

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

**SA3E  
Long Form**

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

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

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

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b>  <b>2025/2</b>																							
<b>B</b> Owner	<p><b>Instructions:</b> Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. <span style="float: right;"><b>001240</b></span>																							
<p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>Comcast of Boston, Inc.</b> <b>See Attached</b></p> <p style="text-align: right;"><b>00124020252</b> <b>001240 2025/2</b></p> <p><b>One Comcast Center</b> <b>Philadelphia, PA 19103</b></p>																								
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																							
	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>																						
	2	<p><b>MAILING ADDRESS OF CABLE SYSTEM:</b> (Number, street, rural route, apartment, or suite number) ..... (City, town, state, zip code)</p>																						
<b>D</b> Area Served  First Community  Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td><b>Boston</b></td> <td><b>MA</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 15%;">STATE</th> <th style="width: 15%;">CH LINE UP</th> <th style="width: 20%;">SUB GRP#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				CITY OR TOWN	STATE	<b>Boston</b>	<b>MA</b>	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
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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: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>
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**Instructions:** List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

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

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

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.

**D**  
Area  
Served

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Boston	Suffolk	MA	AA	1
Abington	Plymouth	MA	AS	1
Acton	Middlesex	MA	AJ	3
Acton	York	ME	AF	2
Acushnet	Bristol	MA	AQ	1
Allenstown	Merrimack	NH	AL	1
Amesbury	Essex	MA	AH	3
Amherst	Hillsborough	NH	AM	1
Andover	Essex	MA	AB	1
Antrim	Hillsborough	NH	AL	1
Aquinah	Dukes	MA	AS	6
Arlington	Middlesex	MA	AA	1
Ashburnham	Worcester	MA	AJ	3
Ashby	Worcester	MA	AJ	3
Ashland	Middlesex	MA	AC	1
Atkinson	Rockingham	NH	AM	1
Attleboro	Bristol	MA	AE	1
Auburn	Rockingham	NH	AL	1
Avon	Norfolk	MA	AG	1
Ayer	Middlesex	MA	AJ	3
Barnstable	Barnstable	MA	AN	4
Bath	Sagadahoc	ME	AI	2
Bedford	Middlesex	MA	AJ	3
Bedford	Hillsborough	NH	AL	1
Bellingham	Norfolk	MA	AG	1
Belmont	Middlesex	MA	AA	1
Belmont	Belknap	NH	AL	1
Bennington	Hillsborough	NH	AM	1
Berkley	Bristol	MA	AQ	1
Berwick	York	ME	AF	2
Beverly	Essex	MA	AB	1
Billerica	Middlesex	MA	AA	1
Blackstone	Worcester	MA	AG	1
Bolton	Worcester	MA	AJ	3
Boscawen	Merrimack	NH	AL	1
Bourne	Barnstable	MA	AS	1
Bow	Merrimack	NH	AL	1
Bowdoin	Sagadahoc	ME	AI	2
Bowdoinham	Sagadahoc	ME	AI	2
Boxborough	Middlesex	MA	AJ	3
Boxford	Essex	MA	AB	1
Braintree	Norfolk	MA	AC	1
Brentwood	Rockingham	NH	AD	1
Brewster	Barnstable	MA	AN	4
Bridgewater	Plymouth	MA	AG	1
Brockton	Plymouth	MA	AG	1
Brookline	Norfolk	MA	AA	1
Brunswick	Cumberland	ME	AI	2
Burlington	Middlesex	MA	AA	1
Cambridge	Middlesex	MA	AA	1
Candia	Rockingham	NH	AL	1
Canterbury	Merrimack	NH	AL	1
Canton	Norfolk	MA	AG	1
Carlisle	Middlesex	MA	AJ	3
Carver	Plymouth	MA	AS	1
Chatham	Barnstable	MA	AN	4
Chelmsford	Middlesex	MA	AB	1
Chelsea	Suffolk	MA	AC	1
Chester	Rockingham	NH	AM	1
Chichester	Merrimack	NH	AL	1
Chilmark	Dukes	MA	AS	6
Clinton	Worcester	MA	AJ	3
Cohasset	Norfolk	MA	AC	1
Concord	Middlesex	MA	AJ	3
Concord	Merrimack	NH	AL	1
Danvers	Essex	MA	AB	1
Danville	Rockingham	NH	AM	1
Dartmouth	Bristol	MA	AQ	1
Dedham	Norfolk	MA	AC	1
Deering	Hillsborough	NH	AL	1
Dennis	Barnstable	MA	AN	4
Derry	Rockingham	NH	AL	1
Dighton	Bristol	MA	AE	1

First  
Community

See instructions for  
additional information  
on alphabetization.

Add rows as necessary.

