	MI	BH	1
Fenton	Genesee	MI	AV	9
Fenton Township	Genesee	MI	AV	9
Ferndale	Oakland	MI	AO	1
Ferrysburg	Ottawa	MI	BG	1
Flat Rock	Wayne	MI	AI	1
Flint City	Genesee	MI	AV	9
Flint Twp	Genesee	MI	AV	9
Flowerfield	St Joseph	MI	BI	19
Flushing City	Genesee	MI	AV	9
Flushing Twp	Genesee	MI	AV	9
Fort Gratiot	St Clair	MI	AH	2
Fowlerville	Livingston	MI	AP	1
Franklin	Oakland	MI	AC	1

Franklin Township	Lenawee	MI	BB	1
Fraser	Macomb	MI	AR	1
Fremont	Newaygo	MI	BG	1
Frenchtown Township	Monroe	MI	AJ	1
Fruitland Township	Muskegon	MI	BG	1
Fruitport Township	Muskegon	MI	BG	1
Gagetown	Tuscola	MI	AX	1
Gaines Township (Genesee County)	Genesee	MI	AV	9
Gaines Township (Kent County)	Kent	MI	BF	1
Galesburg City	Kalamazoo	MI	BE	1
Ganges Township	Allegan	MI	BH	1
Garden City	Wayne	MI	AI	1
Garfield Twp.	Newaygo	MI	BG	1
Genessee Twp	Genesee	MI	AV	9
Geneva Township	Van Buren	MI	BH	1
Genoa Township	Livingston	MI	AP	1
Georgetown Township	Ottawa	MI	BF	1
Gibraltar	Wayne	MI	AI	1
Glenn Township	Allegan	MI	BH	1
Gore	Huron	MI	AX	1
Grand Blanc City	Genesee	MI	AV	9
Grand Blanc Twp	Genesee	MI	AV	9
Grand Haven	Ottawa	MI	BG	1
Grand Ledge City	Eaton	MI	AY	1
Grand Rapids	Kent	MI	BF	1
Grand Rapids Township	Kent	MI	BF	1
Grandville	Kent	MI	BF	1
Grant Township	St Clair	MI	AH	2
Grass Lake Township	Jackson	MI	BA	1
Grattan Township	Kent	MI	BF	1
Green Oak Township	Livingston	MI	AP	1
Greenwood Township	St Clair	MI	AH	2
Grosse Ile	Wayne	MI	AI	1
Grosse Pointe City	Wayne	MI	AR	1
Grosse Pointe Farms	Wayne	MI	AR	1
Grosse Pointe Park	Wayne	MI	AR	1
Grosse Pointe Shores	Wayne	MI	AR	1
Grosse Pointe Woods	Wayne	MI	AR	1
Groveland Township	Oakland	MI	BK	1
Hamburg Township	Livingston	MI	AP	1
Hamilton Township	Van Buren	MI	BN	1
Hamlin Twp	Eaton	MI	AY	1
Hamtramck	Wayne	MI	AB	1
Hanover	Jackson	MI	BC	23
Hanover Township	Jackson	MI	BC	23
Harbor Beach	Huron	MI	AX	1
Harper Woods	Wayne	MI	AR	1
Harrison Twp	Macomb	MI	AH	1
Hartford	Van Buren	MI	BH	1
Hartford Twp.	Van Buren	MI	BH	1
Hartland Township	Livingston	MI	AP	1
Hazel Park	Oakland	MI	AB	1
Henrietta Township	Jackson	MI	BC	23
Highland Park	Wayne	MI	AA	1
Highland Twp	Oakland	MI	AG	1
Hillsdale	Hillsdale	MI	BL	15
Hillsdale Twp	Hillsdale	MI	BL	15
Holland	Ottawa	MI	BF	1
Holland Township	Ottawa	MI	BF	1
Holly	Oakland	MI	AW	1
Holly Twp	Oakland	MI	AW	1
Holton Township	Muskegon	MI	BG	1
Howell	Livingston	MI	AP	1
Howell Township	Livingston	MI	AP	1
Hudson	Lenawee	MI	AU	8
Hudson Township	Lenawee	MI	AU	8
Hudsonville	Ottawa	MI	BF	1
Hume Twp.	Huron	MI	AX	1
Huntington Woods	Oakland	MI	AO	1
Huron Twp.	Huron	MI	AX	1
Imlay City	Lapeer	MI	AW	1
Independence	Oakland	MI	AF	1
Inkster	Wayne	MI	AI	1
Ira Twp	St Clair	MI	AH	1
Jackson	Jackson	MI	BC	23
Jamestown Township	Ottawa	MI	BF	1
Jefferson	Hillsdale	MI	BL	15
Jefferson Twp	Hillsdale	MI	BL	15
Jonesville	Hillsdale	MI	BL	15
Kalamazoo	Kalamazoo	MI	BM	1
Kalamazoo Township	Kalamazoo	MI	BM	1
Keego Harbor	Oakland	MI	AC	1
Kenockee Township	St Clair	MI	AH	2
Kentwood	Kent	MI	BF	1
Kimball Twp	St Clair	MI	AH	2
Kinde	Huron	MI	AX	1
Lagrange County	Lagrange	IN	AE	11
Lake Angelus	Oakland	MI	AF	1
Lake Orion	Oakland	MI	AF	1
Lake Twp.	Huron	MI	AX	1
Laketon Township	Muskegon	MI	BG	1
Laketown Township (Holland)	Allegan	MI	BF	1
Laketown Twp (Saugatuck)	Allegan	MI	BH	1

