

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

**SA3E
Long Form**

Return completed workbook by
email to

coplicsoa@copyright.gov

For additional information,
contact the U.S. Copyright
Office Licensing Division 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
8/25/2025	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																															
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 004794 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc. 00479420251 004794 2025/1 One Comcast Center Philadelphia, PA 19103																															
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
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D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td colspan="3">STATE</td></tr><tr><td>Minneapolis</td><td colspan="3">MN</td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>				CITY OR TOWN	STATE			Minneapolis	MN			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
CITY OR TOWN	STATE																															
Minneapolis	MN																															
Below is a sample for reporting communities if you report multiple channel line-ups in Space G.																																
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																													

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		004794	
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
Minneapolis	MN	AA	1
Afton	MN	AA	1
Andover	MN	AA	1
Anoka	MN	AA	1
Arden Hills	MN	AA	1
Bayport	MN	AA	1
Baytown	MN	AA	1
Birchwood Village	MN	AA	1
Blaine	MN	AA	1
Bloomington	MN	AA	1
Branch	WI	AF	1
Brooklyn Center	MN	AA	1
Brooklyn Park	MN	AA	1
Burnsville	MN	AA	1
Carver	MN	AA	1
Cato	WI	AF	1
Centerville	MN	AA	1
Champlin	MN	AA	1
Chaska	MN	AA	1
Circle Pines	MN	AA	1
Columbia Heights	MN	AA	1
Coon Rapids	MN	AA	1
Courtland	MN	AC	2
Courtland Township	MN	AC	2
Corcoran	MN	AA	1
Cottage Grove	MN	AA	1
Crystal	MN	AA	1
Dellwood	MN	AA	1
Denmark	MN	AA	1
Eagan	MN	AA	1
Eden Prairie	MN	AA	1
Edina	MN	AA	1
Falcon Heights	MN	AA	1
Fridley	MN	AA	1
Gem Lake	MN	AA	1
Golden Valley	MN	AA	1
Grant	MN	AA	1
Grey Cloud Island	MN	AA	1
Ham Lake	MN	AA	1
Hanover	MN	AA	1

D
Area
Served

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

Hastings	MN	AA	1
Helena	MN	AA	1
Hilltop	MN	AA	1
Hopkins	MN	AA	1
Hudson	WI	AE	1
Hugo	MN	AA	1
Inver Grove Heights	MN	AA	1
Jackson	MN	AA	1
Jordan	MN	AA	1
Lake Elmo	MN	AA	1
Lake St. Croix Beach	MN	AA	1
Lakeland	MN	AA	1
Lakeland Shores	MN	AA	1
Landfall	MN	AA	1
Lanesburgh	MN	AD	1
Lauderdale	MN	AA	1
Lexington	MN	AA	1
Lilydale	MN	AA	1
Lino Lakes	MN	AA	1
Little Canada	MN	AA	1
Louisville	MN	AA	1
Madelia	MN	AB	2
Mahtomedi	MN	AA	1
Manitowoc	WI	AF	1
Manitowoc Rapids	WI	AF	1
Maple Grove	MN	AA	1
Maplewood	MN	AA	1
Medicine Lake	MN	AA	1
Mendota	MN	AA	1
Mendota Heights	MN	AA	1
Minnetonka	MN	AA	1
Montrose	MN	AA	1
Mounds View	MN	AA	1
New Brighton	MN	AA	1
New Hope	MN	AA	1
New Prague	MN	AD	1
New Ulm	MN	AC	2
Newport	MN	AA	1
North Hudson	WI	AE	1
North Oaks	MN	AA	1
North St. Paul	MN	AA	1
Oak Grove	MN	AA	1
Oak Park Heights	MN	AA	1
Oakdale	MN	AA	1
Osseo	MN	AA	1
Pine Springs	MN	AA	1
Plymouth	MN	AA	1
Prescott	WI	AE	1
Ramsey	MN	AA	1
Richfield	MN	AA	1
River Falls	WI	AE	1
Robbinsdale	MN	AA	1
Rogers	MN	AA	1
Roseville	MN	AA	1
Sand Creek	MN	AA	1
Shakopee	MN	AA	1
Shoreview	MN	AA	1
South St. Paul	MN	AA	1
Spring Lake Park	MN	AA	1

St. Anthony	MN	AA	1
St. Louis Park	MN	AA	1
St. Mary's Point	MN	AA	1
St. Paul	MN	AA	1
St. Paul's Park	MN	AA	1
Stillwater	MN	AA	1
Stillwater TWP	MN	AA	1
Sunfish Lake	MN	AA	1
Town of Manitowoc	WI	AF	1
Town of Newton	WI	AF	1
Troy	WI	AE	1
University of Minnesota	MN	AA	1
Vadnais Heights	MN	AA	1
Waverly	MN	AA	1
West Lakeland	MN	AA	1
West St. Paul	MN	AA	1
White Bear Lake	MN	AA	1
White Bear TWP	MN	AA	1
Whitelaw	WI	AF	1
Willernie	MN	AA	1
Woodbury	MN	AA	1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.				SYSTEM ID# 004794	
E Secondary Transmission Service: Subscribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	222,876	35.63-58.25	Digital Converters DTA Converters HDTV Converter	16,838 105,573 521,873	0.50-11.95 0.50-11.95 0.50-11.95
	Motel, hotel Commercial Converter • Residential • Non-residential	26,214	35.63-122.45			
	F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.				
BLOCK 1			BLOCK 2			
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		2.99 - 19.99	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	\$ 100.00 \$ 100.00		
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter		\$ 100.00 \$ 100.00	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	12.00 - 100.00		

FORM SA3E, PAGE 3

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	Name		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G Primary Transmitters: Television		
CHANNEL LINE-UP AA					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCA-DT	34	E	No		St. Paul, MN
KTCA-DT-HD	34	E-M	No		St. Paul, MN
KTCA-DT2	34	E-M	No		St. Paul, MN
KTCA-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WFTC-DT7	29	I-M	No		Minneapolis, MN
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

See instructions for additional information on alphabetization.

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	Name
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.				004794	
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 AB					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT-HD	11	N	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KEYC-DT-HD	12	N-M	No		Mankato, MN
KEYC-DT2	12	I-M	No		Mankato, MN
KEYC-DT3	12	I-M	No		Mankato, MN
KEYC-DT-HD2	12	I-M	No		Mankato, MN
KEYC-DT4	12	I-M	No		Mankato, MN
KMNF-DT	7	N	No		Mankato, MN
KMNF-DTHD	7	N-M	No		Mankato, MN
KMNF-DT2	7	I-M	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	Yes	E	Minneapolis, MN
KMWE-DT	17	I	Yes	O	St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KTCA-DT	34	E	Yes	O	St. Paul, MN
KTCA-DT-HD	34	E-M	Yes	E	St. Paul, MN
KTCA-DT2	34	E-M	Yes	E	St. Paul, MN
KTCA-DT3	34	E-M	Yes	E	St. Paul, MN
KTCI-DT	26	E	Yes	O	St. Paul, MN
KTCI-DT-HD	26	E-M	Yes	E	St. Paul, MN
KTCI-DT3	26	E-M	Yes	E	St. Paul, MN
KTCI-DT2	26	E-M	Yes	E	St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	Name
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.				004794	
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 AC					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT-HD	11	N	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KEYC-DT-HD	12	N-M	No		Mankato, MN
KEYC-DT2	12	I-M	No		Mankato, MN
KEYC-DT3	12	I-M	No		Mankato, MN
KEYC-DT4	12	I-M	No		Mankato, MN
KEYC-DT-HD2	12	I-M	No		Mankato, MN
KMNF-DT	7	N	No		Mankato, MN
KMNF-DTHD	7	N-M	No		Mankato, MN
KMNF-DT2	7	I-M	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	Yes	O	St. Cloud, MN
KMWE-DTHD	17	I-M	Yes	E	St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KTCA-DT	34	E	Yes	O	St. Paul, MN
KTCA-DT-HD	34	E-M	Yes	E	St. Paul, MN
KTCA-DT2	34	E-M	Yes	E	St. Paul, MN
KTCA-DT3	34	E-M	Yes	E	St. Paul, MN
KTCI-DT	26	E	Yes	O	St. Paul, MN
KTCI-DT-HD	26	E-M	Yes	E	St. Paul, MN
KTCI-DT2	26	E-M	Yes	E	St. Paul, MN
KTCI-DT3	26	E-M	Yes	E	St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN

FORM SA3E PAGE 3

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		Name	
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		004794			
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.					
CHANNEL LINE-UP AD					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCA-DT	34	E	No		St. Paul, MN
KTCA-DT-HD	34	E-M	No		St. Paul, MN
KTCA-DT2	34	E-M	No		St. Paul, MN
KTCA-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WFTC-DT7	29	I-M	No		Minneapolis, MN
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#		Name	
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		004794			
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 AE					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCA-DT	34	E	No		St. Paul, MN
KTCA-DT-HD	34	E-M	No		St. Paul, MN
KTCA-DT2	34	E-M	No		St. Paul, MN
KTCA-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WFTC-DT7	29	I-M	No		Minneapolis, MN
WHWC-DT	27	E	No		Menomonie, WI
WHWC-HD	27	E-M	No		Menomonie, WI
WHWC-DT2	27	E-M	No		Menomonie, WI
WHWC-DT3	27	E-M	No		Menomonie, WI
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.				SYSTEM ID# 004794	Name
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.					G Primary Transmitters: Television
CHANNEL LINE-UP AF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WACY-DT	27	I	No		Green Bay, WI
WACY-DT-HD	27	I-M	No		Green Bay, WI
WACY-DT2	27	I-M	No		Green Bay, WI
WACY-DT3	27	I-M	No		Green Bay, WI
WBAY-DT	23	N	No		Green Bay, WI
WBAY-DT-HD	23	N-M	No		Green Bay, WI
WBAY-DT2	23	I-M	No		Green Bay, WI
WBAY-DT3	23	I-M	No		Green Bay, WI
WCWF-DT	21	I	No		Suring, WI
WCWF-DT-HD	21	I-M	No		Suring, WI
WCWF-DT2	21	I-M	No		Suring, WI
WCWF-DT3	21	I-M	No		Suring, WI
WFRV-DT	39	N	No		Green Bay, WI
WFRV-DT-HD	39	N-M	No		Green Bay, WI
WFRV-DT2	39	I-M	No		Green Bay, WI
WFRV-DT3	39	I-M	No		Green Bay, WI
WGBA-DT	41	N	No		Green Bay, WI
WGBA-DT-HD	41	N-M	No		Green Bay, WI
WGBA-DT2	41	N-M	No		Green Bay, WI
WGBA-DT3	41	N-M	No		Green Bay, WI
WLUK-DT	11	I	No		Green Bay, WI
WLUK-DT-HD	11	I-M	No		Green Bay, WI
WLUK-DT2	11	I-M	No		Green Bay, WI
WPNE-DT	42	E	No		Green Bay, WI
WPNE-DT-HD	42	E-M	No		Green Bay, WI
WPNE-DT2	42	E-M	No		Green Bay, WI
WPNE-DT3	42	E-M	No		Green Bay, WI
WPNE-DT4	42	E-M	No		Green Bay, WI

LOCATION OF STATION

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 57,058,534.29 (Amount of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 57,058,534.29 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 607,102.80		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ☒ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 2,571.19 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 18,123.96 Line 3. Add lines 1 and 2 and enter here. \$ 20,695.15		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 607,102.80 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 607,827.80		
EFT Trace # or TRANSACTION ID # 27QMI6HH			Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.
Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.	SYSTEM ID# 004794
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 84 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,002	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Julie Laine - Comcast Cable Communications, LLC Telephone 215-286-2334 Address One Comcast Center (Number, street, rural route, apartment, or suite number) Philadelphia, PA 19103 (City, town, state, zip) Email Licensing_Office_Inquiries@Comcast.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ☐ (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 ☒ (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  X /s/ Joseph Lance Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: JOSEPH LANCE Title: VICE PRESIDENT - REGULATORY ACCOUNTING (Title of official position held in corporation or partnership) Date: August 11, 2025	

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

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

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE**SCHEDULE**

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

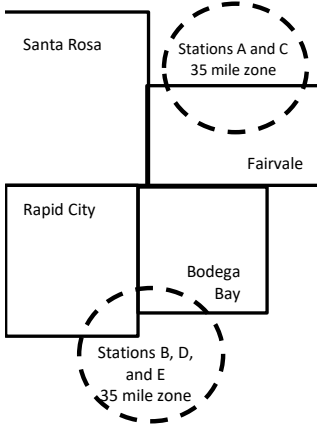
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

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

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



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

[illegible]

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.					SYSTEM ID# 004794		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
	÷	=	x	=				
	÷	=	x	=				
	÷	=	x	=				
	÷	=	x	=				
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, ▶					0.00			
4 Computation of DSEs for Substitute- Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
	÷	=			÷	=		
	÷	=			÷	=		
	÷	=			÷	=		
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ▶							0.00	
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●			▶	1.50			
	2. Number of DSEs from part 3 ●			▶	0.00			
	3. Number of DSEs from part 4 ●			▶	0.00			
TOTAL NUMBER OF DSEs							1.50	

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

DSE SCHEDULE. PAGE15.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)		\$ 57,058,534.29
Section 2	A. Enter the total DSEs from block B of part 7		0.00
	B. Enter the total number of exempt DSEs from block C of part 7		0.00
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.		\$ 0.00
• Is any portion of the cable system within a top 50 television market as defined by the FCC? ☒ Yes—Complete section 3 below. ☐ No—Complete section 4 below.			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 9 of this schedule. ☐ No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		\$
	B. Enter 0.00377 of gross receipts (the amount in section 1)		\$
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		\$
	D. Multiply line B by line C and enter here		\$
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		\$
	Syndicated Exclusivity Surcharge		\$
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		\$
	B. Enter 0.00377 of gross receipts (the amount in section 1)		\$
	C. Multiply line B by 3.000 and enter here		\$
	D. Enter 0.00178 of gross receipts (the amount in section 1)		\$
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here		\$
	F. Multiply line D by line E and enter here		\$
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		\$
	Syndicated Exclusivity Surcharge		\$
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 9 of this schedule. ☐ No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1)		\$
	B. Enter 0.00189 of gross receipts (the amount in section 1)		\$
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		\$
	D. Multiply line B by line C and enter here		\$
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		\$
	Syndicated Exclusivity Surcharge		\$

7

 Computation
of the
Syndicated
Exclusivity
Surcharge

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). ▶ \$ B. Enter 0.00189 of gross receipts (the amount in section 1). ▶ \$ C. Multiply line B by 3.000 and enter here. ▶ \$ D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ F. Multiply line D by line E and enter here ▶ \$ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. ▶ \$ 	
8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.		
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS			
• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 9 of this schedule. ☐ No—Complete the following sections.			
BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
Section 1		Enter the amount of gross receipts from space K (page 7). ▶ \$ 	
Section 2		Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 	
Section 3		If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. 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. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ - D. Multiply line B by line C and enter here. ▶ \$ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. ▶ \$ 0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	8	Computation of Base Rate Fee
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. 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. How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.) Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide. Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section: • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.		9	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc. SYSTEM ID# 004794
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.						SYSTEM ID# 004794		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA Minneapolis, Roseville, Brookly					COMMUNITY/ AREA Medelia/New Ulm						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations			
				KTCA-DT	[C]	0.25					
				KTCI-DT	[C]	0.25					
Total DSEs				0.00		Total DSEs				0.50	
Gross Receipts First Group				\$ 56,575,228.60		Gross Receipts Second Group				\$ 483,305.69	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 2,571.19	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts Third Group				\$ 0.00		Gross Receipts Fourth Group				\$ 0.00	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group				\$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 2,571.19					

Nonpermitted 3.75 Stations

Form SA3E Long Form (Rev. 05-17)

9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc. SYSTEM ID# 004794 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: ☒ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">FIRST SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">SECOND SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs </td><td style="padding: 5px;">Line 1: Enter the VHF DSEs </td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs </td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs </td></tr><tr><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation </td><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation </td></tr><tr><td style="padding: 5px;">SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ </td><td style="padding: 5px;">SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ </td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">THIRD SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">FOURTH SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs </td><td style="padding: 5px;">Line 1: Enter the VHF DSEs </td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs </td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs </td></tr><tr><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation </td><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation </td></tr><tr><td style="padding: 5px;">SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ </td><td style="padding: 5px;">SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ </td></tr></tbody></table> SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$	SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$
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CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

Cable ID #

Amount

Initials

Examined by

Reviewed by

Date examination
completed

Allocation number

Space A
Accounting
Period

(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace B
Owner☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace D
Area Served☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace E
Secondary
Transmission
Service
Subscribers:
and Rates☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace G
Primary
Transmitters:
Television☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace H
Primary
Transmitters:
Radio☐ Accepted☐ Phone call/Date/ContactSpace I
Substitute

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