Dover	Norfolk	MA	AG	1
Dover	Strafford	NH	AD	1
Dracut	Middlesex	MA	AA	1
Durham	Androscoggi	ME	AI	2
Durham	Strafford	NH	AD	1
Duxbury	Plymouth	MA	AS	1
East Bridgewater	Plymouth	MA	AG	1
East Kingston	Rockingham	NH	AD	1
Eastham	Barnstable	MA	AN	4
Easton	Bristol	MA	AK	1
Edgar Town	Dukes	MA	AS	6
Eliot	York	ME	AF	2
Epping	Rockingham	NH	AD	1
Epsom	Merrimack	NH	AL	1
Essex	Essex	MA	AP	1
Everett	Middlesex	MA	AC	1
Exeter	Rockingham	NH	AD	1
Fairhaven	Bristol	MA	AQ	1
Fall River	Bristol	MA	AO	1
Falmouth	Barnstable	MA	AS	1
Farmington	Strafford	NH	AD	1
Fitchburg	Worcester	MA	AJ	3
Foxborough	Norfolk	MA	AG	1
Framingham	Middlesex	MA	AJ	1
Francestown	Hillsborough	NH	AM	1
Franklin	Norfolk	MA	AG	1
Franklin	Merrimack	NH	AL	1
Freeport	Cumberland	ME	AI	2
Freetown	Bristol	MA	AQ	1
Fremont	Rockingham	NH	AD	1
Ft Devens	Middlesex	MA	AJ	3
Gardner	Worcester	MA	AJ	3
Georgetown	Essex	MA	AB	1
Gilford	Belknap	NH	AL	1
Gloucester	Essex	MA	AP	1
Goffstown	Hillsborough	NH	AL	1
Greenland	Rockingham	NH	AD	1
Greenville	Hillsborough	NH	AM	1
Groveland	Essex	MA	AB	1
Halifax	Plymouth	MA	AS	1
Hamilton	Essex	MA	AB	1
Hampstead	Rockingham	NH	AL	1
Hampton	Rockingham	NH	AD	1
Hampton Falls	Rockingham	NH	AD	1
Hancock	Hillsborough	NH	AM	1
Hanover	Plymouth	MA	AC	1
Hanscom AFB	Middlesex	MA	AJ	3
Hanson	Plymouth	MA	AG	1
Harpswell	Cumberland	ME	AI	2
Harwich	Barnstable	MA	AN	4
Haverhill	Essex	MA	AB	1
Henniker	Merrimack	NH	AL	1
Hillsborough	Hillsborough	NH	AL	1
Hingham	Plymouth	MA	AC	1
Holbrook	Norfolk	MA	AG	1
Holliston	Middlesex	MA	AC	1
Hooksett	Merrimack	NH	AL	1
Hopedale	Worcester	MA	AG	1
Hopkinton	Middlesex	MA	AC	1
Hopkinton	Merrimack	NH	AL	1
Hudson	Middlesex	MA	AJ	1
Hudson	Hillsborough	NH	AM	1
Hull	Plymouth	MA	AC	1
Ipswich	Essex	MA	AA	1
Jaffrey	Cheshire	NH	AM	1
Kensington	Rockingham	NH	AD	1
Kingston	Plymouth	MA	AS	1
Kingston	Rockingham	NH	AM	1
Kittery	York	ME	AF	2
Laconia	Belknap	NH	AL	1
Lakeville	Plymouth	MA	AR	1
Lancaster	Worcester	MA	AJ	3
Lawrence	Essex	MA	AB	1
Lebanon	York	ME	AF	2
Lee	Strafford	NH	AD	1
Leominster	Worcester	MA	AJ	3
Lexington	Middlesex	MA	AJ	3
Lincoln	Middlesex	MA	AJ	1
Litchfield	Hillsborough	NH	AM	1
Littleton	Middlesex	MA	AJ	3
Londonderry	Rockingham	NH	AM	1
Loudon	Merrimack	NH	AL	1
Lowell	Middlesex	MA	AB	1
Lunenburg	Worcester	MA	AJ	3
Lyndeborough	Hillsborough	NH	AM	1
Lynn	Essex	MA	AC	1
Lynnfield	Essex	MA	AA	1
Madbury	Strafford	NH	AD	1
Malden	Middlesex	MA	AC	1
Manchester	Hillsborough	NH	AL	1
Manchester-By-The-Sea	Essex	MA	AP	1

Mansfield	Bristol	MA	AE	1
Marblehead	Essex	MA	AB	1
Marion	Plymouth	MA	AR	1
Marlborough	Middlesex	MA	AC	1
Marshfield	Plymouth	MA	AS	1
Mashpee	Barnstable	MA	AN	5
Mattapoisett	Plymouth	MA	AR	1
Maynard	Middlesex	MA	AJ	3
Medfield	Norfolk	MA	AG	1
Medford	Middlesex	MA	AC	1
Medway	Norfolk	MA	AG	1
Melrose	Middlesex	MA	AC	1
Mendon	Worcester	MA	AG	1
Merrimac	Essex	MA	AH	3
Merrimack	Hillsborough	NH	AM	1
Methuen	Essex	MA	AB	1
Middleborough	Plymouth	MA	AR	1
Middleton	Essex	MA	AB	1
Milford	Worcester	MA	AG	1
Milford	Hillsborough	NH	AM	1
Millis	Norfolk	MA	AG	1
Milton	Norfolk	MA	AC	1
Milton	Strafford	NH	AD	1
Mt Vernon	Hillsborough	NH	AM	1
Nahant	Essex	MA	AA	1
Nantucket Island	Nantucket	MA	AN	4
Nashua	Hillsborough	NH	AL	1
Natick	Middlesex	MA	AC	1
Needham	Norfolk	MA	AC	1
New Bedford	Bristol	MA	AQ	1
New Boston	Hillsborough	NH	AM	1
New Castle	Rockingham	NH	AD	1
New Durham	Strafford	NH	AD	1
New Ipswich	Hillsborough	NH	AM	1
Newbury	Essex	MA	AA	1
Newburyport	Essex	MA	AA	3
Newfields	Rockingham	NH	AD	1
Newington	Rockingham	NH	AD	1
Newmarket	Rockingham	NH	AD	1
Newton	Middlesex	MA	AC	1
Newton	Rockingham	NH	AM	1
Norfolk	Norfolk	MA	AG	1
North Andover	Essex	MA	AB	1
North Attleborough	Bristol	MA	AE	1
North Hampton	Rockingham	NH	AD	1
North Reading	Middlesex	MA	AB	1
Northfield	Merrimack	NH	AL	1
Northwood	Rockingham	NH	AL	1
Norton	Bristol	MA	AE	1
Norwell	Plymouth	MA	AC	1
Norwood	Norfolk	MA	AG	1
Nottingham	Rockingham	NH	AD	1
Oak Bluffs	Dukes	MA	AS	6
Orleans	Barnstable	MA	AN	4
Otis AFB	Barnstable	MA	AS	1
Peabody	Essex	MA	AA	1
Pelham	Hillsborough	NH	AM	1
Pembroke	Plymouth	MA	AS	1
Pembroke	Merrimack	NH	AL	1
Peterborough	Hillsborough	NH	AM	1
Phillipston	Worcester	MA	AJ	3
Phippsburg	Sagadahoc	ME	AI	2
Plainville	Norfolk	MA	AG	1
Plaistow	Rockingham	NH	AL	1
Plymouth	Plymouth	MA	AS	1
Plympton	Plymouth	MA	AS	1
Portsmouth	Rockingham	NH	AD	1
Provincetown	Barnstable	MA	AN	3
Quincy	Norfolk	MA	AC	1
Randolph	Norfolk	MA	AC	1
Raymond	Rockingham	NH	AD	1
Raynham	Bristol	MA	AK	1
Reading	Middlesex	MA	AA	1
Rehoboth	Bristol	MA	AE	1
Revere	Suffolk	MA	AA	1
Rochester	Plymouth	MA	AR	1
Rochester	Strafford	NH	AD	1
Rockland	Plymouth	MA	AS	1
Rockport	Essex	MA	AP	1
Rollinsford	Strafford	NH	AD	1
Rowley	Essex	MA	AA	1
Rye	Rockingham	NH	AD	1
Salem	Essex	MA	AC	1
Salem	Rockingham	NH	AL	1
Salisbury	Essex	MA	AH	3
Sandown	Rockingham	NH	AL	1
Sandwich	Barnstable	MA	AS	1
Sanford	York	ME	AF	2
Saugus	Essex	MA	AA	1
Scituate	Plymouth	MA	AC	1
Seabrook	Rockingham	NH	AD	1