Lansing	Ingham	MI	AY	1
Lansing Twp	Ingham	MI	AY	1
Lapeer	Lapeer	MI	AW	1
Lathrup Village	Oakland	MI	AC	1
Lawrence	Van Buren	MI	BH	1
Lawrence Township	Van Buren	MI	BN	1
Lawton Village	Van Buren	MI	BN	1
Lenox Twp	Macomb	MI	AH	1
Leoni Township	Jackson	MI	BA	1
LeRoy Township (Calhoun County)	Calhoun	MI	BD	16
LeRoy Township (Ingham County)	Ingham	MI	AZ	9
Lexington	Sanilac	MI	AH	3
Lexington Township	Sanilac	MI	AH	3
Liberty Township	Jackson	MI	BA	1
Lima Twp	Washtenaw	MI	AN	1
Lincoln Park	Wayne	MI	AI	1
Lincoln Twp	Huron	MI	AX	1
Livonia	Wayne	MI	AS	1
Lockport	St Joseph	MI	BI	19
Lodi Twp	Washtenaw	MI	AN	1
London Township	Monroe	MI	AI	1
Lowell	Kent	MI	BF	1
Lowell Township	Kent	MI	BF	1
Lynn Township	St Clair	MI	AH	2
Lyon Twp	Oakland	MI	AG	1
Macomb Township	Macomb	MI	AR	1
Madison Heights	Oakland	MI	AB	1
Madison Township	Lenawee	MI	AT	7
Manchester	Washtenaw	MI	AN	1
Manlius Township	Allegan	MI	BH	1
Marcellus Twp	Cass	MI	AE	20
Marine City	St Clair	MI	AH	1
Marion Township	Sanilac	MI	AH	3
Marlette Village	Sanilac	MI	AH	3
Marshall Township	Calhoun	MI	BD	1
Marysville	St Clair	MI	AH	2
Mason	Ingham	MI	AY	1
Mckinley Twp	Huron	MI	AX	1
Meade	Huron	MI	AX	1
Melvindale	Wayne	MI	AI	1
Memphis	St Clair	MI	AH	2
Mendon	St Joseph	MI	BI	19
Meridian Township	Ingham	MI	AZ	9
Michigan State University	Ingham	MI	AZ	9
Milan	Monroe	MI	AN	1
Milford	Oakland	MI	AG	1
Milford Twp	Oakland	MI	AG	1
Monroe City	Monroe	MI	AJ	1
Monroe Township	Monroe	MI	AJ	1
Mottville	St Joseph	MI	BI	19
Mt Clemens	Macomb	MI	AR	1
Mt. Morris	Genesee	MI	AV	9
Mt. Morris Twp	Genesee	MI	AV	9
Mundy Twp	Genesee	MI	AV	9
Muskegon	Muskegon	MI	BG	1
Muskegon Heights	Muskegon	MI	BG	1
Muskegon Township	Muskegon	MI	BG	1
Mussey Township	St Clair	MI	AH	2
Napoleon Township	Jackson	MI	BA	1
New Baltimore	Macomb	MI	AH	1
New Haven	Macomb	MI	AH	1
Newburg Twp	Cass	MI	BJ	17
Newton Township	Calhoun	MI	BD	1
North Adams	Hillsdale	MI	BL	15
North Muskegon	Muskegon	MI	BG	1
North St. Clair Twp	St Clair	MI	AH	2
Northfield Township	Washtenaw	MI	AK	4
Northville	Wayne	MI	AC	1
Northville Township	Wayne	MI	AC	1
Norton Shores	Muskegon	MI	BG	1
Norvell Township	Jackson	MI	AQ	9
Nottawa	St Joseph	MI	BI	19
Novi	Oakland	MI	AG	1
Oak Park	Oakland	MI	AC	1
Oakfield Township	Kent	MI	BF	1
Oakland Twp	Oakland	MI	AO	1
Oceola Township	Livingston	MI	AP	1
Olive Township (Clinton Co)	Clinton	MI	AY	1
Oliver Twp	Huron	MI	AX	1
Oneida Twp	Eaton	MI	AY	1
Onsted	Lenawee	MI	BB	7
Orchard Lake	Oakland	MI	AC	1
Orion Township	Oakland	MI	AF	1
Ortonville	Oakland	MI	BK	1
Oshemo Township	Kalamazoo	MI	BM	1
Owendale	Huron	MI	AX	1
Oxford	Oakland	MI	AF	1
Oxford Township	Oakland	MI	AF	1
Palmyra Township	Lenawee	MI	AT	7
Park	St Joseph	MI	BI	19
Parma	Jackson	MI	BC	23
Parma Township	Jackson	MI	BC	7
Pavillion	Kalamazoo	MI	BI	18

Paw Paw	Van Buren	MI	BN	1
Paw Paw Township	Van Buren	MI	BN	1
Peck	Sanilac	MI	AH	6
Penn Twp	Cass	MI	BJ	10
Pennfield Township	Calhoun	MI	BD	1
Pigeon	Huron	MI	AX	1
Pittsfield Township	Washtenaw	MI	AK	1
Pittsford Twp	Hillsdale	MI	BL	15
Plainfield Township	Kent	MI	BF	1
Pleasant Ridge	Oakland	MI	AO	1
Plymouth	Wayne	MI	AC	1
Plymouth Township	Wayne	MI	AC	1
Pointe Aux Barques	Huron	MI	AX	1
Pontiac	Oakland	MI	AF	1
Port Austin	Huron	MI	AX	1
Port Austin Twp.	Huron	MI	AX	1
Port Hope	Huron	MI	AX	1
Port Huron	St Clair	MI	AH	1
Port Huron Twp	St Clair	MI	AH	1
Port Sanilac	Sanilac	MI	AH	3
Portage City	Kalamazoo	MI	BM	1
Porter Township	Van Buren	MI	BN	1
Porter Twp (Cass County)	Cass	MI	BJ	10
Porter Twp (Van Buren County)	Van Buren	MI	BN	1
Potterville	Eaton	MI	AY	1
Prairie Rhonde	Kalamazoo	MI	BI	18
Prairieville Township	Barry	MI	BE	1
Raisin	Lenawee	MI	AT	1
Raisinville Township	Monroe	MI	AJ	1
Ray Township	Macomb	MI	AR	1
Redford Township	Wayne	MI	AC	1
Richfield Twp	Genesee	MI	AV	9
Richland	Kalamazoo	MI	BE	1
Richland Township	Kalamazoo	MI	BE	1
Richmond	Macomb	MI	AH	1
Richmond Twp	Macomb	MI	AH	1
Ridgeway Township	Lenawee	MI	AT	1
Riley Township	St Clair	MI	AR	1
River Rouge	Wayne	MI	AI	1
Riverview	Wayne	MI	AI	1
Rives Junction	Jackson	MI	BC	7
Rochester	Oakland	MI	AO	1
Rochester Hills	Oakland	MI	AO	1
Rockford	Kent	MI	BF	1
Rockwood	Wayne	MI	AI	1
Rollin Township	Lenawee	MI	AU	8
Romeo	Macomb	MI	AH	1
Romulus	Wayne	MI	AD	1
Roosevelt Park	Muskegon	MI	BG	1
Rose Township (East)	Oakland	MI	BK	1
Rose Twp (West)	Oakland	MI	AW	1
Roseville	Macomb	MI	AB	1
Ross Township	Kalamazoo	MI	BE	1
Royal Oak	Oakland	MI	AO	1
Royal Oak Township	Oakland	MI	AC	1
Rubicon Twp.	Huron	MI	AX	1
Saline	Washtenaw	MI	AN	1
Saline Twp	Washtenaw	MI	AN	1
Sand Beach	Huron	MI	AX	1
Sandstone Township	Jackson	MI	BA	1
Sandusky	Sanilac	MI	AH	3
Sanilac Township	Sanilac	MI	AH	3
Saugatuck	Allegan	MI	BH	1
Saugatuck Township	Allegan	MI	BH	1
Schoolcraft	Kalamazoo	MI	BI	18
Schoolcraft Twp	Kalamazoo	MI	BI	18
Scio Township	Washtenaw	MI	AK	1
Scipio Twp	Hillsdale	MI	BL	5
Sebewaing	Huron	MI	AX	1
Sebewaing Twp.	Huron	MI	AX	1
Selfridge Ang Base	Macomb	MI	AH	1
Shelby Township	Macomb	MI	AR	1
Sheridan Township	Newaygo	MI	BG	1
Sherman Township (Newaygo County)	Newaygo	MI	BG	1
Sherman Twp (St. Joseph County)	St Joseph	MI	BI	19
Somerset Township	Hillsdale	MI	AQ	13
South Haven	Van Buren	MI	BH	1
South Haven Township	Van Buren	MI	BH	1
South Lyon	Oakland	MI	AG	1
South Rockwood	Monroe	MI	AI	1
Southfield	Oakland	MI	AC	1
Southgate	Wayne	MI	AI	1
Sparta Township	Kent	MI	BF	1
Speaker Township	Sanilac	MI	AH	6
Spring Arbor Township	Jackson	MI	BA	1
Spring Lake	Ottawa	MI	BG	1
Spring Lake Township	Ottawa	MI	BG	1
Springfield City	Calhoun	MI	BD	1
Springfield Township	Oakland	MI	BK	1
Springport	Jackson	MI	BC	7
St Clair	St Clair	MI	AH	2
St Clair Shores	Macomb	MI	AR	1
St Clair Twp	St Clair	MI	AH	2

Sterling Heights	Macomb	MI	AR	1
Sullivan Township	Muskegon	MI	BG	1
Summit Township	Jackson	MI	BA	1
Sumpter Township	Wayne	MI	AI	1
Superior Township	Washtenaw	MI	AK	1
Swartz Creek City	Genesee	MI	AV	9
Sylvan Lake	Oakland	MI	AC	1
Sylvan Twp	Washtenaw	MI	AN	1
Tallmadge Township	Ottawa	MI	BF	1
Taylor	Wayne	MI	AI	1
Tecumseh	Lenawee	MI	AT	1
Tecumseh Township	Lenawee	MI	AT	1
Texas Township	Kalamazoo	MI	BM	1
Thetford Township	Genesee	MI	AV	9
Three Rivers	St Joseph	MI	BI	19
Tompkins Township	Jackson	MI	BC	7
Trenton	Wayne	MI	AI	1
Troy	Oakland	MI	AO	1
Ubly	Huron	MI	AX	1
Utica	Macomb	MI	AR	1
Van Buren	Wayne	MI	AD	1
Vandalia	Cass	MI	BJ	17
Vergennes Township	Kent	MI	BF	1
Verona Twp.	Huron	MI	AX	1
Vevay Township	Ingham	MI	AY	1
Vicksburg	Kalamazoo	MI	BI	18
Vienna Twp	Genesee	MI	AV	9
Volina Twp	Cass	MI	AE	20
Wales Township	St Clair	MI	AH	2
Walker	Kent	MI	BF	1
Walled Lake	Oakland	MI	AG	1
Warren	Macomb	MI	AR	1
Washington Twp	Macomb	MI	AH	1
Waterford Township	Oakland	MI	AF	1
Watertown Township (Clinton County)	Clinton	MI	AY	1
Watertown Township (Sanilac County)	Sanilac	MI	AH	3
Waverly Township	Van Buren	MI	BN	1
Wayne	Wayne	MI	AS	1
Webberville	Ingham	MI	AZ	22
Webster Township	Washtenaw	MI	AK	4
West Bloomfield Township	Oakland	MI	AC	1
Westland	Wayne	MI	AS	1
Wheatfield	Ingham	MI	AZ	9
White Lake Twp	Oakland	MI	AG	1
White Pigeon	St Joseph	MI	BI	19
White Pigeon Twp	St Joseph	MI	BI	19
Williamston	Ingham	MI	AZ	22
Williamstown Township	Ingham	MI	AZ	9
Windsor Twp	Eaton	MI	AY	1
Winsor Twp.	Huron	MI	AX	1
Wixom	Oakland	MI	AG	1
Wolverine Lake Village	Oakland	MI	AG	1
Woodhaven	Wayne	MI	AI	1
Woodstock Township	Lenawee	MI	AU	14
Worth	St Clair	MI	AH	21
Wright Township (Ottawa County)	Ottawa	MI	BF	1
Wyoming	Kent	MI	BF	1
Yale	St Clair	MI	AH	2
York Township	Washtenaw	MI	AI	1
Ypsilanti	Washtenaw	MI	AK	1
Ypsilanti Township	Washtenaw	MI	AK	1







LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

**G**

**Primary Transmitters: Television**

CHANNEL LINE-UP AC					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
027876

Name

COMCAST OF DETROIT, GP

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AD

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI







LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
027876

Name

COMCAST OF DETROIT, GP

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

**G**

Primary Transmitters: Television

CHANNEL LINE-UP AH

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
CICO-DT	32	I	Yes	O	WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	Yes	O	DETROIT, MI
WTVS-HD	43	E-M	Yes	E	DETROIT, MI
WTVS-DT2	43	E-M	Yes	E	DETROIT, MI
WTVS-DT3	43	E-M	Yes	E	DETROIT, MI
WTVS-DT4	43	E-M	Yes	E	DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI







LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
027876

Name

COMCAST OF DETROIT, GP

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

**G**  
Primary Transmitters: Television

CHANNEL LINE-UP AL					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WNWO-DT	49	N	No		TOLEDO, OH
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTOL-DT	11	N	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI









LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**

**Primary Transmitters: Television**

CHANNEL LINE-UP AQ					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTVG-DT	13	N	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WXYZ-DT	41	N	Yes	O	DETROIT, MI





LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**

Primary Transmitters:  
Television

**CHANNEL LINE-UP AT**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WDIV-DT	45	N	No		DETROIT, MI
WGTE-DT	29	E	No		TOLEDO, OH
WGTE-HD	29	E-M	No		TOLEDO, OH
WGTE-DT2	29	E-M	No		TOLEDO, OH
WGTE-DT3	29	E-M	No		TOLEDO, OH
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2HD	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WTVS-HD	43	E-M	Yes	E	DETROIT, MI
WTVS-DT4	43	E-M	Yes	E	DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WXYZ-DT	41	N	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP AU**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		
WGTE-DT	29	E	Yes	O	TOLEDO, OH
WGTE-HD	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT2	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT3	29	E-M	Yes	E	TOLEDO, OH
WILX-DT	10	N	Yes	O	ONONDAGA, MI
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2HD	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTVS-DT	43	E	Yes	O	DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WXYZ-DT	41	N	No		DETROIT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**COMCAST OF DETROIT, GP**

**SYSTEM ID#  
027876**

Name

**G**

**Primary Transmitters:  
Television**

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**CHANNEL LINE-UP AV**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WAQP-DT	48	I	No		SAGINAW, MI
WAQP-HD	48	I-M	No		SAGINAW, MI
WBSF-DT	46	I	No		BAY CITY, MI
WBSF-HD	46	I-M	No		BAY CITY, MI
WBSF-DT2	46	I-M	No		BAY CITY, MI
WDCQ-DT	15	E	No		BAD AXE, MI
WDCQ-HD	15	E-M	No		BAD AXE, MI
WDCQ-DT2	15	E-M	No		BAD AXE, MI
WDCQ-DT3	15	E-M	No		BAD AXE, MI
WDCQ-DT4	15	E-M	No		BAD AXE, MI
WEYI-DT	30	N	No		SAGINAW, MI
WEYI-HD	30	N-M	No		SAGINAW, MI
WEYI-DT3	30	I-M	No		SAGINAW, MI
WJRT-DT	12	N	No		FLINT, MI
WJRT-HD	12	N-M	No		FLINT, MI
WJRT-DT2	12	I-M	No		FLINT, MI
WJRT-DT3	12	I-M	No		FLINT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WNEM-DT	22	N	No		BAY CITY, MI
WNEM-HD	22	N-M	No		BAY CITY, MI
WNEM-DT2HD	22	I-M	No		BAY CITY, MI
WNEM-DT3	22	I-M	No		BAY CITY, MI
WSMH-DT	16	I	No		FLINT, MI
WSMH-HD	16	I-M	No		FLINT, MI
WSMH-DT2	16	I-M	No		FLINT, MI
WSMH-DT2HD	16	I-M	No		FLINT, MI
WSMH-DT3	16	I-M	No		FLINT, MI



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**  
**Primary Transmitters: Television**

CHANNEL LINE-UP AX					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WAQP-DT	48	I	No		SAGINAW, MI
WAQP-HD	48	I-M	No		SAGINAW, MI
WBSF-DT	46	I	No		BAY CITY, MI
WBSF-HD	46	I-M	No		BAY CITY, MI
WBSF-DT2	46	I-M	No		BAY CITY, MI
WDCQ-DT	15	E	No		BAD AXE, MI
WDCQ-HD	15	E-M	No		BAD AXE, MI
WDCQ-DT2	15	E-M	No		BAD AXE, MI
WDCQ-DT3	15	E-M	No		BAD AXE, MI
WDCQ-DT4	15	E-M	No		BAD AXE, MI
WEYI-DT	30	N	No		SAGINAW, MI
WEYI-HD	30	N-M	No		SAGINAW, MI
WEYI-DT3	30	I-M	No		SAGINAW, MI
WJRT-DT	12	N	No		FLINT, MI
WJRT-HD	12	N-M	No		FLINT, MI
WJRT-DT2	12	I-M	No		FLINT, MI
WJRT-DT3	12	I-M	No		FLINT, MI
WNEM-DT	22	N	No		BAY CITY, MI
WNEM-HD	22	N-M	No		BAY CITY, MI
WNEM-DT2HD	22	I-M	No		BAY CITY, MI
WNEM-DT3	22	I-M	No		BAY CITY, MI
WSMH-DT	16	I	No		FLINT, MI
WSMH-HD	16	I-M	No		FLINT, MI
WSMH-DT2	16	I-M	No		FLINT, MI
WSMH-DT2HD	16	I-M	No		FLINT, MI
WSMH-DT3	16	I-M	No		FLINT, MI

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP AY**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**

Primary Transmitters: Television

**CHANNEL LINE-UP AZ**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	Yes	O	WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	Yes	E	WINDSOR, ONTARIO, CANADA
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WZPX-DT	44	I	Yes	O	BATTLE CREEK, MI
WZPX-HD	44	I-M	Yes	E	BATTLE CREEK, MI
WZPX-DT2	44	I-M	Yes	O	BATTLE CREEK, MI
WZPX-DT3	44	I-M	Yes	O	BATTLE CREEK, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**  
**Primary Transmitters: Television**

**CHANNEL LINE-UP BA**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDIV-DT	45	N	No		DETROIT, MI
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WJBK-DT	7	I	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WXYZ-DT	41	N	No		DETROIT, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BB**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WGTE-DT	29	E	Yes	O	TOLEDO, OH
WGTE-HD	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT2	29	E-M	Yes	E	TOLEDO, OH
WGTE-DT3	29	E-M	Yes	E	TOLEDO, OH
WLMB-DT	5	I	No		TOLEDO, OH
WLMB-HD	5	I-M	No		TOLEDO, OH
WNWO-DT	49	N	No		TOLEDO, OH
WNWO-HD	49	N-M	No		TOLEDO, OH
WNWO-DT2	49	I-M	No		TOLEDO, OH
WNWO-DT3	49	I-M	No		TOLEDO, OH
WTOL-DT	11	N	No		TOLEDO, OH
WTOL-HD	11	N-M	No		TOLEDO, OH
WTOL-DT2	11	I-M	No		TOLEDO, OH
WTOL-DT3	11	I-M	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH
WTVG-HD	13	N-M	No		TOLEDO, OH
WTVG-DT2	13	I-M	No		TOLEDO, OH
WTVG-DT3	13	I-M	No		TOLEDO, OH
WTYS-DT	43	E	Yes	O	DETROIT, MI
WUPW-DT	46	I	No		TOLEDO, OH
WUPW-HD	46	I-M	No		TOLEDO, OH
WUPW-DT2	46	I-M	No		TOLEDO, OH
WUPW-DT3	46	I-M	No		TOLEDO, OH
WXYZ-DT	41	N	No		DETROIT, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BC**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDIV-DT	45	N	No		DETROIT, MI
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WJBK-DT	7	I	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKAR-HD	33	E-M	No		EAST LANSING, MI
WKAR-DT2	33	E-M	No		EAST LANSING, MI
WKAR-DT3	33	E-M	No		EAST LANSING, MI
WKAR-DT4	33	E-M	No		EAST LANSING, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTVS-DT	43	E	Yes	O	DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WZPX-DT	44	I	Yes	O	BATTLE CREEK, MI
WZPX-HD	44	I-M	Yes	E	BATTLE CREEK, MI
WZPX-DT2	44	I-M	Yes	O	BATTLE CREEK, MI
WZPX-DT3	44	I-M	Yes	O	BATTLE CREEK, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BD**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WKAR-DT	33	E	Yes	O	EAST LANSING, MI
WKAR-DT-HD	33	E-M	Yes	E	EAST LANSING, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BF**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WXSP-HD	15	I-M	No		GRAND RAPIDS, MI
WXSP-DT2	15	I-M	No		GRAND RAPIDS, MI
WXSP-DT3	15	I-M	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BG**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
---	------------------------------------	-------------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BI**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	Yes	O	GRAND RAPIDS, MI
WGVU-HD	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT2	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT3	11	E-M	Yes	E	GRAND RAPIDS, MI
WGVU-DT4	11	E-M	Yes	E	GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WNDU-DT	42	N	No		SOUTH BEND, IN
WNIT-DT	35	E	Yes	O	SOUTH BEND, IN
WNIT-HD	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT2	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT3	35	E-M	Yes	E	SOUTH BEND, IN
WNIT-DT4	35	E-M	Yes	E	SOUTH BEND, IN
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	Name
---	------------------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BK**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CBET-DT	9	I	No		WINDSOR, ONTARIO, CANADA
CBET-DT-HD	9	I-M	No		WINDSOR, ONTARIO, CANADA
WADL-DT	39	I	No		MT CLEMENS, MI
WADL-HD	39	I-M	No		MT CLEMENS, MI
WDIV-DT	45	N	No		DETROIT, MI
WDIV-HD	45	N-M	No		DETROIT, MI
WDIV-DT2	45	I-M	No		DETROIT, MI
WDIV-DT3	45	I-M	No		DETROIT, MI
WJBK-DT	7	I	No		DETROIT, MI
WJBK-HD	7	I-M	No		DETROIT, MI
WJBK-DT2	7	I-M	No		DETROIT, MI
WJBK-DT3	7	I-M	No		DETROIT, MI
WKAR-DT	33	E	No		EAST LANSING, MI
WKBD-DT	14	I	No		DETROIT, MI
WKBD-HD	14	I-M	No		DETROIT, MI
WMYD-DT	21	I	No		DETROIT, MI
WMYD-HD	21	I-M	No		DETROIT, MI
WMYD-DT2	21	I-M	No		DETROIT, MI
WMYD-DT3	21	I-M	No		DETROIT, MI
WPXD-DT	50	I	No		ANN ARBOR, MI
WPXD-HD	50	I-M	No		ANN ARBOR, MI
WPXD-DT2	50	I-M	No		ANN ARBOR, MI
WPXD-DT3	50	I-M	No		ANN ARBOR, MI
WTVS-DT	43	E	No		DETROIT, MI
WTVS-HD	43	E-M	No		DETROIT, MI
WTVS-DT2	43	E-M	No		DETROIT, MI
WTVS-DT3	43	E-M	No		DETROIT, MI
WTVS-DT4	43	E-M	No		DETROIT, MI
WWJ-DT	44	N	No		DETROIT, MI
WWJ-HD	44	N-M	No		DETROIT, MI
WWJ-DT2	44	I-M	No		DETROIT, MI
WWJ-DT3	44	I-M	No		DETROIT, MI
WXYZ-DT	41	N	No		DETROIT, MI
WXYZ-HD	41	N-M	No		DETROIT, MI
WXYZ-DT2	41	I-M	No		DETROIT, MI
WXYZ-DT3	41	I-M	No		DETROIT, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BL**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WILX-DT	10	N	No		ONONDAGA, MI
WILX-HD	10	N-M	No		ONONDAGA, MI
WILX-DT2	10	I-M	No		ONONDAGA, MI
WILX-DT3	10	I-M	No		ONONDAGA, MI
WKAR-DT	33	E	Yes	O	EAST LANSING, MI
WKAR-HD	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT2	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT3	33	E-M	Yes	E	EAST LANSING, MI
WKAR-DT4	33	E-M	Yes	E	EAST LANSING, MI
WKBD-DT	14	I	Yes	O	DETROIT, MI
WLAJ-DT	25	N	No		LANSING, MI
WLAJ-HD	25	N-M	No		LANSING, MI
WLAJ-DT2HD	25	I-M	No		LANSING, MI
WLNS-DT	25	N	No		LANSING, MI
WLNS-HD	25	N-M	No		LANSING, MI
WSYM-DT	38	I	No		LANSING, MI
WSYM-HD	38	I-M	No		LANSING, MI
WSYM-DT2HD	38	I-M	No		LANSING, MI
WSYM-DT3	38	I-M	No		LANSING, MI
WTOL-DT	11	N	No		TOLEDO, OH
WTVG-DT	13	N	No		TOLEDO, OH

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BM**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	SYSTEM ID# <b>027876</b>	Name
---	-----------------------------	------

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

**CHANNEL LINE-UP BN**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGVU-DT	11	E	No		GRAND RAPIDS, MI
WGVU-HD	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT2	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT3	11	E-M	No		GRAND RAPIDS, MI
WGVU-DT4	11	E-M	No		GRAND RAPIDS, MI
WLLA-DT	45	I	No		KALAMAZOO, MI
WOOD-DT	7	N	No		GRAND RAPIDS, MI
WOOD-HD	7	N-M	No		GRAND RAPIDS, MI
WOOD-DT2	7	I-M	No		GRAND RAPIDS, MI
WOOD-DT3	7	I-M	No		GRAND RAPIDS, MI
WOTV-DT	20	N	No		BATTLE CREEK, MI
WOTV-HD	20	N-M	No		BATTLE CREEK, MI
WOTV-DT2HD	20	I-M	No		BATTLE CREEK, MI
WTLJ-DT	24	I	No		MUSKEGON, MI
WWMT-DT	8	N	No		KALAMAZOO, MI
WWMT-HD	8	N-M	No		KALAMAZOO, MI
WWMT-DT2HD	8	I-M	No		KALAMAZOO, MI
WWMT-DT3	8	I-M	No		KALAMAZOO, MI
WXMI-DT	19	I	No		GRAND RAPIDS, MI
WXMI-HD	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT2	19	I-M	No		GRAND RAPIDS, MI
WXMI-DT3	19	I-M	No		GRAND RAPIDS, MI
WXSP-CD	15	I	No		GRAND RAPIDS, MI
WZPX-DT	44	I	No		BATTLE CREEK, MI
WZPX-HD	44	I-M	No		BATTLE CREEK, MI
WZPX-DT2	44	I-M	No		BATTLE CREEK, MI
WZPX-DT3	44	I-M	No		BATTLE CREEK, MI
WZZM-DT	13	N	No		GRAND RAPIDS, MI
WZZM-HD	13	N-M	No		GRAND RAPIDS, MI
WZZM-DT3	13	I-M	No		GRAND RAPIDS, MI
WZZM-DT4	13	I-M	No		GRAND RAPIDS, MI

See instructions for additional information on alphabetization.







LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	Name				
<b>GROSS RECEIPTS</b> <b>Instructions:</b> 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.		<b>K</b> <b>Gross Receipts</b>				
<b>IMPORTANT:</b> 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;"><b>139,417,411.43</b></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	<b>139,417,411.43</b>	(Amount of gross receipts)	
\$	<b>139,417,411.43</b>					
(Amount of gross receipts)						
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ 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.</p>		<b>L</b> <b>Copyright Royalty Fee</b>				
Block 1	<b>MINIMUM FEE:</b> 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. <span style="float: right;">\$ <b>139,417,411.43</b></span> Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>1,483,401.26</b></span>					
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> <li>• Did your cable system carry any distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete the DSE schedule.      <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.</li> </ul>					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>195,719.33</b></span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>5,891.52</b></span> Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>201,610.85</b></span>					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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. <span style="float: right;">\$ <b>1,483,401.26</b></span> Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right; background-color: yellow;">\$ <b>0.00</b></span> Line 3. <b>FILING FEE.</b> <span style="float: right;">\$ <b>725.00</b></span>  <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>1,484,126.26</b></span>	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">27VNNOS8</span>						
<a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>						

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM:	<b>SYSTEM ID#</b> <b>027876</b>
	<b>COMCAST OF DETROIT, GP</b>	
<b>M</b> <b>Channels</b>	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> 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 . . . . . <span style="border: 1px solid black; padding: 2px 20px;">188</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">1,025</span></p>	
<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Julie Laine - Comcast Cable Communications, LLC</b> Telephone <b>(215)-286-2334</b></p> <p>Address <b>One Comcast Center</b> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><b>Philadelphia, PA 19103</b> <small>(City, town, state, zip)</small></p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
<b>O</b> <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>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)]</li> </ul> <div style="margin-top: 20px;"> <span style="font-size: 2em; margin: 0 5px;">X</span> <span style="border: 1px solid black; padding: 2px 10px; display: inline-block;">/s/ Joseph Lance</span> </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: <b>Joseph Lance</b></p> <p>_____</p> <p>Title: <b>Vice President - Regulatory Accounting</b> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <b>February 10, 2026</b></p> <p>_____</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: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">“In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p>		<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

<p><b>INTEREST ASSESSMENTS</b></p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . \$ _____ -</p> <p style="padding-left: 400px;">x _____ 1%</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -</p> <p style="padding-left: 400px;">x _____ 200 days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -</p> <p style="padding-left: 400px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ _____ -</p> <p style="padding-left: 400px;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____                  Address _____                  _____                  First community served _____                  Accounting period _____                  ID number _____</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></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.



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>
-------------	---	------------------------------------

<b>3</b>  <b>Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity</b>	<p><b>Instructions: CAPACITY</b>  <b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  <b>Column 2:</b> 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.  <b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.  <b>Column 4:</b> 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.  <b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  <b>Column 6:</b> 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.</p>					
<b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>						
	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	=	
<b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, .....					0.00	

<b>4</b>  <b>Computation of DSEs for Substitute-Basis Stations</b>	<p><b>Instructions:</b>  <b>Column 1:</b> 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).  <b>Column 2:</b> 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.  <b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.  <b>Column 4:</b> 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).</p>							
<b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>								
	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
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, .....							0.00	

<b>5</b>  <b>Total Number of DSEs</b>	<p><b>TOTAL NUMBER OF DSEs:</b> 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.</p>		
	1. Number of DSEs from part 2 ●	▶	<b>10.25</b>
	2. Number of DSEs from part 3 ●	▶	<b>0.00</b>
	3. Number of DSEs from part 4 ●	▶	<b>0.00</b>
	TOTAL NUMBER OF DSEs	▶	<b>10.25</b>

<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
--	------------------------------------	-------------

**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.)

**BASIS OF PERMITTED CARRIAGE**

A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]

B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)

C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]

D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).

E Carried pursuant to individual waiver of FCC rules (76.7)

\*F A station previously carried on a part-time or substitute basis prior to June 25, 1981

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
CBET-DT	A	1.00	WKBD-DT	A	1.00	WZPX-DT2	M	1.00
CICO-DT	A	1.00	WLLA-DT	A	1.00	WZPX-DT3	M	1.00
WTVS-DT	C	0.25	WTLJ-DT	A	1.00			
WGTE-DT	C	0.25	WNIT-DT	C	0.25			
WGVU-DT	C	0.25	WZZM-HD	A	0.25			
WKAR-DT	C	0.25	WZPX-DT	A	1.00			

**9.50**

**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) **0.00**

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.**





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>
<b>7</b>  <b>Computation of Base Rate Fee</b>	<p><b>Instructions:</b> 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"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.</li> </ul> <p><b>What is a partially distant station?</b> 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>	
<b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>		
<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule.                      <input type="checkbox"/> No—Complete the following sections.</p>		
<b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>		
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 <b>4.000 or less</b>, 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 style="text-align: right;"><b>Base Rate Fee.</b> . . . . . ▶ <span style="border: 1px solid black; padding: 2px 10px;">\$. <b>0.00</b></span></p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>	<b>SYSTEM ID#</b> <b>027876</b>	<b>Name</b>
Section 4 If the figure in section 2 is <b>more than 4,000</b> , compute your base rate fee here and leave section 3 blank.	7	
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) <b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;">0.00</span>	Computation of Base Rate Fee	

<p><b>IMPORTANT:</b> 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><b>In General:</b> 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><b>First:</b> 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><b>Finally:</b> 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><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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><b>Step 3:</b> 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><b>Computing the base rate fee for each subscriber group:</b> 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"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• 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.</li> <li>• If:                         <ol style="list-style-type: none"> <li>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,</li> <li>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.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• 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.</li> <li>• 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.</li> </ul>	8	
	Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 1</b>					COMMUNITY/ AREA <b>Subgroup 2</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				<b>CICO-DT</b>	<b>1.00</b>				
Total DSEs				<b>0.00</b>	Total DSEs				<b>1.00</b>
Gross Receipts First Group				\$ <b>121,611,943.89</b>	Gross Receipts Second Group				\$ <b>2,713,697.43</b>
Base Rate Fee First Group				\$ <b>0.00</b>	Base Rate Fee Second Group				\$ <b>28,873.74</b>
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 3</b>					COMMUNITY/ AREA <b>Subgroup 4</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>CBET-DT</b>	<b>1.00</b>			<b>WGTE-DT</b>	<b>0.25</b>				
<b>CICO-DT</b>	<b>1.00</b>								
<b>WTVS-DT</b>	<b>0.25</b>								
Total DSEs				<b>2.25</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>236,637.25</b>	Gross Receipts Fourth Group				\$ <b>34,838.86</b>
Base Rate Fee Third Group				\$ <b>4,591.35</b>	Base Rate Fee Fourth Group				\$ <b>92.67</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b>195,719.33</b>	

**8**  
Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 5</b>					COMMUNITY/ AREA <b>Subgroup 6</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WKBD-DT</b>	<b>1.00</b>			<b>CBET-DT</b>	<b>1.00</b>				
				<b>CICO-DT</b>	<b>1.00</b>				
Total DSEs				<b>1.00</b>	Total DSEs				<b>2.00</b>
Gross Receipts First Group				\$ <b>17,443.87</b>	Gross Receipts Second Group				\$ <b>21,303.33</b>
Base Rate Fee First Group				\$ <b>185.60</b>	Base Rate Fee Second Group				\$ <b>376.00</b>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 7</b>					COMMUNITY/ AREA <b>Subgroup 8</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WTVS-DT</b>	<b>0.25</b>			<b>WTVS-DT</b>	<b>0.25</b>				
Total DSEs				<b>0.25</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>948,011.53</b>	Gross Receipts Fourth Group				\$ <b>158,948.10</b>
Base Rate Fee Third Group				\$ <b>2,521.71</b>	Base Rate Fee Fourth Group				\$ <b>422.80</b>
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)								\$ <b>                    </b>	

**8**

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 9</b>					COMMUNITY/ AREA <b>Subgroup 10</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>CBET-DT</b>	<b>1.00</b>			<b>WGVU-DT</b>	<b>0.25</b>				
				<b>WLLA-DT</b>	<b>1.00</b>				
				<b>WTLJ-DT</b>	<b>1.00</b>				
Total DSEs				<b>1.00</b>	Total DSEs				<b>2.25</b>
Gross Receipts First Group				\$ <b>9,922,039.85</b>	Gross Receipts Second Group				\$ <b>56,250.98</b>
Base Rate Fee First Group				\$ <b>105,570.50</b>	Base Rate Fee Second Group				\$ <b>1,091.41</b>
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 11</b>					COMMUNITY/ AREA <b>Subgroup 12</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WGVU-DT</b>	<b>0.25</b>			<b>WTVS-DT</b>	<b>0.25</b>				
<b>WZZM-HD</b>	<b>0.25</b>			<b>CBET-DT</b>	<b>1.00</b>				
Total DSEs				<b>0.50</b>	Total DSEs				<b>1.25</b>
Gross Receipts Third Group				\$ <b>18,644.48</b>	Gross Receipts Fourth Group				\$ <b>315,923.97</b>
Base Rate Fee Third Group				\$ <b>99.19</b>	Base Rate Fee Fourth Group				\$ <b>3,915.09</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b>                    </b>	

**8**

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 13</b>					COMMUNITY/ AREA <b>Subgroup 14</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WTVS-DT</b>	<b>0.25</b>			<b>WTVS-DT</b>	<b>0.25</b>				
<b>CBET-DT</b>	<b>1.00</b>			<b>WGTE-DT</b>	<b>0.25</b>				
Total DSEs				<b>1.25</b>	Total DSEs				<b>0.50</b>
Gross Receipts First Group				\$ <b>166,747.74</b>	Gross Receipts Second Group				\$ <b>74,577.67</b>
Base Rate Fee First Group				\$ <b>2,066.42</b>	Base Rate Fee Second Group				\$ <b>396.75</b>
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 15</b>					COMMUNITY/ AREA <b>Subgroup 16</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WKAR-DT</b>	<b>0.25</b>			<b>WKAR-DT</b>	<b>0.25</b>				
<b>WKBD-DT</b>	<b>1.00</b>								
Total DSEs				<b>1.25</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>487,233.39</b>	Gross Receipts Fourth Group				\$ <b>97,050.90</b>
Base Rate Fee Third Group				\$ <b>6,038.04</b>	Base Rate Fee Fourth Group				\$ <b>258.16</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b>                    </b>	

**8**

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 17</b>					COMMUNITY/ AREA <b>Subgroup 18</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WGVU-DT</b>	<b>0.25</b>			<b>WNIT-DT</b>	<b>0.25</b>				
<b>WLLA-DT</b>	<b>1.00</b>								
<b>WTLJ-DT</b>	<b>1.00</b>								
Total DSEs				<b>2.25</b>	Total DSEs				<b>0.25</b>
Gross Receipts First Group				\$ <b>10,899.53</b>	Gross Receipts Second Group				\$ <b>426,124.90</b>
Base Rate Fee First Group				\$ <b>211.48</b>	Base Rate Fee Second Group				\$ <b>1,133.49</b>
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 19</b>					COMMUNITY/ AREA <b>Subgroup 20</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WGVU-DT</b>	<b>0.25</b>			<b>WGVU-DT</b>	<b>0.25</b>				
Total DSEs				<b>0.25</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>688,540.70</b>	Gross Receipts Fourth Group				\$ <b>15,486.05</b>
Base Rate Fee Third Group				\$ <b>1,831.52</b>	Base Rate Fee Fourth Group				\$ <b>41.19</b>
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)								\$ <b> </b>	

**8**  
Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations



**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name			
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Subgroup 1</b>					COMMUNITY/ AREA <b>Subgroup 2</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<b>0.00</b>		Total DSEs				<b>0.00</b>	
Gross Receipts First Group				\$ <b>121,611,943.89</b>		Gross Receipts Second Group				\$ <b>2,713,697.43</b>	
Base Rate Fee First Group				\$ <b>0.00</b>		Base Rate Fee Second Group				\$ <b>0.00</b>	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Subgroup 3</b>					COMMUNITY/ AREA <b>Subgroup 4</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<b>0.00</b>		Total DSEs				<b>0.00</b>	
Gross Receipts Third Group				\$ <b>236,637.25</b>		Gross Receipts Fourth Group				\$ <b>34,838.86</b>	
Base Rate Fee Third Group				\$ <b>0.00</b>		Base Rate Fee Fourth Group				\$ <b>0.00</b>	
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)											
\$ <b>5,891.52</b>											

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 5</b>					COMMUNITY/ AREA <b>Subgroup 6</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				\$ <b>17,443.87</b>	Gross Receipts Second Group				\$ <b>21,303.33</b>
Base Rate Fee First Group				\$ <b>0.00</b>	Base Rate Fee Second Group				\$ <b>0.00</b>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 7</b>					COMMUNITY/ AREA <b>Subgroup 8</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>948,011.53</b>	Gross Receipts Fourth Group				\$ <b>158,948.10</b>
Base Rate Fee Third Group				\$ <b>0.00</b>	Base Rate Fee Fourth Group				\$ <b>1,490.14</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 9</b>					COMMUNITY/ AREA <b>Subgroup 10</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				<b>WZPX-DT</b>	<b>1.00</b>				
Total DSEs				<b>0.00</b>	Total DSEs				<b>1.00</b>
Gross Receipts First Group				\$ <b>9,922,039.85</b>	Gross Receipts Second Group				\$ <b>56,250.98</b>
Base Rate Fee First Group				\$ <b>0.00</b>	Base Rate Fee Second Group				\$ <b>2,109.41</b>
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 11</b>					COMMUNITY/ AREA <b>Subgroup 12</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WWMT-DT</b>	<b>0.25</b>								
Total DSEs				<b>0.25</b>	Total DSEs				<b>0.00</b>
Gross Receipts Third Group				\$ <b>18,644.48</b>	Gross Receipts Fourth Group				\$ <b>315,923.97</b>
Base Rate Fee Third Group				\$ <b>174.79</b>	Base Rate Fee Fourth Group				\$ <b>0.00</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 13</b>					COMMUNITY/ AREA <b>Subgroup 14</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WXYZ-DT</b>	<b>0.25</b>								
Total DSEs				<b>0.25</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				\$ <b>166,747.74</b>	Gross Receipts Second Group				\$ <b>74,577.67</b>
Base Rate Fee First Group				\$ <b>1,563.26</b>	Base Rate Fee Second Group				\$ <b>0.00</b>
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 15</b>					COMMUNITY/ AREA <b>Subgroup 16</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts Third Group				\$ <b>487,233.39</b>	Gross Receipts Fourth Group				\$ <b>97,050.90</b>
Base Rate Fee Third Group				\$ <b>0.00</b>	Base Rate Fee Fourth Group				\$ <b>0.00</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b> </b>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 17</b>					COMMUNITY/ AREA <b>Subgroup 18</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WZPX-DT</b>	<b>1.00</b>								
Total DSEs				<b>1.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				\$ <b>10,899.53</b>	Gross Receipts Second Group				\$ <b>426,124.90</b>
Base Rate Fee First Group				\$ <b>408.73</b>	Base Rate Fee Second Group				\$ <b>0.00</b>
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 19</b>					COMMUNITY/ AREA <b>Subgroup 20</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				<b>WZZM-HD</b>	<b>0.25</b>				
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.25</b>
Gross Receipts Third Group				\$ <b>688,540.70</b>	Gross Receipts Fourth Group				\$ <b>15,486.05</b>
Base Rate Fee Third Group				\$ <b>0.00</b>	Base Rate Fee Fourth Group				\$ <b>145.18</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b> </b>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>COMCAST OF DETROIT, GP</b>						SYSTEM ID# <b>027876</b>		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 21</b>					COMMUNITY/ AREA <b>Subgroup 22</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts First Group				\$ <b>74,169.61</b>	Gross Receipts Second Group				\$ <b>37,062.73</b>
Base Rate Fee First Group				\$ <b>0.00</b>	Base Rate Fee Second Group				\$ <b>0.00</b>
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 23</b>					COMMUNITY/ AREA <b>Subgroup 24</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts Third Group				\$ <b>1,283,834.68</b>	Gross Receipts Fourth Group				\$ <b>0.00</b>
Base Rate Fee Third Group				\$ <b>0.00</b>	Base Rate Fee Fourth Group				\$ <b>0.00</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b> </b>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations