

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

**SA3E**  
**Long Form**

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

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

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

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Office Licensing Division at  
(202) 707-8150.

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2025/1</b>																								
<b>B</b> Owner	<p><b>Instructions:</b></p> <p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>006814</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>Comcast of Maryland, LP</b> <b>SEE ATTACHED</b></p> <p style="text-align: right;"><b>00681420251</b></p> <p style="text-align: right;"><b>006814 2025/1</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"> <tr> <td>1</td> <td>IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td>2</td> <td>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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<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"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td><b>TOWSON</b></td> <td><b>MD</b></td> </tr> <tr> <td colspan="2">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><b>Aida</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> </table>			CITY OR TOWN	STATE	<b>TOWSON</b>	<b>MD</b>	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#	<b>Aida</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>
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**Privacy Act Notice:** Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Comcast of Maryland, LP****SYSTEM ID#**  
**006814**

**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#	D Area Served
TOWSON	MD	BA	1	First Community
ABERDEEN	MD	BC	1	
ABERDEEN PROVING GROUND	MD	BC	1	See instructions for additional information on alphabetization.
ABINGDON	MD	BC	1	
ALEXANDRIA	VA	AU	1	Add rows as necessary.
ALTA VISTA	VA	AD	1	
AMELIA	VA	BM	1	
AMHERST	VA	AG	3	
AMHERST COUNTY	VA	AG	3	
ANDREWS AFB	MD	AU	1	
ANNAPOLIS	MD	BE	1	
ANNE ARUNDEL COUNTY	MD	BE	1	
ANNE ARUNDEL COUNTY (SOUTH)	MD	AU	1	
ARBUS	MD	BA	1	
ARLINGTON COUNTY	VA	AU	1	
ARNOLD	MD	BE	1	
ASHBURN	VA	AR	1	
ASHLAND	VA	BM	1	
AUGUSTA COUNTY	VA	AO	1	
BALDWIN	MD	BC	1	
BALTIMORE	MD	BA	1	
BALTIMORE COUNTY	MD	BA	1	
BANCROFT	WV	BJ	1	
BARBOURSVILLE	WV	BJ	1	
BARNESVILLE	MD	AU	1	
BATH	WV	AY	10	
BEDFORD COUNTY (EAST)	VA	AK	1	
BEDFORD COUNTY (SOUTHWEST)	VA	AH	1	
BEL AIR TWP	MD	BC	1	
BELCAMP	MD	BC	1	
BENEDICT	MD	AU	1	
BERKELEY COUNTY	WV	AV	12	
BERLIN	MD	BK	1	
BERRYVILLE	VA	AJ	11	
BERWYN HEIGHTS	MD	AU	1	
BETHANY BEACH	DE	BH	1	
BETHEL	DE	BH	1	
BETHESDA	MD	AU	1	
BETHLEHEM	MD	BL	1	
BIVALVE	MD	BI	1	

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

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

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

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

LEIPSIC	DE	BG	18
LEONARDTOWN	MD	AU	1
LESAGE	WV	BJ	1
LEWES	DE	BH	1
LEXINGTON (ROCKBRIDGE COUNTY)	VA	AK	1
LEXINGTON CITY	VA	AK	1
LINCOLN	DE	BH	1
LINTHICUM	MD	BE	1
LISBON	MD	BB	1
LITTLE CREEK	DE	BG	18
LOCUST GROVE	VA	AZ	8
LOUDOUN COUNTY	VA	AR	1
LOUISA	VA	AB	1
LOUISA COUNTY (NORTH)	VA	AT	1
LOUISA COUNTY (SOUTH)	VA	AB	1
LOVETTSVILLE	VA	AR	1
LURAY	VA	AL	7
LUTHERVILLE	MD	BA	1
LYNCHBURG	VA	AK	1
LYNDHURST	VA	AO	1
MADISON COUNTY	VA	AA	1
MADISON TOWN	VA	AA	1
MAGNOLIA	DE	BG	15
MANASSAS	VA	AU	1
MANASSAS PARK	VA	AU	1
MANCHESTER	MD	BD	7
MARDELA SPRINGS	MD	BI	1
MARINE BARRACKS	DC	AU	1
MARIOTTVILLE	MD	BB	1
MARTINSBURG	WV	AV	12
MARTINSVILLE	VA	AD	1
MARYDEL	MD	BL	1
MARYLAND CITY	MD	BE	1
MCGAHEYSVILLE	VA	AO	1
MCKENNEY	VA	BM	1
MECHANICSVILLE	MD	AU	1
MECKLENBURG COUNTY	VA	AP	4
MERCER COUNTY	WV	AM	1
MIDDLE RIVER	MD	BA	1
MIDDLEBURG	VA	AR	1
MIDDLETOWN	MD	AF	1
MIDDLETOWN	VA	AJ	11
MILFORD	DE	BG	16
MILFORD (SOUTH)	DE	BH	1
MILLERSVILLE	MD	BE	1
MILTON	DE	BH	1
MINERAL	VA	AB	1
MONTCLAIR	VA	AU	1
MONTGOMERY COUNTY	MD	AU	1
MONTGOMERY COUNTY	VA	AH	1
MORGAN COUNTY	WV	AY	10
MORNINGSIDE	MD	AU	1
MOUNT AIRY (CARROLL)	MD	BD	1
MOUNT AIRY (FREDERICK)	MD	AF	1
MOUNT CLINTON	VA	AO	1
MOUNT CRAWFORD	VA	AO	1
MOUNT RAINER	MD	AU	1
MOUNT SIDNEY	VA	AO	1
MYERSVILLE	MD	AF	9

NANTICOKE	MD	BI	1
NEW CARROLLTON	MD	AU	1
NEW CASTLE COUNTY (SOUTH)	DE	BG	17
NEW HOPE	VA	AO	1
NEW MARKET	MD	AF	1
NEW WINDSOR	MD	BD	1
NORTH BEACH	MD	AU	1
NORTH BRENTWOOD	MD	AU	1
NORTH EAST	MD	BF	1
NORTH LAUREL	MD	BB	1
OCCOQUAN	VA	AU	1
OCEAN CITY	MD	BK	1
ODENTON	MD	BE	1
OLNEY	MD	AU	1
ORANGE	VA	AT	1
ORANGE COUNTY (EAST)	VA	AT	1
ORANGE COUNTY (WEST)	VA	AA	1
OVERLEA	MD	BA	1
OWINGS MILLS	MD	BA	1
PAEONIEN SPRING	VA	AR	1
PAGE COUNTY	VA	AL	7
PARKVILLE	MD	BA	1
PASADENA	MD	BE	1
PATRICK COUNTY	VA	AE	5
PERRY HALL	MD	BA	1
PERRYMAN	MD	BC	1
PERRYVILLE	MD	BF	1
PETERSBURG	VA	BM	1
PIKESVILLE	MD	BA	1
PITTSYLVANIA COUNTY (NORTH)	VA	AD	1
PITTSYLVANIA COUNTY (SOUTH)	VA	AC	1
POCA	WV	BJ	1
POCOHANTAS	VA	AM	1
POCOMOKE CITY	MD	BI	1
POOLESVILLE	MD	AU	1
POTOMAC	MD	AU	1
POWHATAN	VA	BM	1
PRESTON	MD	BL	1
PRINCE GEORGE	VA	BM	1
PRINCE GEORGE'S COUNTY	MD	AU	1
PRINCE WILLIAM COUNTY	VA	AU	1
PRINCESS ANNE	MD	BI	1
PRINCETON	WV	AM	1
PULASKI	VA	AH	1
PULASKI COUNTY	VA	AH	1
PURCELLVILLE	VA	AR	1
PUTNAM COUNTY	WV	BJ	1
QUANTICO	VA	AU	1
QUANTICO MARINE BASE	VA	AU	1
QUEEN ANNE	MD	BL	1
QUEEN ANNE'S COUNTY	MD	BL	1
QUEENSTOWN	MD	BL	1
RANDALLSTOWN	MD	BA	1
RANSON	WV	AV	10
RAPPAHANNOCK	VA	AQ	11
REHOBOTH BEACH	DE	BH	1
REIDS GROVE	MD	BI	1
REISTERSTOWN	MD	BA	1
RELIANCE	MD	BL	1

REMINGTON	VA	AW	1
REMINGTON WEST	VA	AR	1
RESTON	VA	AU	1
RICHMOND	VA	BM	1
RIDGELY	MD	BL	1
RIDGEWAY	VA	AD	1
RIVERDALE	MD	AU	1
ROANOKE COUNTY	VA	AH	1
ROCKBRIDGE COUNTY	VA	AK	1
ROCKINGHAM COUNTY	VA	AO	1
ROCKVILLE	MD	AU	1
ROCKY GAP	VA	AN	1
ROSEDALE	MD	BA	1
ROSEMONT VILLAGE	MD	AF	1
ROUND HILL	VA	AR	1
RUCKERSVILLE	VA	AA	1
SALEM	VA	AH	1
SALISBURY	MD	BI	1
SAVAGE	MD	BB	1
SEAFORD	DE	BH	1
SEAT PLEASANT	MD	AU	1
SECRETARY	MD	BI	1
SELBYVILLE	DE	BH	1
SEVERN	MD	BE	1
SEVERNA PARK	MD	BE	1
SHARPSBURG	MD	AF	7
SHARPTOWN	MD	BI	1
SHENANDOAH (PAGE COUNTY)	VA	AL	7
SHENANDOAH TOWN	VA	AL	7
SHEPHERDSTOWN	WV	AV	10
SHERWOOD FOREST	MD	BE	1
SILVER SPRING	MD	AU	1
SLAUGHTER BEACH	DE	BH	1
SMYRNA	DE	BG	14
SNOW HILL	MD	BI	1
SOMERSET	MD	AU	1
SOMERSET COUNTY	MD	BI	1
SOUTH BETHANY	DE	BH	1
SOUTH BOSTON	VA	AI	5
SOUTH HILL	VA	AP	6
SOUTH RIDING	VA	AR	1
SPOTSYLVANIA COUNTY	VA	AX	1
ST. CHARLES	MD	AU	1
ST. MARY'S	MD	AU	1
STAFFORD COUNTY	VA	AX	1
STANARDSVILLE	VA	AA	1
STANLEY TOWN	VA	AL	7
STAUNTON CITY	VA	AO	1
STEPHENS CITY	VA	AJ	11
STEPHENSON	VA	AJ	11
STERLING	VA	AR	1
STRASBURG	VA	AJ	11
STUART	VA	AE	5
STUARTS DRAFT	VA	AO	1
SUSSEX COUNTY (NORTHEAST)	DE	BH	1
SUSSEX COUNTY (SOUTHEAST)	DE	BK	1
SUSSEX COUNTY (SOUTHWEST)	DE	BI	1
SYKESVILLE	MD	BD	1
TAKOMA PARK	MD	AU	1

TANEYTOWN	MD	BD	7
TANYARD	MD	BL	1
TAZEWELL COUNTY	VA	AM	1
THE PLAINS	VA	AW	1
THURMONT	MD	AF	9
TIMBERVILLE	VA	AO	1
TIMONIUM	MD	BA	1
TRIANGLE	VA	AU	1
TROUTVILLE	VA	AH	1
UNION BRIDGE	MD	BD	1
UNIVERSITY PARK	MD	AU	1
UPPER MARLBORO	MD	AU	1
US NAVAL ACADEMY	MD	BE	1
US NAVAL SUPPORT FACILITY INDIAN HEAD	MD	AU	1
VIENNA	MD	BI	1
VIOLA	DE	BG	15
WALDORF	MD	AU	1
WALKERSVILLE	MD	AF	1
WALTER REED ARMY MEDICAL	DC	AU	1
WARREN COUNTY	VA	AJ	11
WARRENTON	VA	AW	1
WASHINGTON	DC	AU	1
WASHINGTON	VA	AJ	11
WASHINGTON COUNTY (EAST)	MD	AF	1
WASHINGTON COUNTY (WEST)	MD	AY	10
WASHINGTON GROVE	MD	AU	1
WAYNE COUNTY	WV	BJ	1
WAYNESBORO	VA	AO	1
WEST BETHESDA	MD	AU	1
WEST FRIENDSHIP	MD	BB	1
WESTMINSTER	MD	BD	1
WEYERS CAVE	VA	AO	1
WHEATON	MD	AU	1
WICOMICO COUNTY	MD	BI	1
WILLIAMSPORT	MD	AF	9
WINCHESTER	VA	AJ	11
WINFIELD	WV	BJ	1
WOODBINE	MD	BB	1
WOODBRIDGE	VA	AU	1
WOODLAWN	MD	BA	1
WOODSBORO	MD	AF	1
WOODSIDE	DE	BG	15
WORCESTER COUNTY (NORTHEAST)	MD	BK	1
WORCESTER COUNTY (SOUTHWEST)	MD	BI	1
WYOMING	DE	BG	15
YANCEYVILLE	NC	AE	1

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>						SYSTEM ID# <b>006814</b>	Name  <b>G</b>  Primary Transmitters: Television
PRIMARY TRANSMITTERS: TELEVISION							
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>							
<b>CHANNEL LINE-UP AA</b>							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WCAV-DT	19	N	No		Charlottesville, VA	See instructions for additional information on alphabetization.	
WCAV-DTHD	19	N-M	No		Charlottesville, VA		
WCAV-DT3	19	I-M	No		Charlottesville, VA		
WCAV-DT3HD	19	I-M	No		Charlottesville, VA		
WHTJ-DT	46	E	No		Charlottesville, VA		
WHTJ-DTHD	46	E-M	No		Charlottesville, VA		
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA		
WHTJ-DT2	46	E-M	No		Charlottesville, VA		
WHTJ-DT3	46	E-M	No		Charlottesville, VA		
WNVC-DT	46	E	No		Culpeper, VA		
WVAW-LP	16	N	No		Charlottesville, VA		
WVAW-DTHD	16	N-M	No		Charlottesville, VA		
WVAW-DT2	16	I-M	No		Charlottesville, VA		
WVAW-DT3	16	I-M	No		Charlottesville, VA		
WVIR-DT	32	N	No		Charlottesville, VA		
WVIR-DTHD	32	N-M	No		Charlottesville, VA		
WVIR-DT2	32	I-M	No		Charlottesville, VA		
WVIR-DT3	32	I-M	No		Charlottesville, VA		
WVIR-DT3HD	32	I-M	No		Charlottesville, VA		

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



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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP AE</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBRA-DTHD	3	E	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WCWG-DT	31	I	No		Lexington, NC	
WCWG-HD	31	I-M	No		Lexington, NC	
WCWG-DT2	31	I-M	No		Lexington, NC	
WDBJ-DT	18	N	No		Roanoke, VA	
WFMY-DT	51	N	No		Greensboro, NC	
WFMY-DTHD	51	N-M	No		Greensboro, NC	

WFMY-DT2	51	I-M	No		Greensboro, NC
WFMY-DT4	51	I-M	No		Greensboro, NC
WGHP-DT	35	N	No		High Point, NC
WGHP-DTHD	35	N-M	No		High Point, NC
WGHP-DT2	35	I-M	No		High Point, NC
WGHP-DT3	35	I-M	No		High Point, NC
WGFX-DT	14	I	No		Burlington, NC
WGFX-DTHD	14	I-M	No		Burlington, NC
WMYV-DT	33	I	No		Greensboro, NC
WMYV-DTHD	33	I-M	No		Greensboro, NC
WMYV-DT2	33	I-M	No		Greensboro, NC
WMYV-DT3	33	I-M	No		Greensboro, NC
WSET-DT	13	N	No		Lynchburg, VA
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC
WXII-DT	31	N	No		Winston-Salem, NC
WXII-DTHD	31	N-M	No		Winston-Salem, NC
WXII-DT2	31	I-M	No		Winston-Salem, NC
WXII-DT3	31	I-M	No		Winston-Salem, NC
WXLV-DT	29	N	No		Winston-Salem, NC
WXLV-DTHD	29	N-M	No		Winston-Salem, NC
WXLV-DT2	29	I-M	No		Winston-Salem, NC
WXLV-DT3	29	I-M	No		Winston-Salem, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP AF</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBAL-DT	11	N	No		Baltimore, MD	
WDCA-DT	35	I	No		Washington, DC	
WDCA-DT2	35	I-M	No		Washington, DC	
WDCA-DT3	35	I-M	No		Washington, DC	
WDCA-DT4	35	I-M	No		Washington, DC	
WDCA-DTHD	35	I-M	No		Washington, DC	
WDCW-DT	15	I	No		Washington, DC	
WDCW-DT2	15	I-M	No		Washington, DC	
WDCW-DTHD	15	I-M	No		Washington, DC	
WDME-DT	20	I	No		Washington, DC	

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







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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b> <b>In General:</b> 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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <b>Column 1:</b> 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). <b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> 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. <b>Column 5:</b> 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. <b>Column 6:</b> 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. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.					<b>G</b>	<b>Primary Transmitters: Television</b>
<b>CHANNEL LINE-UP AH</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBRA-DT	3	E	No		Roanoke, VA	
WBRA-DTHD	3	E-M	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WDBJ-DT	18	N	No		Roanoke, VA	
WDBJ-DTHD	18	N-M	No		Roanoke, VA	
WDBJ-DT3	18	I-M	No		Roanoke, VA	
WDBJ-DT4	18	I-M	No		Roanoke, VA	
WFXR-DT	17	I	No		Roanoke, VA	
WFXR-DTHD	17	I-M	No		Roanoke, VA	
WFXR-DT2	17	I-M	No		Roanoke, VA	
WFXR-DT3	17	I-M	No		Roanoke, VA	
WPXR-DT	36	I	No		Roanoke, VA	
WPXR-DTHD	36	I-M	No		Roanoke, VA	
WSET-DT	13	N	No		Lynchburg, VA	
WSET-DTHD	13	N-M	No		Lynchburg, VA	
WSET-DT2	13	I-M	No		Lynchburg, VA	
WSET-DT3	13	I-M	No		Lynchburg, VA	
WSLS-DT	30	N	No		Roanoke, VA	
WSLS-DTHD	30	N-M	No		Roanoke, VA	
WSLS-DT2	30	I-M	No		Roanoke, VA	
WSLS-DT3	30	I-M	No		Roanoke, VA	
WWCW-DT	20	I	No		Lynchburg, VA	
WWCW-DTHD	20	I-M	No		Lynchburg, VA	
WWCW-DT3	20	I-M	No		Lynchburg, VA	
WWCW-DT2	20	I-M	No		Lynchburg, VA	
WZBJ-DT	18	I	No		Danville, VA	
WZBJ-DTHD	18	I-M	No		Danville, VA	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					<b>G</b> Primary Transmitters: Television	
<b>CHANNEL LINE-UP AI</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBRA-DT	3	E	No		Roanoke, VA	
WBRA-DTHD	3	E-M	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WDBJ-DT	18	N	No		Roanoke, VA	
WDBJ-DTHD	18	N-M	No		Roanoke, VA	
WDBJ-DT3	18	I-M	No		Roanoke, VA	
WDBJ-DT4	18	I-M	No		Roanoke, VA	
WFXR-DT	17	I	No		Roanoke, VA	
WFXR-DTHD	17	I-M	No		Roanoke, VA	
WFXR-DT2	17	I-M	No		Roanoke, VA	
WFXR-DT3	17	I-M	No		Roanoke, VA	
WPXR-DT	36	I	No		Roanoke, VA	
WPXR-DTHD	36	I-M	No		Roanoke, VA	
WSET-DT	13	N	No		Lynchburg, VA	
WSET-DTHD	13	N-M	No		Lynchburg, VA	
WSET-DT2	13	I-M	No		Lynchburg, VA	
WSET-DT3	13	I-M	No		Lynchburg, VA	
WSLS-DT	30	N	No		Roanoke, VA	
WSLS-DTHD	30	N-M	No		Roanoke, VA	
WSLS-DT2	30	I-M	No		Roanoke, VA	
WSLS-DT3	30	I-M	No		Roanoke, VA	
WUNC-DT	25	E	Yes	O	Chapel Hill, NC	
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC	
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC	
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC	
WWCW-DT	20	I	No		Lynchburg, VA	
WWCW-DTHD	20	I-M	No		Lynchburg, VA	
WWCW-DT3	20	I-M	No		Lynchburg, VA	
WWCW-DT2	20	I-M	No		Lynchburg, VA	
WZBJ-DT	18	I	No		Danville, VA	
WZBJ-DTHD	18	I-M	No		Danville, VA	



SYSTEM ID# <b>006814</b>					Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AK</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT2	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WVPT-DT	11	E	No		Staunton, VA
WVPT-DTHD	11	E-M	No		Staunton, VA
WVPT-DT2	11	E-M	No		Staunton, VA
WVPT-DT3	11	E-M	No		Staunton, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WVPY-DT2	21	E	No		New Market, VA
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT2	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
<b>CHANNEL LINE-UP AM</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBRA-DT	3	E	No		Roanoke, VA	
WBRA-DTHD	3	E-M	No		Roanoke, VA	
WBRA-DT2	3	E-M	No		Roanoke, VA	
WBRA-DT3	3	E-M	No		Roanoke, VA	
WBRA-DT4	3	E-M	No		Roanoke, VA	
WLFB-DT	40	I	No		Bluefield, WV	
WOAY-DT	50	N	No		Oak Hill, WV	
WOAY-DTHD	50	N-M	No		Oak Hill, WV	
WOAY-DT2	50	N-M	No		Oak Hill, WV	
WSWP-DT	10	E	No		Grandview, WV	

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

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

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



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>		Name	
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP AP</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCVE-DT	42	E	Yes	O	Richmond, VA
WCVE-DTHD	42	E-M	Yes	E	Richmond, VA
WCVE-DT2	42	E-M	Yes	E	Richmond, VA
WFPX-DT	36	I	No		Archer Lodge, NC
WFPX-DTHD	36	I-M	No		Archer Lodge, NC
WLFL-DT	27	I	Yes	O	Raleigh, NC
WLFL-DTHD	27	I-M	Yes	E	Raleigh, NC
WLFL-DT2	27	I-M	Yes	O	Raleigh, NC
WLFL-DT3	27	I-M	Yes	O	Raleigh, NC
WNCN-DT	17	N	Yes	O	Goldsboro, NC
WNCN-DTHD	17	N-M	Yes	E	Goldsboro, NC
WNCN-DT3	17	I-M	Yes	O	Goldsboro, NC
WNCN-DT2	17	I-M	Yes	O	Goldsboro, NC
WNVT-DT	42	E	Yes	O	Spotsylvania, VA
WRAL-DT	48	N	No		Raleigh, NC
WRAL-DTHD	48	N-M	No		Raleigh, NC
WRAL-DT2	48	I-M	No		Raleigh, NC
WRAY-DT	25	I	No		Wake Forest, NC
WRAY-DTHD	25	I-M	No		Wake Forest, NC
WRAZ-DT	49	I	No		Raleigh, NC
WRAZ-DTHD	49	I-M	No		Raleigh, NC
WRAZ-DT2HD	49	I-M	No		Raleigh, NC
WRDC-DT	28	I	Yes	O	Raleigh, NC
WRDC-DTHD	28	I-M	Yes	E	Raleigh, NC
WRDC-DT2	28	I-M	Yes	O	Raleigh, NC
WRPX-DT	15	I	No		Rocky Mount, NC
WRPX-DTHD	15	I-M	No		Rocky Mount, NC
WTVD-DT	11	N	No		Durham, NC
WTVD-DTHD	11	N-M	No		Durham, NC
WTVD-DT2HD	11	N-M	No		Durham, NC
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT3	25	E-M	Yes	E	Chapel Hill, NC
WWBT-DT	12	N	Yes	O	Richmond, VA



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

WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WPXW-DT	34	I	No		Manassas, VA
WPXW-DTHD	34	I-M	No		Manassas, VA
WPXW-DT2HD	34	I-M	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT2	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD




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





LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>						<b>SYSTEM ID#</b> <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>							
<b>In General:</b> 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.							
<b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>							
<b>Column 1:</b> 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).							
<b>Column 2:</b> 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.							
<b>Column 3:</b> 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.							
<b>Column 4:</b> 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.							
<b>Column 5:</b> 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.							
<b>Column 6:</b> 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.							
<b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
<b>CHANNEL LINE-UP</b> <b>AV</b>							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WDCA-DT	35	I	No		Washington, DC		
WDCA-DTHD	35	I-M	No		Washington, DC		
WDCA-DT2	35	I-M	No		Washington, DC		
WDCA-DT3	35	I-M	No		Washington, DC		
WDCA-DT4	35	I-M	No		Washington, DC		
WDCW-DT	15	I	No		Washington, DC		
WDCW-DTHD	15	I-M	No		Washington, DC		
WDCW-DT2	15	I-M	No		Washington, DC		
WDME-DT	20	I	No		Washington, DC		
WDME-DTHD	20	I-M	No		Washington, DC		

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



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



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>						<b>SYSTEM ID#</b> <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>							
<b>In General:</b> 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.							
<b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>							
<b>Column 1:</b> 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).							
<b>Column 2:</b> 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.							
<b>Column 3:</b> 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.							
<b>Column 4:</b> 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.							
<b>Column 5:</b> 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.							
<b>Column 6:</b> 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.							
<b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
<b>CHANNEL LINE-UP AY</b>							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WDCA-DT	35	I	No		Washington, DC		
WDCA-DTHD	35	I-M	No		Washington, DC		
WDCA-DT2	35	I-M	No		Washington, DC		
WDCA-DT3	35	I-M	No		Washington, DC		
WDCA-DT4	35	I-M	No		Washington, DC		
WDCW-DT	15	I	No		Washington, DC		
WDCW-DTHD	15	I-M	No		Washington, DC		
WDCW-DT2	15	I-M	No		Washington, DC		
WDME-DT	20	I	No		Washington, DC		
WDME-DTHD	20	I-M	No		Washington, DC		

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


<p>LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b></p> <p><b>SYSTEM ID#</b> <b>006814</b></p>						<b>Name</b>
<p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<b>G</b> Primary Transmitters: Television
<b>CHANNEL LINE-UP AZ</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCAV-DT	19	N	No		Charlottesville, VA	
WCAV-DTHD	19	N-M	No		Charlottesville, VA	
WCAV-DT3HD	19	I-M	No		Charlottesville, VA	
WCAV-DT3	19	I-M	No		Charlottesville, VA	
WDCA-DT	35	I	Yes	O	Washington, DC	
WETA-DT	27	E	No		Washington, DC	
WETA-DTHD	27	E-M	No		Washington, DC	
WETA-DT2HD	27	E-M	No		Washington, DC	
WETA-DT5HD	27	E-M	No		Washington, DC	
WETA-DT3	27	E-M	No		Washington, DC	
WHTJ-DT	46	E	No		Charlottesville, VA	
WHTJ-DTHD	46	E-M	No		Charlottesville, VA	
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA	
WHTJ-DT2	46	E-M	No		Charlottesville, VA	
WHTJ-DT3	46	E-M	No		Charlottesville, VA	
WJLA-DT	7	N	No		Washington, DC	
WJLA-DTHD	7	N-M	No		Washington, DC	
WNVC-DT	46	E	No		Culpeper, VA	
WRC-DT	48	N	No		Washington, DC	
WRC-DTHD	48	N-M	No		Washington, DC	
WTTG-DT	36	I	No		Washington, DC	
WTTG-DTHD	36	I-M	No		Washington, DC	
WUSA-DT	9	N	No		Washington, DC	
WUSA-DTHD	9	N-M	No		Washington, DC	
WVAW-LP	16	N	No		Charlottesville, VA	
WVAW-DTHD	16	N-M	No		Charlottesville, VA	
WVAW-DT2	16	I-M	No		Charlottesville, VA	
WVAW-DT3	16	I-M	No		Charlottesville, VA	
WVIR-DT	32	N	No		Charlottesville, VA	
WVIR-DTHD	32	N-M	No		Charlottesville, VA	
WVIR-DT2	32	I-M	No		Charlottesville, VA	
WVIR-DT3HD	32	I-M	No		Charlottesville, VA	
WVIR-DT3	32	I-M	No		Charlottesville, VA	

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

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

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

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

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

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>				SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> 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), 76.51(e)(2) and (4), or 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> 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-A". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> 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 an explanation of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is located in the local service area, (i.e., "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP BG</b>					
1. CALL SIGN	2. BCAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KYW-DT	26	N	No		PHILADELPHIA, PA
KYW-DTHD	26	N-M	No		PHILADELPHIA, PA
KYW-DT2	26	I-M	No		PHILADELPHIA, PA
KYW-DT3	26	I-M	No		PHILADELPHIA, PA
WACP-DT	4	I	No		ATLANTIC CITY, NJ
WACP-DTHD	4	I-M	No		ATLANTIC CITY, NJ
WBOC-DT	21	N	Yes	O	SALISBURY, MD
WBOC-DT2	21	I-M	Yes	E	SALISBURY, MD
WBOC-DTHD	21	N-M	Yes	E	SALISBURY, MD
WBOC-DT2HD	21	I-M	Yes	E	SALISBURY, MD
WBOC-DT3HD	21	I-M	Yes	O	SALISBURY, MD
WBPH-DT	9	I	No		BETHLEHEM, PA
WBPH-DTHD	9	I-M	No		BETHLEHEM, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WCAU-DTHD	34	N-M	No		PHILADELPHIA, PA
WCAU-DT2	34	I-M	No		PHILADELPHIA, PA
WCAU-DT3	34	I-M	No		PHILADELPHIA, PA
WDPN-DT	2	I	No		WILMINGTON, DE
WDPN-DTHD	2	I-M	No		WILMINGTON, DE
WDPN-DT4	2	I-M	No		WILMINGTON, DE
WDPN-DT6	2	I-M	No		WILMINGTON, DE
WFMZ-DT	9	I	No		ALLENTOWN, PA
WFMZ-DTHD	9	I-M	No		ALLENTOWN, PA
WFMZ-DT2	9	I-M	No		ALLENTOWN, PA
WHYY-DT	12	E	Yes	O	WILMINGTON, DE
WHYY-DTHD	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT2	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT3	12	E-M	Yes	E	WILMINGTON, DE
WLVT-DT	9	E	Yes	O	ALLENTOWN, PA
WLVT-DT-HD	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT2	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT3	9	E-M	Yes	E	ALLENTOWN, PA
WMCN-DT	12	I	No		PRINCETON, NJ
WMCN-DTHD	12	I-M	No		PRINCETON, NJ
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WMDT-DT	47	N	Yes	O	SALISBURY, MD
WMDT-DTHD	47	N-M	Yes	E	SALISBURY, MD
WPHL-DT	17	I	No		PHILADELPHIA, PA
WPHL-DTHD	17	I-M	No		PHILADELPHIA, PA
WPHL-DT2	17	I-M	No		PHILADELPHIA, PA
WPHL-DT3	17	I-M	No		PHILADELPHIA, PA
WPHL-DT4	17	I-M	No		PHILADELPHIA, PA
WPPT-DT	9	I	No		PHILADELPHIA, PA
WPPT-DT2	9	I-M	No		PHILADELPHIA, PA
WPX-DT	31	I	No		WILMINGTON, DE
WPX-DTHD	31	I-M	No		WILMINGTON, DE
WPSG-DT	32	I	No		PHILADELPHIA, PA
WPSG-DTHD	32	I-M	No		PHILADELPHIA, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WPVI-DTHD	6	N-M	No		PHILADELPHIA, PA
WPVI-DT2HD	6	N-M	No		PHILADELPHIA, PA
WTVE-DT	25	I	No		READING, PA
WTVE-DTHD	25	I-M	No		READING, PA
WTXF-DT	42	I	No		PHILADELPHIA, PA
WTXF-DTHD	42	I-M	No		PHILADELPHIA, PA
WTXF-DT2	42	I-M	No		PHILADELPHIA, PA
WTXF-DT3	42	I-M	No		PHILADELPHIA, PA
WTXF-DT4	42	I-M	No		PHILADELPHIA, PA
WTXF-DT5	42	I-M	No		PHILADELPHIA, PA

**G**Primary  
Transmitters:  
Television





LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>	Name		
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
<b>CHANNEL LINE-UP</b> <b>BJ</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS-DT	41	N	No		CHARLESTON, WV
WCHS-DTHD	41	N-M	No		CHARLESTON, WV
WCHS-DT2	41	I-M	No		CHARLESTON, WV
WCHS-DT4	41	I-M	No		CHARLESTON, WV
WCHS-DT4HD	41	I-M	No		CHARLESTON, WV
WKAS-DT	26	E	No		ASHLAND, KY
WKAS-DTHD	26	E-M	No		ASHLAND, KY
WKAS-DT2HD	26	E-M	No		ASHLAND, KY
WKAS-DT2	26	E-M	No		ASHLAND, KY
WKAS-DT3	26	E-M	No		ASHLAND, KY
WLPX-DT	39	I	No		CHARLESTON, WV
WLPX-DTHD	39	I-M	No		CHARLESTON, WV
WOWK-DT	13	N	No		HUNTINGTON, WV
WOWK-DTHD	13	N-M	No		HUNTINGTON, WV
WOWK-DT2	13	I-M	No		HUNTINGTON, WV
WOWK-DT3	13	I-M	No		HUNTINGTON, WV
WQCW-DT	17	I	No		PORTSMOUTH, OH
WQCW-DTHD	17	I-M	No		PORTSMOUTH, OH
WQCW-DT2	17	I-M	No		PORTSMOUTH, OH
WQCW-DT3	17	I-M	No		PORTSMOUTH, OH
WSAZ-DT	23	N	No		HUNTINGTON, WV
WSAZ-DTHD	23	N-M	No		HUNTINGTON, WV
WSAZ-DT2	23	I-M	No		HUNTINGTON, WV
WSAZ-DT3	23	I-M	No		HUNTINGTON, WV
WVAH-DT	19	I	No		CHARLESTON, WV
WVAH-DT2	19	I-M	No		CHARLESTON, WV
WVAH-DT3	19	I-M	No		CHARLESTON, WV
WVPB-DT	34	E	No		HUNTINGTON, WV
WVPB-DTHD	34	E-M	No		HUNTINGTON, WV
WVPB-DT2HD	34	E-M	No		HUNTINGTON, WV
WVPB-DT2	34	E-M	No		HUNTINGTON, WV

**G**Primary  
Transmitters:  
Television



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>	Name		
PRIMARY TRANSMITTERS: TELEVISION					
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O". For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>				<b>G</b>	
<b>CHANNEL LINE-UP BL</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DT2	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMAR-DT4	38	I-M	No		BALTIMORE, MD
WMDT-DT	47	N	No		SALISBURY, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WUTB-DT3	46	I	No		BALTIMORE, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>					SYSTEM ID# <b>006814</b>	Name
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
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<b>CHANNEL LINE-UP BM</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCVE-DT	42	E	No		Richmond, VA	
WCVE-DTHD	42	E-M	No		Richmond, VA	
WCVE-DT2	42	E-M	No		Richmond, VA	
WCVE-DT3	42	E-M	No		Richmond, VA	
WCVW-DT	29	E	No		Richmond, VA	
WCVW-DTHD	29	E-M	No		Richmond, VA	
WNVT-DT	42	E	No		Spotsylvania, VA	
WRIC-DT	22	N	No		Petersburg, VA	
WRIC-DTHD	22	N-M	No		Petersburg, VA	
WRIC-DT3	22	I-M	No		Petersburg, VA	
WRIC-DT2	22	I-M	No		PETERSBURG, VA	
WRLH-DT	26	I	No		Richmond, VA	
WRLH-DTHD	26	I-M	No		Richmond, VA	
WRLH-DT2	26	I-M	No		Richmond, VA	
WRLH-DT3	26	I-M	No		Richmond, VA	
WTVR-DT	25	N	No		Richmond, VA	
WTVR-DTHD	25	N-M	No		Richmond, VA	
WTVR-DT2	25	I-M	No		Richmond, VA	
WTVR-DT3	25	I-M	No		Richmond, VA	
WUPV-DT	47	I	No		Ashland, VA	
WUPV-DTHD	47	I-M	No		Ashland, VA	
WUPV-DT2	47	I-M	No		Ashland, VA	
WUPV-DT3	47	I-M	No		Ashland, VA	
WWBT-DT	12	N	No		Richmond, VA	
WWBT-DTHD	12	N-M	No		Richmond, VA	
WWBT-DT2	12	I-M	No		Richmond, VA	
WWBT-DT3	12	I-M	No		Richmond, VA	

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







LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</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>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>\$ 213,624,841.26</b>            (Amount of gross receipts)         </div>			
<b>K</b> <b>Gross Receipts</b>			
<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> <ul style="list-style-type: none"> <li>► 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.</li> <li>► 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.</li> <li>► 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.</li> </ul>			
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. <b>\$ 213,624,841.26</b> Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. <b>\$ 2,272,968.31</b>		
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 checked="" 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 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. <b>\$ 170,329.35</b> 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. <b>\$ 11,605.95</b> Line 3. Add lines 1 and 2 and enter here. <b>\$ 181,935.30</b>		
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. <b>\$ 2,272,968.31</b> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <b>\$ 0.00</b> Line 3. <b>Line 3. INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) .... <b>\$ 0.00</b> Line 4. <b>FILING FEE</b> .... <b>\$ 725.00</b> <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here .... <b>\$ 2,273,693.31</b>		
<b>EFT Trace # or TRANSACTION ID #</b> <input type="text" value="27QL7U32"/>			
<small><a href="#">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.)</a></small>			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>	SYSTEM ID# <b>006814</b>
<b>M</b> Channels	<b>CHANNELS</b> <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>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>369</b></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>1,035</b></p>	
<b>N</b> Individual to Be Contacted for Further Information	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.) <p>Name <b>JULIE LANE</b> ..... Telephone <b>215-286-2334</b></p> <p>Address <b>COMCAST CABLE COMMUNICATIONS, LLC, ONE COMCAST CENTER</b> (Number, street, rural route, apartment, or suite number)</p> <p><b>PHILADELPHIA, PA 19103</b> (City, town, state, zip)</p> <p>Email <b>LICENSING_OFFICE_INQUIRIES@COMCAST.C</b> Fax (optional).....</p>	
<b>O</b> Certification	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.) <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <p>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</p> <p> <b>X</b> <b>/s/ Joseph Lance</b></p> <p>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>Title: <b>VICE PRESIDENT - REGULATORY ACCOUNTING</b> (Title of official position held in corporation or partnership)</p> <p>Date: <b>August 11, 2025</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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>	Name										
<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: 20px;">"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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name .....</td> <td style="width: 50%;">Name .....</td> </tr> <tr> <td>Mailing Address .....</td> <td>Mailing Address .....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>				Name .....	Name .....	Mailing Address .....	Mailing Address .....	.....	.....	.....	.....		
Name .....	Name .....												
Mailing Address .....	Mailing Address .....												
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.....	.....												
<p><b>P</b></p> <p><b>Special Statement Concerning Gross Receipts Exclusion</b></p>													
<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="text-align: right;">.....</p> <p style="text-align: right;">X .....</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here .....</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">X .....</p> <p style="text-align: right;">days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here .....</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">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="text-align: right;">..... \$ .....</p> <p style="text-align: right;">(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 licensing@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Owner .....</td> <td style="width: 50%;">.....</td> </tr> <tr> <td>Address .....</td> <td>.....</td> </tr> <tr> <td>First community served .....</td> <td>.....</td> </tr> <tr> <td>Accounting period .....</td> <td>.....</td> </tr> <tr> <td>ID number .....</td> <td>.....</td> </tr> </table>				Owner .....	.....	Address .....	.....	First community served .....	.....	Accounting period .....	.....	ID number .....	.....
Owner .....	.....												
Address .....	.....												
First community served .....	.....												
Accounting period .....	.....												
ID number .....	.....												
<p><b>Q</b></p> <p><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.

**INSTRUCTIONS FOR DSE SCHEDULE****WHAT IS A "DSE"**

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

**FORMULAS FOR COMPUTING A STATION'S DSE**

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

**BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED****IN SPACE G OF SA3E (LONG FORM)**

**Step 1:** Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is ..... 1.00
- **Network:** its type-value is ..... 0.25
- **Noncommercial educational:** its type-value is ..... 0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

**SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)**

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

**TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

**THE ROYALTY FEE**

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

**The 3.75 Fee.** If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

**The Syndicated Exclusivity Surcharge.** Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

**The Minimum Fee/Base Rate Fee/3.75 Percent Fee.** All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

**NOTE:** If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

**Substitution of Grandfathered Stations.** Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

**COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE**

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

**COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE**

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block B, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

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

DSE SCHEDULE. PAGE 11. (CONTINUED)

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Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>						SYSTEM ID# <b>006814</b>	
<b>3</b>  Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<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.)								
	<b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>								
	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	=			
<b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b>								<b>0.00</b>	
Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, ..... ➤									
<b>4</b>  Computation of DSEs for Substitute-Basis Stations	<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).								
	<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>								<b>0.00</b>
Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ..... ➤									
<b>5</b>  Total Number of DSEs	<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.								
	1. Number of DSEs from part 2 •				►				<b>13.50</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>13.50</b>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>	Name					
<b>Instructions:</b> Block A must be completed. In block A: <ul style="list-style-type: none"> <li>• 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.</li> <li>• If your answer if "No," complete blocks B and C below.</li> </ul>								
<b>BLOCK A: TELEVISION MARKETS</b>								
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? <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.								
<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>								
Column 1: CALL SIGN	List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)							
Column 2: BASIS OF PERMITTED CARRIAGE	Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) [76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)] C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.							
Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. <b>*Note:</b> 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
<b>WBOC-DT</b>	<b>A,D</b>	<b>0.25</b>	<b>WHUT-DT</b>	<b>C</b>	<b>0.25</b>	<b>WMDT-DT</b>	<b>D</b>	<b>0.25</b>
<b>WBOC-DT3HD</b>	<b>M</b>	<b>1.00</b>	<b>WHYY-DT</b>	<b>D</b>	<b>0.25</b>	<b>WNCN-DT</b>	<b>A</b>	<b>0.25</b>
<b>WCVE-DT</b>	<b>A, C</b>	<b>0.25</b>	<b>WLFL-DT</b>	<b>A</b>	<b>1.00</b>	<b>WNCN-DT2</b>	<b>M</b>	<b>1.00</b>
<b>WCWV-DT</b>	<b>C</b>	<b>0.25</b>	<b>WLFL-DT2</b>	<b>M</b>	<b>1.00</b>	<b>WNCN-DT3</b>	<b>M</b>	<b>1.00</b>
<b>WDCA-DT</b>	<b>A</b>	<b>1.00</b>	<b>WLFL-DT3</b>	<b>M</b>	<b>1.00</b>	<b>WNPB-DT</b>	<b>C</b>	<b>0.25</b>
<b>WETA-DT</b>	<b>C,D</b>	<b>0.25</b>	<b>WLVT-DT</b>	<b>C</b>	<b>0.25</b>	<b>WNVT-DT</b>	<b>C</b>	<b>0.25</b>
<b>12.50</b>								
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>								
Line 1: Enter the total number of DSEs from part 5 of this schedule ..... Line 2: Enter the sum of permitted DSEs from block B above ..... Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ..... Line 4: Enter gross receipts from space K (page 7) ..... <b>x 0.0375</b> Line 5: Multiply line 4 by 0.0375 and enter sum here ..... <b>x</b> 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) ..... <b>0.00</b>								
<b>Do any of the DSEs represent partially permitted/ partially nonpermitted carriage?</b> <b>If yes, see part 9 instructions.</b>								





LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>	Name
<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>			
Section 1	Enter the amount of gross receipts from space K (page 7) ..... ► \$ <b>213,624,841.26</b>		
Section 2	A. Enter the total DSEs from block B of part 7 ..... ► <b>0.00</b> B. Enter the total number of exempt DSEs from block C of part 7 ..... ► <b>0.00</b> C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> ..... ► \$ <b>0.00</b>		
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.			
<b>SECTION 3: TOP 50 TELEVISION MARKET</b>			
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1) ..... ► \$ <b> </b> B. Enter 0.00377 of gross receipts (the amount in section 1) ..... ► \$ <b> </b> C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ..... ► \$ <b> </b> D. Multiply line B by line C and enter here ..... ► \$ <b> </b> E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> ..... ► \$ <b> </b>		
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> </b> B. Enter 0.00377 of gross receipts (the amount in section 1) ..... ► \$ <b> </b> C. Multiply line B by 3.000 and enter here ..... ► \$ <b> </b> D. Enter 0.00178 of gross receipts (the amount in section 1) ..... ► \$ <b> </b> E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here ..... ► \$ <b> </b> F. Multiply line D by line E and enter here ..... ► \$ <b> </b> 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) <b>Syndicated Exclusivity Surcharge</b> ..... ► \$ <b> </b>		
<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) ..... ► \$ <b> </b> B. Enter 0.00189 of gross receipts (the amount in section 1) ..... ► \$ <b> </b> C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ..... ► \$ <b> </b> D. Multiply line B by line C and enter here ..... ► \$ <b> </b> E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) <b>Syndicated Exclusivity Surcharge</b> ..... ► \$ <b> </b>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		SYSTEM ID# <b>006814</b>						
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ► \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ► \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. . . . . ► \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ► \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ► \$ _____</p> <p>F. Multiply line D by line E and enter here . . . . . ► \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p><b>Syndicated Exclusivity Surcharge.</b> . . . . . ► \$ _____</p>							
<b>8</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 9 blank.</li> <li>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.</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> <p style="text-align: center;"><b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b></p> <ul style="list-style-type: none"> <li>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?       <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule.      <input type="checkbox"/> No—Complete the following sections.</p> </li> </ul> <p style="text-align: center;"><b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b></p> <table border="1"> <tr> <td>Section 1</td> <td>Enter the amount of gross receipts from space K (page 7). . . . . ► \$ _____</td> </tr> <tr> <td>Section 2</td> <td>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.). . . . . ► \$ _____</td> </tr> <tr> <td>Section 3</td> <td> <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><b>Base Rate Fee.</b> . . . . . ► \$ _____ <b>0.00</b></p> </td> </tr> </table>			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><b>Base Rate Fee.</b> . . . . . ► \$ _____ <b>0.00</b></p>
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><b>Base Rate Fee.</b> . . . . . ► \$ _____ <b>0.00</b></p>								

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
<b>Comcast of Maryland, LP</b>		<b>006814</b>	
Section <b>4</b>	If the figure in section 2 is <b>more than 4.000</b> , 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) <b>Base Rate Fee</b> .....		► \$ <b>0.00</b>	

<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.	<b>9</b>
<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:	<b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations</b>
<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.	
<b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	
<b>NOTE:</b> 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.	
<b>How to Identify a Subscriber Group for Partially Distant Stations</b>	
<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.	
<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.)	
<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.	
<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.	
In each section:	
<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>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>	SYSTEM ID# <b>006814</b>
	<p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals</b></p> <p><b>Step 1:</b> 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.</p> <p><b>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals.</b> 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.</p> <p><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> 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.</p> <p>You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>	

FORM SA3E. PAGE 19.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID# <b>006814</b>	Name
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 5			COMMUNITY/ AREA	Subgroup 6			<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WUNC-DT</b> [C]	<b>0.25</b>			<b>WCVE-DT</b> [A]	<b>0.25</b>				
				<b>WLFL-DT</b> [A]	<b>1.00</b>				
				<b>WNCN-DT</b> [A]	<b>0.25</b>				
				<b>WRDC-DT</b> [A]	<b>1.00</b>				
				<b>WWBT-DT</b> [A]	<b>0.25</b>				
				<b>WLFL-DT2</b> [M]	<b>1.00</b>				
				<b>WUNC-DT</b> [C]	<b>0.25</b>				
				<b>WNCN-DT2</b> [M]	<b>1.00</b>				
				<b>WNCN-DT3</b> [M]	<b>1.00</b>				
				<b>WLFL-DT3</b> [M]	<b>1.00</b>				
				<b>WRDC-DT2</b> [M]	<b>1.00</b>				
				<b>WNVT-DT</b> [C]	<b>0.25</b>				
Total DSEs	<b>0.25</b>			Total DSEs	<b>8.25</b>				
Gross Receipts First Group	\$	<b>454,168.20</b>		Gross Receipts Second Group	\$	<b>183,410.52</b>			
Base Rate Fee First Group	\$	<b>1,208.09</b>		Base Rate Fee Second Group	\$	<b>8,380.94</b>			
SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 7			COMMUNITY/ AREA	Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WETA-DT</b> [C]	<b>0.25</b>			<b>WDCA-DT</b> [C]	<b>1.00</b>				
Total DSEs	<b>0.25</b>			Total DSEs	<b>1.00</b>				
Gross Receipts Third Group	\$	<b>1,233,351.48</b>		Gross Receipts Fourth Group	\$	<b>469,061.14</b>			
Base Rate Fee Third Group	\$	<b>3,280.71</b>		Base Rate Fee Fourth Group	\$	<b>4,990.81</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)								\$	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID# <b>006814</b>	Name
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 9			COMMUNITY/ AREA	Subgroup 10			<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WETA-DT</b> [C]	<b>0.25</b>			<b>WNPB-DT</b> [C]	<b>0.25</b>				
<b>WHUT-DT</b> [C]	<b>0.25</b>								
Total DSEs	<b>0.50</b>			Total DSEs	<b>0.25</b>				
Gross Receipts First Group	\$	<b>739,089.86</b>		Gross Receipts Second Group	\$	<b>2,050,033.64</b>			
Base Rate Fee First Group	\$	<b>3,931.96</b>		Base Rate Fee Second Group	\$	<b>5,453.09</b>			
ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 11			COMMUNITY/ AREA	Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WETA-DT</b> [C]	<b>0.25</b>			<b>WETA-DT</b> [C]	<b>0.25</b>				
<b>WVPT-DT</b> [C]	<b>0.25</b>			<b>WNPB-DT</b> [C]	<b>0.25</b>				
Total DSEs	<b>0.50</b>			Total DSEs	<b>0.50</b>				
Gross Receipts Third Group	\$	<b>5,065,325.30</b>		Gross Receipts Fourth Group	\$	<b>3,321,847.63</b>			
Base Rate Fee Third Group	\$	<b>26,947.53</b>		Base Rate Fee Fourth Group	\$	<b>17,672.23</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)									

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								<b>SYSTEM ID#</b> <b>006814</b>	Name	
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			
				<b>WBOC-DT</b>	<b>[D]</b>	<b>0.25</b>				
				<b>WLVT-DT</b>	<b>[C]</b>	<b>0.25</b>				
				<b>WBOC-DT3HD</b>	<b>[M]</b>	<b>1.00</b>				
Total DSEs	<b>0.00</b>			Total DSEs	<b>1.50</b>					
Gross Receipts First Group	\$ <b>309,491.93</b>			Gross Receipts Second Group	\$ <b>589,805.97</b>					
Base Rate Fee First Group	\$ <b>0.00</b>			Base Rate Fee Second Group	\$ <b>8,342.81</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			
<b>WBOC-DT</b>	<b>[D]</b>	<b>0.25</b>		<b>WHYY-DT</b>	<b>[D]</b>	<b>0.25</b>				
<b>WHYY-DT</b>	<b>[D]</b>	<b>0.25</b>		<b>WLVT-DT</b>	<b>[C]</b>	<b>0.25</b>				
<b>WLVT-DT</b>	<b>[C]</b>	<b>0.25</b>								
<b>WBOC-DT3HD</b>	<b>[M]</b>	<b>1.00</b>								
Total DSEs	<b>1.75</b>			Total DSEs	<b>0.50</b>					
Gross Receipts Third Group	\$ <b>4,832,597.21</b>			Gross Receipts Fourth Group	\$ <b>612,300.24</b>					
Base Rate Fee Third Group	\$ <b>76,826.21</b>			Base Rate Fee Fourth Group	\$ <b>3,257.44</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)										

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID# <b>006814</b>	Name
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 17			COMMUNITY/ AREA	Subgroup 18			<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WBOC-DT</b> [D]	<b>0.25</b>			<b>WLVT-DT</b> [C]	<b>0.25</b>				
<b>WMDT-DT</b> [D]	<b>0.25</b>								
<b>WLVT-DT</b> [C]	<b>0.25</b>								
<b>WBOC-DT3HC</b> [M]	<b>1.00</b>								
Total DSEs	<b>1.75</b>			Total DSEs	<b>0.25</b>				
Gross Receipts First Group	\$	<b>4,385.55</b>		Gross Receipts Second Group	\$	<b>10,831.10</b>			
Base Rate Fee First Group	\$	<b>69.72</b>		Base Rate Fee Second Group	\$	<b>28.81</b>			
NINETEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP				<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA	Subgroup 19			COMMUNITY/ AREA	Subgroup 20				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
<b>WCVE-DT</b> [C]	<b>0.25</b>								
<b>WCWV-DT</b> [C]	<b>0.25</b>								
<b>WNVT-DT</b> [C]	<b>0.25</b>								
Total DSEs	<b>0.75</b>			Total DSEs	<b>0.00</b>				
Gross Receipts Third Group	\$	<b>253,045.07</b>		Gross Receipts Fourth Group	\$	<b>0.00</b>			
Base Rate Fee Third Group	\$	<b>2,019.30</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)									

## Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	Subgroup 1			COMMUNITY/ AREA	Subgroup 2			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<b>0.00</b>			Total DSEs	<b>0.00</b>			
Gross Receipts First Group	\$	<b>191,410,130.38</b>		Gross Receipts Second Group	\$	<b>1,255,952.70</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	Subgroup 3			COMMUNITY/ AREA	Subgroup 4			
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>799,337.12</b>		Gross Receipts Fourth Group	\$	<b>30,676.22</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>11,605.95</b>

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>								<b>SYSTEM ID#</b> <b>006814</b>	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	<b>Subgroup 5</b>			COMMUNITY/ AREA	<b>Subgroup 6</b>			<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
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>454,168.20</b>		Gross Receipts Second Group	\$	<b>183,410.52</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		
Total DSEs	<b>0.00</b>			Total DSEs	<b>0.00</b>				
Gross Receipts Third Group	\$	<b>1,233,351.48</b>		Gross Receipts Fourth Group	\$	<b>469,061.14</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)									

## Nonpermitted 3.75 Stations

## Nonpermitted 3.75 Stations

## Nonpermitted 3.75 Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID# <b>006814</b>	Name
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 17			COMMUNITY/ AREA	Subgroup 18			<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
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>4,385.55</b>		Gross Receipts Second Group	\$	<b>10,831.10</b>			
Base Rate Fee First Group	\$	<b>0.00</b>		Base Rate Fee Second Group	\$	<b>0.00</b>			
NINETEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Subgroup 19			COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	<b>0.00</b>			Total DSEs	<b>0.00</b>				
Gross Receipts Third Group	\$	<b>253,045.07</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)									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>	SYSTEM ID# <b>006814</b>																								
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>																									
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:																									
	<input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market																									
	<b>INSTRUCTIONS:</b>																									
	<b>Step 1:</b> 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.																									
	<b>Step 2:</b> 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.																									
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.																									
	<b>Step 4:</b> 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"> <thead> <tr> <th colspan="2"><b>FIRST SUBSCRIBER GROUP</b></th> <th colspan="2"><b>SECOND SUBSCRIBER GROUP</b></th> </tr> </thead> <tbody> <tr> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/></td> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/></td> </tr> <tr> <td><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> <td><input type="text"/></td> <td><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> <td><input type="text"/></td> </tr> <tr> <td>First Group .....</td> <td>\$ <input type="text"/></td> <td>Second Group .....</td> <td>\$ <input type="text"/></td> </tr> </tbody> </table>		<b>FIRST SUBSCRIBER GROUP</b>		<b>SECOND SUBSCRIBER GROUP</b>		Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	<input type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	<input type="text"/>	First Group .....	\$ <input type="text"/>	Second Group .....	\$ <input type="text"/>
	<b>FIRST SUBSCRIBER GROUP</b>		<b>SECOND SUBSCRIBER GROUP</b>																							
Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 1: Enter the VHF DSEs .....	<input type="text"/>																							
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First Group .....	\$ <input type="text"/>	Second Group .....	\$ <input type="text"/>																							
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<b>THIRD SUBSCRIBER GROUP</b>		<b>FOURTH SUBSCRIBER GROUP</b>																								
Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 1: Enter the VHF DSEs .....	<input type="text"/>																							
Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>																							
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/>																							
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	<input type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	<input type="text"/>																							
Third Group .....	\$ <input type="text"/>	Fourth Group .....	\$ <input type="text"/>																							
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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) .....																										

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>	SYSTEM ID# <b>006814</b>												
<b>9</b> <b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	<b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>													
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:													
	<input checked="" type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market													
	<b>INSTRUCTIONS:</b>													
	<b>Step 1:</b> 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.													
	<b>Step 2:</b> 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.													
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.													
	<b>Step 4:</b> 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"> <tr> <td colspan="2"><b>FIFTH SUBSCRIBER GROUP</b></td> </tr> <tr> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/> -</td> </tr> <tr> <td colspan="2"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> </tr> <tr> <td>First Group .....</td> <td><input type="text"/> \$</td> </tr> </table>		<b>FIFTH SUBSCRIBER GROUP</b>		Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		First Group .....	<input type="text"/> \$
	<b>FIFTH SUBSCRIBER GROUP</b>													
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Line 2: Enter the Exempt DSEs .....	<input type="text"/>													
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<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>														
First Group .....	<input type="text"/> \$													
<table border="1"> <tr> <td colspan="2"><b>SIXTH SUBSCRIBER GROUP</b></td> </tr> <tr> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/> -</td> </tr> <tr> <td colspan="2"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> </tr> <tr> <td>Second Group .....</td> <td><input type="text"/> \$</td> </tr> </table>		<b>SIXTH SUBSCRIBER GROUP</b>		Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		Second Group .....	<input type="text"/> \$	
<b>SIXTH SUBSCRIBER GROUP</b>														
Line 1: Enter the VHF DSEs .....	<input type="text"/>													
Line 2: Enter the Exempt DSEs .....	<input type="text"/>													
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<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>														
Second Group .....	<input type="text"/> \$													
<table border="1"> <tr> <td colspan="2"><b>SEVENTH SUBSCRIBER GROUP</b></td> </tr> <tr> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/> -</td> </tr> <tr> <td colspan="2"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> </tr> <tr> <td>Third Group .....</td> <td><input type="text"/> \$</td> </tr> </table>		<b>SEVENTH SUBSCRIBER GROUP</b>		Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		Third Group .....	<input type="text"/> \$	
<b>SEVENTH SUBSCRIBER GROUP</b>														
Line 1: Enter the VHF DSEs .....	<input type="text"/>													
Line 2: Enter the Exempt DSEs .....	<input type="text"/>													
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<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>														
Third Group .....	<input type="text"/> \$													
<table border="1"> <tr> <td colspan="2"><b>EIGHTH SUBSCRIBER GROUP</b></td> </tr> <tr> <td>Line 1: Enter the VHF DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 2: Enter the Exempt DSEs .....</td> <td><input type="text"/></td> </tr> <tr> <td>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....</td> <td><input type="text"/> -</td> </tr> <tr> <td colspan="2"><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></td> </tr> <tr> <td>Fourth Group .....</td> <td><input type="text"/> \$</td> </tr> </table>		<b>EIGHTH SUBSCRIBER GROUP</b>		Line 1: Enter the VHF DSEs .....	<input type="text"/>	Line 2: Enter the Exempt DSEs .....	<input type="text"/>	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/> -	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		Fourth Group .....	<input type="text"/> \$	
<b>EIGHTH SUBSCRIBER GROUP</b>														
Line 1: Enter the VHF DSEs .....	<input type="text"/>													
Line 2: Enter the Exempt DSEs .....	<input type="text"/>													
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation .....	<input type="text"/> -													
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>														
Fourth Group .....	<input type="text"/> \$													
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) .....														
<input type="text"/> \$														

<b>9</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		<b>SYSTEM ID#</b> <b>006814</b>
<b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market		
	<b>INSTRUCTIONS:</b> <b>Step 1:</b> 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. <b>Step 2:</b> 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. <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. <b>Step 4:</b> 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.		
	<b>NINTH SUBSCRIBER GROUP</b> Line 1: Enter the VHF DSEs ..... <input type="text"/> Line 2: Enter the Exempt DSEs ..... <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		<b>TENTH SUBSCRIBER GROUP</b> Line 1: Enter the VHF DSEs ..... <input type="text"/> Line 2: Enter the Exempt DSEs ..... <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group ..... <input style="text-align: right; padding-right: 20px;" type="text"/> \$ <input type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group ..... <input style="text-align: right; padding-right: 20px;" type="text"/> \$ <input type="text"/>	
<b>ELEVENTH SUBSCRIBER GROUP</b> Line 1: Enter the VHF DSEs .... <input type="text"/> Line 2: Enter the Exempt DSEs. .... <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		<b>TWELVTH SUBSCRIBER GROUP</b> Line 1: Enter the VHF DSEs .... <input type="text"/> Line 2: Enter the Exempt DSEs. .... <input type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group ..... <input style="text-align: right; padding-right: 20px;" type="text"/> \$ <input type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group ..... <input style="text-align: right; padding-right: 20px;" type="text"/> \$ <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... <input style="width: 200px; height: 20px; border: 1px solid black; margin-left: 20px;" type="text"/>			

<b>9</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		<b>SYSTEM ID#</b> <b>006814</b>
<b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
	<input type="checkbox"/> First 50 major television market		<input type="checkbox"/> Second 50 major television market
	<b>INSTRUCTIONS:</b>		
	<b>Step 1:</b> 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.		
	<b>Step 2:</b> 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.		
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
	<b>Step 4:</b> 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.		
	THIRTEENTH SUBSCRIBER GROUP		FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs ..... <input type="text"/>		Line 1: Enter the VHF DSEs ..... <input type="text"/>
Line 2: Enter the Exempt DSEs ..... <input type="text"/>		Line 2: Enter the Exempt DSEs ..... <input type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	
First Group ..... <input style="text-align: right; vertical-align: bottom; padding-right: 20px;" type="text"/>		Second Group ..... <input style="text-align: right; vertical-align: bottom; padding-right: 20px;" type="text"/>	
FIFTEENTH SUBSCRIBER GROUP		SIXTEENTH SUBSCRIBER GROUP	
Line 1: Enter the VHF DSEs ..... <input type="text"/>		Line 1: Enter the VHF DSEs ..... <input type="text"/>	
Line 2: Enter the Exempt DSEs. ..... <input type="text"/>		Line 2: Enter the Exempt DSEs. ..... <input type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b>	
Third Group ..... <input style="text-align: right; vertical-align: bottom; padding-right: 20px;" type="text"/>		Fourth Group ..... <input style="text-align: right; vertical-align: bottom; padding-right: 20px;" type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... <input style="width: 200px;" type="text"/>			

<b>9</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Maryland, LP</b>		<b>SYSTEM ID#</b> <b>006814</b>
<b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
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	<input type="checkbox"/> First 50 major television market		<input type="checkbox"/> Second 50 major television market
	<b>INSTRUCTIONS:</b>		
	<b>Step 1:</b> 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.		
	<b>Step 2:</b> 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.		
	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
	<b>Step 4:</b> 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.		
	SEVENTEENTH SUBSCRIBER GROUP		EIGHTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs ..... <input type="text"/>		Line 1: Enter the VHF DSEs ..... <input type="text"/>
Line 2: Enter the Exempt DSEs ..... <input type="text"/>		Line 2: Enter the Exempt DSEs ..... <input type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group ..... <input style="text-align: right; vertical-align: bottom;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group ..... <input style="text-align: right; vertical-align: bottom;" type="text"/>	
NINEENTH SUBSCRIBER GROUP		TWENTYTH SUBSCRIBER GROUP	
Line 1: Enter the VHF DSEs ..... <input type="text"/>		Line 1: Enter the VHF DSEs ..... <input type="text"/>	
Line 2: Enter the Exempt DSEs. ..... <input type="text"/>		Line 2: Enter the Exempt DSEs. ..... <input type="text"/>	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation ..... <input type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group ..... <input style="text-align: right; vertical-align: bottom;" type="text"/>		<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group ..... <input style="text-align: right; vertical-align: bottom;" type="text"/>	
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... <input type="text"/>			

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials
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Date of remittance	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> FILING FEES
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Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		
<b>Space A Accounting Period</b>	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space B Owner</b>					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space D Area Served</b>					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space E Secondary Transission Service Subscribers: and Rates</b>					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space G Primary Transmitters: Television</b>					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received		
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		
<b>Space H Primary Transmitters: Radio</b>					
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact		

Space I
Substitute

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