Seekonk	Bristol	MA	AE	1
Shapleigh	York	ME	AF	2
Sharon	Norfolk	MA	AG	1
Sherborn	Middlesex	MA	AC	1
Shirley	Middlesex	MA	AJ	3
Somerset	Bristol	MA	AE	1
Somersworth	Strafford	NH	AD	1
Somerville	Middlesex	MA	AC	1
South Berwick	York	ME	AF	2
South Hampton	Rockingham	NH	AH	3
Southborough	Worcester	MA	AJ	1
Sterling	Worcester	MA	AJ	3
Stoneham	Middlesex	MA	AC	1
Stoughton	Norfolk	MA	AG	1
Stow	Middlesex	MA	AJ	3
Stratham	Rockingham	NH	AD	1
Sudbury	Middlesex	MA	AJ	1
Swampscott	Essex	MA	AC	1
Swansea	Bristol	MA	AE	1
Taunton	Bristol	MA	AE	1
Temple	Hillsborough	NH	AM	1
Templeton	Worcester	MA	AJ	3
Tewksbury	Middlesex	MA	AB	1
Tilton	Belknap	NH	AL	1
Tisbury	Dukes	MA	AS	6
Topsfield	Essex	MA	AB	1
Topsham	Sagadahoc	ME	AI	2
Townsend	Middlesex	MA	AJ	3
Truro	Barnstable	MA	AN	4
Tyngsborough	Middlesex	MA	AB	1
Upton	Worcester	MA	AG	1
Vineyard Haven	Dukes	MA	AS	6
Wakefield	Middlesex	MA	AC	1
Walpole	Norfolk	MA	AG	1
Waltham	Middlesex	MA	AC	1
Wareham	Plymouth	MA	AR	1
Watertown	Middlesex	MA	AC	1
Wayland	Middlesex	MA	AC	1
Weare	Hillsborough	NH	AL	1
Wellesley	Norfolk	MA	AC	1
Wellfleet	Barnstable	MA	AN	4
Wenham	Essex	MA	AB	1
West Bath	Sagadahoc	ME	AI	2
West Bridgewater	Plymouth	MA	AG	1
West Newbury	Essex	MA	AA	1
West Tisbury	Dukes	MA	AS	6
Westford	Middlesex	MA	AJ	1
Westminster	Worcester	MA	AJ	3
Weston	Middlesex	MA	AC	1
Westwood	Norfolk	MA	AG	1
Weymouth	Norfolk	MA	AC	1
Whitman	Plymouth	MA	AG	1
Wilmington	Middlesex	MA	AA	1
Wilton	Hillsborough	NH	AM	1
Winchendon	Worcester	MA	AJ	3
Winchester	Middlesex	MA	AA	1
Windham	Rockingham	NH	AM	1
Winthrop	Suffolk	MA	AC	1
Woburn	Middlesex	MA	AA	1
Woolwich	Sagadahoc	ME	AI	2
Wrentham	Norfolk	MA	AG	1
Yarmouth	Barnstable	MA	AN	4



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	<b>Name</b>
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**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AA					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

**G**

Primary Transmitters: Television

CHANNEL LINE-UP AB

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Comcast of Boston, Inc.**

SYSTEM ID#  
**001240**

Name

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

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

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

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

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

CHANNEL LINE-UP AC					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Comcast of Boston, Inc.**

**SYSTEM ID#**  
**001240**

**Name**

**PRIMARY TRANSMITTERS: TELEVISION**

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

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**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AD**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMEA DT	45	E	No		Biddeford, ME
WMEA DTHD	45	E-M	No		Biddeford, ME
WMEA DT3	45	E-M	No		Biddeford, ME
WMEA DT4	45	E-M	No		Biddeford, ME
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WPXG DT	33	I	No		Concord, NH
WPXG DTHD	33	I-M	No		Concord, NH
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Comcast of Boston, Inc.**

**001240**

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AE**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WFXT DT	31	I	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DTHD	50	N-M	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WJAR DT2HD	50	N-M	No		Providence, RI
WJAR DT3	50	I-M	No		Providence, RI
WJAR DT4	50	I-M	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLNE DTHD	49	N-M	No		New Bedford, MA
WLNE DT3	49	I-M	No		New Bedford, MA
WLNE DT4HD	49	I-M	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLWC DT	17	I	No		New Bedford, MA
WLWC DTHD	17	I-M	No		New Bedford, MA
WNAC DT	12	I	No		Providence, RI
WNAC DTHD	12	I-M	No		Providence, RI
WNAC DT2HD	12	I-M	No		Providence, RI
WPRI DT	13	N	No		Providence, RI
WPRI DTHD	13	N-M	No		Providence, RI
WPRI DT2	13	I-M	No		Providence, RI
WPRI DT2HD	13	I-M	No		Providence, RI
WPXQ DT	17	I	No		Block Island, RI
WPXQ DTHD	17	I-M	No		Block Island, RI
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AF

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CKSH DT	9	I	Yes	O	Sherbrooke, Quebec, Canada
WBZ DT	30	N	No		Boston, MA
WCSH DT	44	N	No		Portland, ME
WCSH DTHD	44	N-M	No		Portland, ME
WCSH DT2	44	I-M	No		Portland, ME
WCSH DT3	44	I-M	No		Portland, ME
WCVB DT	20	N	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WGME DT	38	N	No		Portland, ME
WGME DTHD	38	N-M	No		Portland, ME
WGME DT2	38	I-M	No		Portland, ME
WGME DT2HD	38	I-M	No		Portland, ME
WGME DT3	38	I-M	No		Portland, ME
WGME DT4	38	I-M	No		Portland, ME
WHDH DT	42	I	No		Boston, MA
WIPL DT	35	I	No		Lewiston, ME
WIPL DTHD	35	I-M	No		Lewiston, ME
WMEA DT	45	E	No		Biddeford, ME
WMEA DTHD	45	E-M	No		Biddeford, ME
WMEA DT3	45	E-M	No		Biddeford, ME
WMEA DT4	45	E-M	No		Biddeford, ME
WMTW DT	8	N	No		Poland Spring, ME
WMTW DTHD	8	N-M	No		Poland Spring, ME
WMTW DT2	8	I-M	No		Poland Spring, ME
WMTW DT3	8	I-M	No		Poland Spring, ME
WMUR DT	9	N	No		Manchester, NH
WPFO DT	23	I	No		Waterville, ME
WPFO DTHD	23	I-M	No		Waterville, ME
WPFO DT2	23	I-M	No		Waterville, ME
WPFO DT3	23	I-M	No		Waterville, ME
WPXT DT	43	I	No		Portland, ME
WPXT DTHD	43	I-M	No		Portland, ME
WPXT DT2	43	I-M	No		Portland, ME
WPXT DT3	43	I-M	No		Portland, ME

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

## PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

**G**Primary  
Transmitters:  
Television

## CHANNEL LINE-UP AG

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Comcast of Boston, Inc.**

**SYSTEM ID#**  
**001240**

**Name**

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AH**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	<b>Name</b>  <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">G</div> Primary Transmitters: Television
<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: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <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.		

CHANNEL LINE-UP AI					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
CKSH DT	9	I	Yes	O	Sherbrooke, Quebec, Canada
WCBB DT	10	E	No		Augusta, ME
WCBB DTHD	10	E-M	No		Augusta, ME
WCBB DT3	10	E-M	No		Augusta, ME
WCBB DT4	10	E-M	No		Augusta, ME
WCSH DT	44	N	No		Portland, ME
WCSH DTHD	44	N-M	No		Portland, ME
WCSH DT2	44	I-M	No		Portland, ME
WCSH DT3	44	I-M	No		Portland, ME
WGME DT	38	N	No		Portland, ME
WGME DTHD	38	N-M	No		Portland, ME
WGME DT2	38	I-M	No		Portland, ME
WGME DT2HD	38	I-M	No		Portland, ME
WGME DT3	38	I-M	No		Portland, ME
WGME DT4	38	I-M	No		Portland, ME
WIPL DT	35	I	No		Lewiston, ME
WIPL DTHD	35	I-M	No		Lewiston, ME
WMTW DT	8	N	No		Poland Spring, ME
WMTW DTHD	8	N-M	No		Poland Spring, ME
WMTW DT2	8	I-M	No		Poland Spring, ME
WMTW DT3	8	I-M	No		Poland Spring, ME
WPFO DT	23	I	No		Waterville, ME
WPFO DTHD	23	I-M	No		Waterville, ME
WPFO DT2	23	I-M	No		Waterville, ME
WPFO DT3	23	I-M	No		Waterville, ME
WPXT DT	43	I	No		Portland, ME
WPXT DTHD	43	I-M	No		Portland, ME
WPXT DT2	43	I-M	No		Portland, ME
WPXT DT3	43	I-M	No		Portland, ME

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Comcast of Boston, Inc.**

**SYSTEM ID#**  
**001240**

Name

**PRIMARY TRANSMITTERS: TELEVISION**

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

**G**

Primary Transmitters: Television

**CHANNEL LINE-UP AJ**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DTHD	9	N	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WSBE DT	21	E	Yes	O	Providence, RI
WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Boston, Inc.

001240

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AK

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WFXT DT	31	I	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DTHD	50	N-M	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WJAR DT2HD	50	N-M	No		Providence, RI
WJAR DT3	50	I-M	No		Providence, RI
WJAR DT4	50	I-M	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLNE DTHD	49	N-M	No		New Bedford, MA
WLNE DT3	49	I-M	No		New Bedford, MA
WLNE DT4HD	49	I-M	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLWC DT	17	I	No		New Bedford, MA
WLWC DTHD	17	I-M	No		New Bedford, MA
WNAC DT	12	I	No		Providence, RI
WNAC DTHD	12	I-M	No		Providence, RI
WNAC DT2HD	12	I-M	No		Providence, RI
WPRI DT	13	N	No		Providence, RI
WPRI DTHD	13	N-M	No		Providence, RI
WPRI DT2	13	I-M	No		Providence, RI
WPRI DT2HD	13	I-M	No		Providence, RI
WPXQ DT	17	I	No		Block Island, RI
WPXQ DTHD	17	I-M	No		Block Island, RI
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AL

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WPXG DT	33	I	No		Concord, NH
WPXG DTHD	33	I-M	No		Concord, NH
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AM

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WENH DT	11	E	No		Durham, NH
WENH DTHD	11	E-M	No		Durham, NH
WENH DT3	11	E-M	No		Durham, NH
WENH DT1	11	E-M	No		Durham, NH
WENH DT2	11	E-M	No		Durham, NH
WENH DT4	11	E-M	No		Durham, NH
WENH DT2HD	11	E-M	No		Durham, NH
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WMUR DT	9	N	No		Manchester, NH
WMUR DTHD	9	N-M	No		Manchester, NH
WMUR DT2	9	I-M	No		Manchester, NH
WPXG DT	33	I	No		Concord, NH
WPXG DTHD	33	I-M	No		Concord, NH
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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**G**

Primary Transmitters: Television

CHANNEL LINE-UP AN

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	Yes	O	Boston, MA
WGBH DTHD	19	E-M	Yes	E	Boston, MA
WGBH DT2	19	E-M	Yes	E	Boston, MA
WGBX DT	43	E	Yes	O	Boston, MA
WGBX DTHD	43	E-M	Yes	E	Boston, MA
WGBX DT3	43	E-M	Yes	E	Boston, MA
WGBX DT4	43	E-M	Yes	E	Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
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WSBE DTHD	21	E-M	Yes	E	Providence, RI
WSBE DT2	21	E-M	Yes	E	Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	SYSTEM ID# <b>001240</b>	Name
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**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AO					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBZ DT	30	N	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WFXT DT	31	I	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DTHD	50	N-M	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WJAR DT2HD	50	N-M	No		Providence, RI
WJAR DT3	50	I-M	No		Providence, RI
WJAR DT4	50	I-M	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLNE DTHD	49	N-M	No		New Bedford, MA
WLNE DT3	49	I-M	No		New Bedford, MA
WLNE DT4HD	49	I-M	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLWC DT	17	I	No		New Bedford, MA
WLWC DTHD	17	I-M	No		New Bedford, MA
WNAC DT	12	I	No		Providence, RI
WNAC DTHD	12	I-M	No		Providence, RI
WNAC DT2HD	12	I-M	No		Providence, RI
WPRI DT	13	N	No		Providence, RI
WPRI DTHD	13	N-M	No		Providence, RI
WPRI DT2	13	I-M	No		Providence, RI
WPRI DT2HD	13	I-M	No		Providence, RI
WPXQ DT	17	I	No		Block Island, RI
WPXQ DTHD	17	I-M	No		Block Island, RI
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	Name
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**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

**G**

**Primary Transmitters: Television**

CHANNEL LINE-UP AP					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Comcast of Boston, Inc.**

**001240**

**PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AQ**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WFXT DT	31	I	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DTHD	50	N-M	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WJAR DT2HD	50	N-M	No		Providence, RI
WJAR DT3	50	I-M	No		Providence, RI
WJAR DT4	50	I-M	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLNE DTHD	49	N-M	No		New Bedford, MA
WLNE DT3	49	I-M	No		New Bedford, MA
WLNE DT4HD	49	I-M	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLWC DT	17	I	No		New Bedford, MA
WLWC DTHD	17	I-M	No		New Bedford, MA
WNAC DT	12	I	No		Providence, RI
WNAC DTHD	12	I-M	No		Providence, RI
WNAC DT2HD	12	I-M	No		Providence, RI
WPRI DT	13	N	No		Providence, RI
WPRI DTHD	13	N-M	No		Providence, RI
WPRI DT2	13	I-M	No		Providence, RI
WPRI DT2HD	13	I-M	No		Providence, RI
WPXQ DT	17	I	No		Block Island, RI
WPXQ DTHD	17	I-M	No		Block Island, RI
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

**G**

Primary Transmitters: Television

CHANNEL LINE-UP AR

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	No		Boston, MA
WGBH DTHD	19	E-M	No		Boston, MA
WGBH DT2	19	E-M	No		Boston, MA
WGBX DT	43	E	No		Boston, MA
WGBX DTHD	43	E-M	No		Boston, MA
WGBX DT3	43	E-M	No		Boston, MA
WGBX DT4	43	E-M	No		Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWWJE DT	27	I	No		Derry, NH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
001240

Name

Comcast of Boston, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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

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

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G

Primary Transmitters: Television

CHANNEL LINE-UP AS

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBPX DT	32	I	No		Boston, MA
WBPX DTHD	32	I-M	No		Boston, MA
WBTS DT	46	N	No		Boston, MA
WBTS DTHD	46	N-M	No		Boston, MA
WBTS DT2	46	I-M	No		Boston, MA
WBTS DT3	46	I-M	No		Boston, MA
WBZ DT	30	N	No		Boston, MA
WBZ DTHD	30	N-M	No		Boston, MA
WBZ DT2	30	I-M	No		Boston, MA
WBZ DT3	30	I-M	No		Boston, MA
WCVB DT	20	N	No		Boston, MA
WCVB DTHD	20	N-M	No		Boston, MA
WCVB DT2	20	I-M	No		Boston, MA
WCVB DT3	20	I-M	No		Boston, MA
WDPX DT	32	I	No		Woburn, MA
WDPX DTHD	32	I-M	No		Woburn, MA
WFXT DT	31	I	No		Boston, MA
WFXT DTHD	31	I-M	No		Boston, MA
WFXT DT2	31	I-M	No		Boston, MA
WFXT DT3	31	I-M	No		Boston, MA
WGBH DT	19	E	Yes	O	Boston, MA
WGBH DTHD	19	E-M	Yes	E	Boston, MA
WGBH DT2	19	E-M	Yes	E	Boston, MA
WGBX DT	43	E	Yes	O	Boston, MA
WGBX DTHD	43	E-M	Yes	E	Boston, MA
WGBX DT3	43	E-M	Yes	E	Boston, MA
WGBX DT4	43	E-M	Yes	E	Boston, MA
WHDH DT	42	I	No		Boston, MA
WHDH DTHD	42	N-M	No		Boston, MA
WHDH DT2	42	I-M	No		Boston, MA
WJAR DT	50	N	No		Providence, RI
WJAR DT2	50	N	No		Providence, RI
WLNE DT	49	N	No		New Bedford, MA
WLVI DT	42	I	No		Cambridge, MA
WLVI DTHD	42	I-M	No		Cambridge, MA
WLVI DT2	42	I-M	No		Cambridge, MA
WMFP DT	18	I	No		Foxborough, MA
WMFP DTHD	18	I-M	No		Foxborough, MA
WSBE DT	21	E	No		Providence, RI
WSBE DTHD	21	E-M	No		Providence, RI
WSBE DT2	21	E-M	No		Providence, RI
WSBK DT	39	I	No		Boston, MA
WSBK DTHD	39	I-M	No		Boston, MA
WWDP DT	10	I	No		Norwell, MA
WWDP DTHD	10	I-M	No		Norwell, MA
WWJE DT	27	I	No		Derry, NH







LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	Name				
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		<b>K</b> <b>Gross Receipts</b>				
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>218,529,240.07</b></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	<b>218,529,240.07</b>	(Amount of gross receipts)	
\$	<b>218,529,240.07</b>					
(Amount of gross receipts)						
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> <p>▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p>		<b>L</b> <b>Copyright Royalty Fee</b>				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. <span style="float: right;">\$ 218,529,240.07</span> Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;">\$ 2,325,151.11</span>					
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> <li>• Did your cable system carry any distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete the DSE schedule.      <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.</li> </ul>					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;">\$ 224,037.34</span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;">0.00</span> Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 2px;">\$ 224,037.34</span>					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;">\$ 2,325,151.11</span> Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) . . . . . <span style="float: right; background-color: yellow;">0.00</span> Line 3. <b>FILING FEE.</b> . . . . . <span style="float: right;">\$ 725.00</span>  <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . <span style="float: right; border: 1px solid black; padding: 2px;">\$ 2,325,876.11</span>  EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; padding: 2px 20px;">27VNNP5D</span>	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
<a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>						

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	SYSTEM ID# <b>001240</b>
<b>M</b>  Channels	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">115</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">1,014</span></p>	
<b>N</b>  Individual to Be Contacted for Further Information	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Julie Laine - Comcast Cable Communications, LLC</b> Telephone <b>(215)-286-2334</b></p> <p>Address <b>One Comcast Center</b> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><b>Philadelphia, PA 19103</b> <small>(City, town, state, zip)</small></p> <p>Email <b>licensing_office_inquiries@comcast.com</b> Fax (optional) _____</p>	
<b>O</b>  Certification	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li><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</li> <li><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</li> <li><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.</li> </ul> <ul style="list-style-type: none"> <li>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <div style="margin-top: 20px;"> <span style="font-size: 2em; margin-left: 10px;">X</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 5px;">/s/ Joseph Lance</span> </div> <p style="font-size: small; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>Joseph Lance</b></p> <p style="text-align: center;">_____</p> <p>Title: <b>Vice President - Regulatory Accounting</b> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <b>February 10, 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 Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	<b>Name</b>
<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">“In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p>		<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

<p><b>INTEREST ASSESSMENTS</b></p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . _____</p> <p style="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ -</p> <p style="text-align: right; padding-right: 20px;">x _____ 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; padding-right: 20px;">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; padding-right: 20px;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____                  Address _____                  _____                  First community served _____                  Accounting period _____                  ID number _____</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></p>
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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.





<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	<b>Name</b>
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**Instructions:** Block A must be completed.  
 In block A:  
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  
 • If your answer if "No," complete blocks B and C below.

**6**

**BLOCK A: TELEVISION MARKETS**

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

Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.

No—Complete blocks B and C below.

**Computation of  
3.75 Fee**

**BLOCK B: CARRIAGE OF PERMITTED DSEs**

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

Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)

**BASIS OF PERMITTED CARRIAGE**

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

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

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

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

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

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

M Retransmission of a distant multicast stream.

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

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
CKSH DT	A	1.00						
WSBE DT	C	0.25						
WGBH DT	C	0.25						
WGBX DT	C	0.25						

**1.75**

**BLOCK C: COMPUTATION OF 3.75 FEE**

Line 1: Enter the total number of DSEs from part 5 of this schedule \_\_\_\_\_

Line 2: Enter the sum of permitted DSEs from block B above \_\_\_\_\_

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) **0.00**

Line 4: Enter gross receipts from space K (page 7) \_\_\_\_\_  
x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here \_\_\_\_\_  
x

Line 6: Enter total number of DSEs from line 3 \_\_\_\_\_

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) **0.00**

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





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>
<b>7</b>  <b>Computation of Base Rate Fee</b>	<p><b>Instructions:</b> You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.</li> </ul> <p><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>	
<b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>		
<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule.                      <input type="checkbox"/> No—Complete the following sections.</p>		
<b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>		
Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) . . . . . ▶ _____	
Section 3	<p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p style="text-align: right;"><b>Base Rate Fee.</b> . . . . . ▶ <span style="border: 1px solid black; padding: 2px 10px;">\$. <b>0.00</b></span></p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>	<b>SYSTEM ID#</b> <b>001240</b>	<b>Name</b>
Section 4 If the figure in section 2 is <b>more than 4,000</b> , compute your base rate fee here and leave section 3 blank.		<b>7</b>
A. Enter 0.01064 of gross receipts (the amount in section 1) ..... ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ..... ▶ \$ _____ C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ..... ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ..... ▶ _____ F. Multiply line D by line E and enter here ..... ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) <b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px;">0.00</span>		<b>Computation of Base Rate Fee</b>

<p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:                         <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul>		<b>8</b>
		<b>Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations</b>



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>						SYSTEM ID# <b>001240</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>Subgroup 5</b>					COMMUNITY/ AREA <b>Subgroup 6</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
<b>WGBX DT [C]</b>	<b>0.25</b>			<b>WGBH DT [C]</b>	<b>0.25</b>				
<b>WSBE DT [C]</b>	<b>0.25</b>			<b>WGBX DT [C]</b>	<b>0.25</b>				
Total DSEs				<b>0.50</b>	Total DSEs				<b>0.50</b>
Gross Receipts First Group				\$ <b>1,552,112.31</b>	Gross Receipts Second Group				\$ <b>2,489,609.14</b>
Base Rate Fee First Group				\$ <b>8,257.24</b>	Base Rate Fee Second Group				\$ <b>13,244.72</b>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>0</b>					COMMUNITY/ AREA <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<b>0.00</b>	Total DSEs				<b>0.00</b>
Gross Receipts Third Group				\$ <b>0.00</b>	Gross Receipts Fourth Group				\$ <b>0.00</b>
Base Rate Fee Third Group				\$ <b>0.00</b>	Base Rate Fee Fourth Group				\$ <b>0.00</b>
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <b> </b>	

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

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>						SYSTEM ID# <b>001240</b>		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Subgroup 1</b>					COMMUNITY/ AREA <b>Subgroup 2</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts First Group				\$ <u>181,159,839.26</u>		Gross Receipts Second Group				\$ <u>4,212,322.16</u>	
Base Rate Fee First Group				\$ <u>0.00</u>		Base Rate Fee Second Group				\$ <u>0.00</u>	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA <b>Subgroup 3</b>					COMMUNITY/ AREA <b>Subgroup 4</b>						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts Third Group				\$ <u>14,027,119.29</u>		Gross Receipts Fourth Group				\$ <u>15,088,237.91</u>	
Base Rate Fee Third Group				\$ <u>0.00</u>		Base Rate Fee Fourth Group				\$ <u>0.00</u>	
<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)										\$ <u>0.00</u>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Comcast of Boston, Inc.</b>						SYSTEM ID# <b>001240</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>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts First Group				\$ <u>1,552,112.31</u>	Gross Receipts Second Group				\$ <u>2,489,609.14</u>
Base Rate Fee First Group				\$ <u>0.00</u>	Base Rate Fee Second Group				\$ <u>0.00</u>
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>0</b>					COMMUNITY/ AREA <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				<u>0.00</u>	Total DSEs				<u>0.00</u>
Gross Receipts Third Group				\$ <u>0.00</u>	Gross Receipts Fourth Group				\$ <u>0.00</u>
Base Rate Fee Third Group				\$ <u>0.00</u>	Base Rate Fee Fourth Group				\$ <u>0.00</u>
<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)								\$ <u>                    </u>	

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations