

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

**SA3E
Long Form**

Return completed workbook by email to

coplicsoa@copyright.gov

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

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
6/2/2026	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/2																							
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. 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. 006580																							
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Southeast Pennsylvania, LLC See Attached</p> <p style="text-align: right;">00658020252 006580 2025/2</p> <p>One Comcast Center Philadelphia, PA 19103</p>																							
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																							
	1	IDENTIFICATION OF CABLE SYSTEM:																						
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</p>																						
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td>Harrisburg City</td> <td>PA</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: 12.5%;">STATE</th> <th style="width: 12.5%;">CH LINE UP</th> <th style="width: 12.5%;">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	Harrisburg City	PA	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:

Comcast of Southeast Pennsylvania, LLC

SYSTEM ID#

006580

D
Area
Served

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

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

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

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

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Harrisburg City	Dauphin	PA	AA	3
Abbottstown	Adams	PA	AQ	3
Adams County	Adams	PA	AO	3
Akron Borough	Lancaster	PA	AH	3
Alexandria Borough	Huntingdon	PA	AT	3
Allegheny Township (Blair Co)	Blair	PA	AT	3
Allison Twp	Clinton	PA	AU	7
Alsace	Berks	PA	AJ	3
Altoona	Blair	PA	AT	3
Annaville	Lebanon	PA	AK	7
Anthony Twp	Montour	PA	AZ	12
Antrim Twp	Franklin	PA	AF	4
Archbald Borough	Lackawanna	PA	AR	3
Arendtsville	Adams	PA	AO	3
Armagh Twp	Mifflin	PA	AV	3
Armstrong Twp	Lycoming	PA	AZ	12
Ashley Borough	Luzerne	PA	AR	3
Asylum Twp	Bradford	PA	AS	3
Auburn	Schuylkill	PA	AL	3
Avis Borough	Clinton	PA	AZ	7
Avoca	Luzerne	PA	AR	3
Ayr Twp	Fulton	PA	AB	9
Bald Eagle Twp - Northeast	Clinton	PA	AU	7
Bald Eagle Twp - South	Clinton	PA	AZ	7
Bart Twp	Lancaster	PA	AH	3
Bastress Twp	Lycoming	PA	AZ	12
Beccaria Township	Clearfield	PA	AT	3
Beech Creek Boro	Clinton	PA	AZ	7
Beech Creek Twp	Clinton	PA	AZ	7
Bellefonte Borough	Centre	PA	AT	3
Bendersville	Adams	PA	AO	3
Benner Township	Centre	PA	AT	3
Benton Twp	Lycoming	PA	AR	3
Bern	Berks	PA	AJ	3
Bern Twp	Berks	PA	AJ	3
Bernville	Berks	PA	AJ	3
Berrysburg	Dauphin	PA	AW	3
Berwick Borough	Columbia	PA	AR	3
Berwick Township	Adams	PA	AQ	3
Bethel Township (Berks Co.)	Berks	PA	AJ	15
Bethel Township (Lebanon Co.)	Lebanon	PA	AK	7
Bigler Township	Clearfield	PA	AT	3
Biglerville	Adams	PA	AO	3
Blair Township	Blair	PA	AT	3
Blakely Borough	Lackawanna	PA	AR	3
Bloomfield Borough	Perry	PA	AA	3
Bloomsburg	Columbia	PA	AZ	12
Blythe Township	Schuylkill	PA	AL	3
Boggs Township (Centre Co.)	Centre	PA	AT	3
Boggs Township (Clearfield Co.)	Clearfield	PA	AT	3
Bonneauville	Adams	PA	AO	3
Brady Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Brady Township (Lycoming Co.)	Lycoming	PA	AZ	12
Branch Twp	Schuylkill	PA	AL	3
Brecknock	Berks	PA	AJ	3
Briar Creek Borough	Columbia	PA	AR	3
Briar Creek Township	Columbia	PA	AR	3
Brisbin Borough	Clearfield	PA	AT	3
Broad Top City Borough	Huntingdon	PA	AT	3
Broad Top Township	Bedford	PA	AT	3
Brown Twp	Mifflin	PA	AV	3
Buffalo Twp	Perry	PA	AA	3
Burnham Boro	Mifflin	PA	AV	14
Butler Township (Adams Co)	Adams	PA	AO	3
Butler Township (Schuylkill Co)	Schuylkill	PA	AL	3
Caernarvon	Lancaster	PA	AH	3
Camp Hill	Cumberland	PA	AA	3
Carbon Township	Huntingdon	PA	AT	3
Carbondale	Lackawanna	PA	AR	3
Carbondale Township	Lackawanna	PA	AR	3
Carlisle	Cumberland	PA	AA	3
Carlisle Barracks	Cumberland	PA	AA	3
Carroll Twp (Perry Co.)	Perry	PA	AA	3
Carroll Twp (York Co.)	York	PA	AA	3
Carroll Valley	Adams	PA	AO	3
Cass Twp	Schuylkill	PA	AL	3

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

Castanea	Clinton	PA	AU	7
Catawissa Borough	Columbia	PA	AZ	12
Catherine Township	Blair	PA	AT	3
Centerport	Berks	PA	AJ	3
Centre Hall Borough	Centre	PA	AT	3
Centre Twp (Berks Co.)	Berks	PA	AJ	3
Centre Twp (Perry Co.)	Perry	PA	AA	3
Chambersburg	Franklin	PA	AE	3
Chanceford	York	PA	AP	3
Chapman Twp	Clinton	PA	AZ	7
Chesapeake Estates	York	PA	AN	3
Chester Hill Borough	Clearfield	PA	AT	3
Christiana	Lancaster	PA	AH	3
Clarks Green Borough	Lackawanna	PA	AR	3
Clarks Summit Borough	Lackawanna	PA	AR	3
Clay	Lancaster	PA	AK	7
Cleona	Lebanon	PA	AK	7
Clinton Township (Lycoming Co)	Lycoming	PA	AZ	12
Clinton Township (Wyoming Co)	Wyoming	PA	AR	3
Coaldale Borough	Bedford	PA	AT	3
Coalmont Borough	Huntingdon	PA	AT	3
Codorus Township	York	PA	AN	3
Colebrook	Clinton	PA	AU	7
Colerain Township (Lancaster Co)	Lancaster	PA	AH	3
College Township	Centre	PA	AT	3
Columbia	Lancaster	PA	AH	3
Conestoga	Lancaster	PA	AH	3
Conewago Township (Adams Co)	Adams	PA	AQ	3
Conewago Township (Dauphin Co)	Dauphin	PA	AA	3
Conewago Township (York Co)	York	PA	AP	3
Conoy Twp	Lancaster	PA	AI	3
Conyngham Township	Luzerne	PA	AR	3
Cornwall	Lebanon	PA	AK	7
Courtdale Borough	Luzerne	PA	AR	3
Covington Twp	Lackawanna	PA	AR	3
Crawford Twp	Clinton	PA	AZ	7
Cressona	Schuylkill	PA	AL	3
Cumberland Twp	Adams	PA	AO	3
Cummings Twp	Clinton	PA	AZ	7
Cumru	Berks	PA	AJ	3
Curtin Twp	Centre	PA	AT	3
Dallas Boro	Luzerne	PA	AR	3
Dallas Twp	Luzerne	PA	AR	3
Dallastown	York	PA	AP	3
Dalton Borough	Lackawanna	PA	AR	3
Danville Borough	Montour	PA	AZ	12
Dauphin Borough	Dauphin	PA	AA	3
Davidson Township	Sullivan	PA	AZ	12
Decatur Township	Clearfield	PA	AT	3
Deer Lake	Schuylkill	PA	AL	3
Delware Township	Northumberland	PA	AZ	12
Derry Twp (Dauphin Co.)	Dauphin	PA	AA	3
Derry Twp (Mifflin Co.)	Mifflin	PA	AV	14
Dickinson Twp	Cumberland	PA	AA	3
Dickson City	Luzerne	PA	AR	3
Dillsburg	York	PA	AN	3
Dover Boro	York	PA	AP	3
Dover Twp - Southwest	York	PA	AO	2
Dover Twp - Northeast	York	PA	AP	3
Drumore	Lancaster	PA	AH	3
Dublin Twp	Fulton	PA	AB	9
Duboisstown Boro	Lycoming	PA	AZ	12
Dudley Borough	Huntingdon	PA	AT	3
Duncansville Borough	Blair	PA	AT	3
Dunmore Borough	Lackawanna	PA	AR	3
Dunnstable	Clinton	PA	AU	7
Dunnstable Twp	Clinton	PA	AZ	7
Dupont Borough	Luzerne	PA	AR	3
Duryea Borough	Luzerne	PA	AR	3
Eagles Mere Boro	Sullivan	PA	AZ	12
Earl	Lancaster	PA	AH	3
East Berlin - West	Adams	PA	AO	3
East Berlin - East	Adams	PA	AQ	3
East Buffalo Township	Union	PA	AZ	3
East Brunswick Township	Schuylkill	PA	AL	3
East Cocalico	Lancaster	PA	AH	3
East Donegal	Lancaster	PA	AI	3
East Drumore	Lancaster	PA	AH	3
East Earl	Lancaster	PA	AH	3
East Hanover - Southwest	Lebanon	PA	AK	7
East Hanover (Dauphin)	Dauphin	PA	AA	3
East Hanover (Lebanon)	Lebanon	PA	AA	3
East Hempfield	Lancaster	PA	AH	3
East Lampeter	Lancaster	PA	AH	3
East Manchester	York	PA	AP	3
East Norwegian Twp	Schuylkill	PA	AL	3
East Pennsboro	Cumberland	PA	AA	3
East Petersburg	Lancaster	PA	AH	3
East Prospect	York	PA	AP	3
Eden	Lancaster	PA	AH	3
Edwardsville	Luzerne	PA	AR	3
Elizabeth	Lebanon	PA	AK	7
Elizabethtown	Lancaster	PA	AI	3
Elizabethville	Dauphin	PA	AW	3

Elmhurst Twp	Lackawanna	PA	AR	3
Ephrata Borough	Lancaster	PA	AH	3
Ephrata Township	Lancaster	PA	AH	3
Exeter Borough	Luzerne	PA	AR	3
Exeter Twp (Berks Co.)	Berks	PA	AJ	3
Exeter Twp (Luzerne)	Luzerne	PA	AR	3
Exeter Twp (Wyoming)	Wyoming	PA	AR	3
Factoryville Borough	Wyoming	PA	AR	3
Fairfield	Adams	PA	AO	3
Fairfield Twp	Lycoming	PA	AZ	12
Fairview Twp	York	PA	AA	3
Fell Township	Lackawanna	PA	AR	3
Felton	York	PA	AP	3
Ferguson Township	Centre	PA	AT	3
Flemington	Clinton	PA	AU	7
Forty Fort	Luzerne	PA	AR	3
Foster Township (Schuylkill Co)	Schuylkill	PA	AL	3
Franklin Township (Adams Co)	Adams	PA	AO	3
Franklin Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Franklin Township (Luzerne Co)	Luzerne	PA	AR	3
Franklin Township (Lycoming Co.)	Lycoming	PA	AZ	12
Franklin Township (York Co) PA	York	PA	AN	3
Franklinton Borough PA	York	PA	AN	3
Frankstown Township	Blair	PA	AT	3
Frederick County	Frederick	MD	AM	5
Freedom Twp	Adams	PA	AO	3
Fulton	Lancaster	PA	AH	3
Germany Twp - West	Adams	PA	AO	3
Germany Twp - Southeast	Adams	PA	AQ	3
Gettysburg	Adams	PA	AO	3
Glen Rock Boro	York	PA	AN	3
Glenburn Twp	Lackawanna	PA	AR	3
Goldsboro	York	PA	AP	3
Granville	Mifflin	PA	AV	14
Gratz	Dauphin	PA	AW	3
Greencastle Boro	Franklin	PA	AF	4
Greene Twp (Clinton Co.)	Clinton	PA	AZ	7
Greene Twp (Franklin Co.)	Franklin	PA	AE	3
Greenwich	Berks	PA	AJ	4
Greenwood Twp	Perry	PA	AA	3
Gregg Township (Centre Co)	Centre	PA	AT	3
Gregg Township (Union Co)	Union	PA	AZ	3
Guilford Township	Franklin	PA	AD	3
Gulich Township	Clearfield	PA	AT	3
Halfmoon Township	Centre	PA	AT	3
Halifax Borough	Dauphin	PA	AA	3
Halifax Twp	Dauphin	PA	AA	3
Hallam Boro	York	PA	AP	3
Hamburg	Berks	PA	AJ	4
Hamilton Twp (Adams Co.) - North	Adams	PA	AO	3
Hamilton Twp (Adams Co.) - South	Adams	PA	AQ	3
Hamilton Twp (Franklin Co.) - East	Franklin	PA	AE	3
Hamilton Twp (Franklin Co.) - West	Franklin	PA	AG	4
Hamiltonban	Adams	PA	AO	3
Hampden Twp	Cumberland	PA	AA	3
Hanover Boro	York	PA	AQ	3
Hanover Township (Luzerne Co)	Luzerne	PA	AR	3
Harris Township	Centre	PA	AT	3
Harvey's Lake Boro	Luzerne	PA	AR	3
Hazle Township	Luzerne	PA	AR	3
Hegins Twp	Schuylkill	PA	AY	3
Heidelberg Twp (Berks Co.)	Berks	PA	AJ	3
Heidelberg Twp (Lebanon Co.)	Lebanon	PA	AK	7
Heidelberg Twp (York Co.)	York	PA	AQ	3
Hellam	York	PA	AH	11
Hellam Twp	York	PA	AP	3
Henderson Township	Huntingdon	PA	AT	3
Hepburn Twp	Lycoming	PA	AZ	12
Highland Twp	Adams	PA	AO	3
Highspire Borough	Dauphin	PA	AA	3
Holidaysburg Borough	Blair	PA	AT	3
Hopewell Borough	Bedford	PA	AT	3
Hopewell Township (Bedford Co)	Bedford	PA	AT	3
Hopewell Township (Huntingdon Co)	Huntingdon	PA	AT	3
Hopewell Township (York Co)	York	PA	AN	3
Houtzdale Borough	Clearfield	PA	AT	3
Howard Borough	Centre	PA	AT	3
Howard Township	Centre	PA	AT	3
Howe Twp	Perry	PA	AA	3
Hubley Twp	Schuylkill	PA	AY	3
Hughestown Borough	Luzerne	PA	AR	3
Hughesville Boro	Lycoming	PA	AZ	12
Hummelstown Boro	Dauphin	PA	AA	3
Hunlock Township	Luzerne	PA	AR	3
Huntingdon	Huntingdon	PA	AT	3
Huntington Twp	Adams	PA	AO	3
Huston Twp	Centre	PA	AT	3
Jackson Twp (Dauphin Co.)	Dauphin	PA	AA	3
Jackson Twp (Lebanon Co.)	Lebanon	PA	AK	7
Jackson Twp (York Co.) - Southwest	York	PA	AO	2
Jackson Twp (York Co.) - Northeast	York	PA	AP	3
Jacobus Twp	York	PA	AP	3
Jefferson Borough	York	PA	AN	3
Jefferson Twp (Berks Co.)	Berks	PA	AJ	3

Jefferson Twp (Dauphin Co.)	Dauphin	PA	AA	3
Jefferson Twp (Lackawanna Co.)	Lackawanna	PA	AR	3
Jenkins Borough	Luzerne	PA	AR	3
Jermyn Borough	Lackawanna	PA	AR	3
Jersey Shore Boro	Lycoming	PA	AZ	7
Jessup Borough	Lackawanna	PA	AR	3
Jonestown	Lebanon	PA	AK	7
Juniata Terrace	Mifflin	PA	AV	14
Juniata Twp (Huntingdon Co.)	Huntingdon	PA	AT	3
Juniata Twp (Perry Co.)	Perry	PA	AA	3
Kenhorst	Berks	PA	AJ	3
Kingston Borough	Luzerne	PA	AR	3
Kingston Township	Luzerne	PA	AR	3
Kistler Borough	Mifflin	PA	AX	3
La Plume Township	Lackawanna	PA	AR	3
Lafin Borough	Luzerne	PA	AR	3
Lake Township	Luzerne	PA	AR	3
Lamar Twp	Clinton	PA	AZ	7
Lancaster	Lancaster	PA	AH	3
Lancaster Township	Lancaster	PA	AH	3
Landingville	Schuylkill	PA	AL	3
Laporte Borough	Sullivan	PA	AZ	10
Laporte Twp	Sullivan	PA	AZ	10
Larksville Borough	Luzerne	PA	AR	3
Latimore Twp	Adams	PA	AO	3
Laureldale	Berks	PA	AJ	3
Leacock	Lancaster	PA	AH	3
Lebanon	Lebanon	PA	AK	7
Leesport	Berks	PA	AJ	3
Lehman Twp	Luzerne	PA	AR	3
Lemoyne Borough	Cumberland	PA	AA	3
Lenhartsville	Berks	PA	AJ	4
Letterkenny Twp	Franklin	PA	AE	3
Lewis Twp	Northumberland	PA	AZ	12
Lewisburg Borough	Union	PA	AZ	3
Lewistown	Mifflin	PA	AV	14
Liberty Twp (Adams Co.)	Adams	PA	AO	3
Liberty Twp (Bedford Co.)	Bedford	PA	AT	3
Liberty Twp (Centre Co.)	Centre	PA	AT	3
Limestone Township (Lycoming Co)	Lycoming	PA	AZ	12
Limestone Township (Montour Co)	Montour	PA	AZ	12
Lincoln Township	Huntingdon	PA	AT	3
Litz Borough	Lancaster	PA	AH	3
Little Britain	Lancaster	PA	AH	3
Littlestown - West	Adams	PA	AO	3
Littlestown - East	Adams	PA	AQ	3
Liverpool Borough	Perry	PA	AA	3
Liverpool Twp	Perry	PA	AA	3
Lock Haven	Clinton	PA	AU	7
Logan Township (Blair Co)	Blair	PA	AT	3
Logan Township (Huntingdon Co)	Huntingdon	PA	AT	3
Loganton Boro	Clinton	PA	AZ	7
Loganville	York	PA	AP	3
Londonderry Township (Dauphin Co)	Dauphin	PA	AA	3
Lower Allen Twp	Cumberland	PA	AA	3
Lower Alsace	Berks	PA	AJ	3
Lower Frankford Twp	Cumberland	PA	AA	3
Lower Heidelberg	Berks	PA	AJ	3
Lower Mahanoy Twp	Northumberland	PA	AA	3
Lower Mifflin Twp	Cumberland	PA	AE	8
Lower Paxton Twp	Dauphin	PA	AA	3
Lower Swatara Twp	Dauphin	PA	AA	3
Lower Windsor	York	PA	AP	3
Loyalsock Twp	Lycoming	PA	AZ	12
Luzerne	Luzerne	PA	AR	3
Lycoming Twp	Lycoming	PA	AZ	12
Lykens Boro	Dauphin	PA	AW	3
Lykens Twp	Dauphin	PA	AW	3
Madison Twp (Columbia Co.)	Columbia	PA	AZ	12
Madison Twp (Lackawanna Co.)	Lackawanna	PA	AR	3
Maidencreek Twp	Berks	PA	AJ	4
Manchester Boro	York	PA	AP	3
Manchester Twp	York	PA	AP	3
Manheim Township (Lancaster Co)	Lancaster	PA	AH	3
Manheim Township (York Co) - West	York	PA	AQ	3
Manheim Township (York Co) - East	York	PA	AN	3
Manor	Lancaster	PA	AH	3
Marietta	Lancaster	PA	AI	3
Marion Township (Berks Co)	Berks	PA	AJ	3
Marion Township (Centre Co)	Centre	PA	AT	3
Marklesburg Borough	Huntingdon	PA	AT	3
Martic	Lancaster	PA	AH	3
Martinsburg Borough	Blair	PA	AT	3
Marysville	Perry	PA	AA	3
Mayfield Borough	Lackawanna	PA	AR	3
McAdoo Borough	Schuylkill	PA	AL	3
McSherrystown	Adams	PA	AQ	3
Mechanicsburg	Cumberland	PA	AA	3
Mechanicsville	Schuylkill	PA	AL	3
Menallen Twp	Adams	PA	AO	3
Mercersburg Boro	Franklin	PA	AG	4
Metal Twp	Franklin	PA	AE	4
Middle Paxton	Dauphin	PA	AA	3
Middleport Borough	Schuylkill	PA	AL	3

Middlesex Twp	Cumberland	PA	AA	3
Middleton Twp	Cumberland	PA	AN	16
Middletown	Dauphin	PA	AA	3
Mifflin Township (Columbia Co)	Columbia	PA	AZ	12
Mifflin Township (Dauphin Co)	Dauphin	PA	AW	3
Mifflin Township (Lycoming Co)	Lycoming	PA	AZ	10
Milesburg Borough	Centre	PA	AT	3
Mill Creek Borough	Huntingdon	PA	AT	3
Mill Hall Boro	Clinton	PA	AZ	7
Millcreek	Lebanon	PA	AK	7
Miller Township	Huntingdon	PA	AT	3
Millersburg Borough	Dauphin	PA	AA	3
Millerstown	Perry	PA	AA	3
Millersville	Lancaster	PA	AH	3
Minersville	Schuylkill	PA	AL	3
Mohnton	Berks	PA	AJ	3
Monaghan Township	York	PA	AN	3
Monroe Borough	Bradford	PA	AS	3
Monroe Twp (Cumberland Co.) - Northwest	Cumberland	PA	AA	3
Monroe Twp (Cumberland Co.) - Southeast	Cumberland	PA	AN	1
Monroe Twp (Bradford Co.)	Bradford	PA	AS	3
Monroeton	Bradford	PA	AS	3
Mont Alto Borough	Franklin	PA	AD	3
Montgomery Borough	Lycoming	PA	AZ	12
Montgomery Twp - North	Franklin	PA	AF	4
Montgomery Twp - Southwest	Lycoming	PA	AZ	12
Montoursville Boro	Lycoming	PA	AZ	12
Moosic	Luzerne	PA	AR	3
Morris Township (Clearfield Co)	Clearfield	PA	AT	3
Morris Township (Huntingdon Co)	Huntingdon	PA	AT	3
Moscow Borough	Lackawanna	PA	AR	3
Mount Carbon	Schuylkill	PA	AL	3
Mount Gretna	Lebanon	PA	AK	7
Mount Holly Springs Borough	Cumberland	PA	AA	3
Mount Joy Borough	Lancaster	PA	AI	3
Mount Joy Twp (Adams Co.)	Adams	PA	AO	3
Mount Joy Twp (Lancaster Co.)	Lancaster	PA	AI	3
Mount Penn	Berks	PA	AJ	3
Mount Pleasant Township - Southeast	Adams	PA	AQ	3
Mount Pleasant Township - West	Adams	PA	AO	3
Mount Union Borough	Huntingdon	PA	AT	3
Mount Wolf Borough	York	PA	AP	3
Mountville - Southeast	Lancaster	PA	AH	3
Mountville - Northwest	Lancaster	PA	AI	3
Muhlenberg	Berks	PA	AJ	3
Muncy Boro	Lycoming	PA	AZ	12
Muncy Creek Twp	Lycoming	PA	AZ	12
Muncy Twp	Lycoming	PA	AZ	12
Myerstown	Lebanon	PA	AK	7
Nanticoke	Luzerne	PA	AR	3
Nescopeck Borough	Luzerne	PA	AR	3
New Castle	Schuylkill	PA	AL	3
New Cumberland	Cumberland	PA	AA	3
New Freedom	York	PA	AN	3
New Holland	Lancaster	PA	AH	3
New Oxford - West	Adams	PA	AO	3
New Oxford - East	Adams	PA	AQ	3
New Philadelphia Borough	Schuylkill	PA	AL	3
New Salem Borough	York	PA	AN	3
Newberry Twp	York	PA	AP	3
Newport Borough	Perry	PA	AA	3
Newport Township	Luzerne	PA	AR	3
Newton Hamilton	Mifflin	PA	AX	3
Newton Twp	Lackawanna	PA	AR	3
Newville Boro	Cumberland	PA	AE	8
Nicholson Borough	Wyoming	PA	AR	3
Nicholson Twp	Wyoming	PA	AR	3
Nippenose Twp	Lycoming	PA	AZ	7
North Abington Township	Lackawanna	PA	AR	3
North Annville	Lebanon	PA	AK	7
North Codorus	York	PA	AN	3
North Cornwall	Lebanon	PA	AK	7
North Heidelberg	Berks	PA	AJ	3
North Lebanon	Lebanon	PA	AK	7
North Londonderry Twp	Lebanon	PA	AA	3
North Manheim Twp	Schuylkill	PA	AL	3
North Middleton Twp	Cumberland	PA	AA	3
North Newton Township	Cumberland	PA	AA	3
North Towanda	Bradford	PA	AS	3
North York	York	PA	AP	3
Northmoreland Twp	Luzerne	PA	AR	3
Norwegian Twp	Schuylkill	PA	AL	3
Noyes Twp	Clinton	PA	AZ	7
Old Forge	Lackawanna	PA	AR	3
Old Lycoming Twp	Lycoming	PA	AZ	12
Oley Twp	Berks	PA	AJ	3
Oliver Twp	Perry	PA	AA	3
Olyphant Borough	Lackawanna	PA	AR	3
Oneida Township	Huntingdon	PA	AT	3
Ontelaunee	Berks	PA	AJ	3
Orwigsburg	Schuylkill	PA	AL	3
Osceola Mills Borough	Clearfield	PA	AT	3
Oxford	Adams	PA	AO	3
Oxford Twp	Adams	PA	AQ	3

Palmyra Borough	Lebanon	PA	AA	3
Palo Alto Borough	Schuylkill	PA	AL	3
Paradise Twp (Lancaster Co.)	Lancaster	PA	AH	3
Paradise (York Co.) - West	York	PA	AO	3
Paradise (York Co.) - Southeast	York	PA	AQ	3
Patton Township	Centre	PA	AT	3
Paxtang Borough	Dauphin	PA	AA	3
Penbrook Borough	Dauphin	PA	AA	3
Penn Township (Berks Co)	Berks	PA	AJ	3
Penn Township (Cumberland Co.) - Northeast	Cumberland	PA	AA	3
Penn Township (Cumberland Co.) - Southwest	Cumberland	PA	AE	3
Penn Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Penn Township (Lycoming Co)	Lycoming	PA	AZ	12
Penn Township (York Co)	York	PA	AQ	3
Pequea	Lancaster	PA	AH	3
Perry	Berks	PA	AJ	4
Peters Twp - Southwest	Franklin	PA	AF	4
Peters Twp - Northeast	Franklin	PA	AG	4
Petersburg Borough	Huntingdon	PA	AT	3
Phillipsburg Borough	Centre	PA	AT	3
Piatt Twp	Lycoming	PA	AZ	10
Picture Rocks Boro	Lycoming	PA	AZ	12
Pillow	Dauphin	PA	AW	3
Pine Creek Twp	Clinton	PA	AZ	7
Pine Grove Borough	Schuylkill	PA	AL	3
Pine Grove Twp	Schuylkill	PA	AL	3
Pittston	Luzerne	PA	AR	3
Pittston Township	Luzerne	PA	AR	3
Plains	Luzerne	PA	AR	3
Plymouth	Luzerne	PA	AR	3
Point Township	Northumberland	PA	AZ	12
Port Carbon Borough	Schuylkill	PA	AL	3
Port Clinton	Schuylkill	PA	AL	3
Port Matilda Borough	Centre	PA	AT	3
Porter Township (Clinton Co)	Clinton	PA	AZ	7
Porter Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Porter Township (Lycoming Co)	Lycoming	PA	AZ	7
Porter Township (Schuylkill Co)	Schuylkill	PA	AY	3
Potter Township	Centre	PA	AT	3
Pottsville	Schuylkill	PA	AL	3
Pringle Borough	Luzerne	PA	AR	3
Providence	Lancaster	PA	AH	3
Quarryville	Lancaster	PA	AH	3
Quincy Township	Franklin	PA	AD	4
Railroad	York	PA	AN	3
Ramey Borough	Clearfield	PA	AT	3
Ransom Twp	Lackawanna	PA	AR	3
Rapho	Lebanon	PA	AK	7
Rapho Township	Lancaster	PA	AI	3
Reading	Berks	PA	AJ	3
Reading Twp	Adams	PA	AO	3
Red Lion Boro	York	PA	AP	3
Reed Twp	Dauphin	PA	AA	3
Reilly Township	Schuylkill	PA	AL	3
Renovo Boro	Clinton	PA	AZ	7
Richland	Lebanon	PA	AK	7
Roaring Brook Twp	Lackawanna	PA	AR	3
Roaring Spring Borough	Blair	PA	AT	3
Robesonia	Berks	PA	AJ	3
Royalton Borough	Dauphin	PA	AA	3
Ruscombmanor	Berks	PA	AJ	3
Rush Township (Centre Co.)	Centre	PA	AT	3
Rush Township (Dauphin Co)	Dauphin	PA	AY	3
Rye Twp	Perry	PA	AA	3
Sadsbury	Lancaster	PA	AH	3
Salem Township (Luzerne Co)	Luzerne	PA	AR	3
Salisbury	Lancaster	PA	AH	3
Salladasburg Boro	Lycoming	PA	AZ	10
Saxton Borough	Bedford	PA	AT	3
Schuylkill Haven	Schuylkill	PA	AL	3
Schuylkill Township (Schuylkill Co)	Schuylkill	PA	AL	3
Scott Twp	Lackawanna	PA	AR	3
Scranton	Lackawanna	PA	AR	3
Seven Valleys	York	PA	AN	3
Shady Grove	Franklin	PA	AF	4
Shickshinny Borough	Luzerne	PA	AR	3
Shillington	Berks	PA	AJ	3
Shippensburg Boro	Cumberland	PA	AE	8
Shippensburg Twp	Cumberland	PA	AE	8
Shiremanstown	Cumberland	PA	AA	3
Shirley Township	Huntingdon	PA	AT	3
Shirleysburg Borough	Huntingdon	PA	AT	3
Shoemakersville	Berks	PA	AJ	4
Shrewsbury	York	PA	AN	3
Shrewsbury Township (Lycoming Co)	Lycoming	PA	AZ	12
Shrewsbury Township (Sullivan Co)	Sullivan	PA	AZ	12
Shrewsbury Township (York Co)	York	PA	AN	3
Silver Spring Twp	Cumberland	PA	AA	3
Sinking Spring	Berks	PA	AJ	3
Smithfield Township	Huntingdon	PA	AT	3
Snyder Township	Blair	PA	AT	3
South Abington Township	Lackawanna	PA	AR	3
South Annville - Northeast	Lebanon	PA	AA	3
South Annville - Southwest	Lebanon	PA	AK	7

South Hanover	Dauphin	PA	AA	3
South Heidelberg	Berks	PA	AJ	3
South Lebanon	Lebanon	PA	AK	7
South Londonderry - Northeast	Lebanon	PA	AA	3
South Londonderry - Southwest	Lebanon	PA	AK	7
South Manheim Twp	Schuylkill	PA	AL	3
South Middleton Twp	Cumberland	PA	AA	3
South Newton Township	Cumberland	PA	AA	3
South Renovo Boro	Clinton	PA	AZ	7
South Williamsport	Lycoming	PA	AZ	12
Southampton Twp (Cumberland)	Cumberland	PA	AE	8
Southampton Twp (Franklin)	Franklin	PA	AE	3
Spring Brook Township	Lackawanna	PA	AR	3
Spring Garden Twp	York	PA	AP	3
Spring Grove	York	PA	AN	3
Spring Township (Berks Co.)	Berks	PA	AJ	3
Spring Township (Centre Co.)	Centre	PA	AT	3
Spring Twp (Perry Co.)	Perry	PA	AA	3
Springettsbury	York	PA	AP	3
Springfield	York	PA	AP	3
St. Clair Borough	Schuylkill	PA	AL	3
St. Lawrence Borough	Berks	PA	AJ	3
St. Thomas Twp - East	Franklin	PA	AE	3
St. Thomas Twp - West	Franklin	PA	AG	4
State College	Centre	PA	AT	3
Steelton Borough	Dauphin	PA	AA	3
Stewartstown Borough	York	PA	AN	3
Straban Twp	Adams	PA	AO	3
Strasburg Borough	Lancaster	PA	AH	3
Strasburg Twp	Lancaster	PA	AH	3
Strausstown	Berks	PA	AJ	15
Sugar Notch Borough	Luzerne	PA	AR	3
Susquehanna Twp (Dauphin Co.)	Dauphin	PA	AA	3
Susquehanna Twp (Juniata Co.)	Juniata	PA	AA	3
Susquehanna Twp (Lycoming Co.)	Lycoming	PA	AZ	12
Swatara Twp (Dauphin Co.)	Dauphin	PA	AA	3
Swatara Twp (Lebanon Co.)	Lebanon	PA	AK	7
Swoyersville	Luzerne	PA	AR	3
Tamaqua Borough	Schuylkill	PA	AL	3
Taylor Borough	Lackawanna	PA	AR	3
Taylor Township (Centre Co.) - North	Centre	PA	AT	3
Taylor Township (Fulton Co.) - South	Fulton	PA	AB	9
Throop	Lackawanna	PA	AR	3
Tilden	Berks	PA	AJ	4
Todd Township (Fulton Co)	Fulton	PA	AB	9
Todd Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Towanda Boro	Bradford	PA	AS	3
Towanda Twp	Bradford	PA	AS	3
Tower City	Schuylkill	PA	AY	3
Tremont Twp	Schuylkill	PA	AL	3
Tulpehocken	Berks	PA	AJ	15
Turbot Twp	Northumberland	PA	AZ	12
Turbotville Borough	Northumberland	PA	AZ	12
Tuscarora Twp	Perry	PA	AA	3
Tyrone Borough	Blair	PA	AT	3
Tyrone Twp	Adams	PA	AO	3
Union Township (Adams Co.) - Southeast	Adams	PA	AQ	3
Union Township (Adams Co.) - West	Adams	PA	AO	3
Union Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Union Township (Lebanon Co.)	Lebanon	PA	AK	7
Upper Allen Twp	Cumberland	PA	AA	3
Upper Bern	Berks	PA	AJ	3
Upper Leacock	Lancaster	PA	AH	3
Upper Mahontongo Twp	Schuylkill	PA	AY	3
Upper Paxton	Dauphin	PA	AW	3
Upper Paxton Twp	Dauphin	PA	AA	3
Upper Tulpehocken	Berks	PA	AJ	3
Walker Township (Centre Co.)	Centre	PA	AT	3
Walker Township (Huntingdon Co.)	Huntingdon	PA	AT	3
Walnut Grove	York	PA	AN	3
Warrington Twp	York	PA	AO	2
Warrior Run Borough	Luzerne	PA	AR	3
Warwick Township (Lancaster Co.)	Lancaster	PA	AH	3
Washington County	Washington	MD	AM	6
Washington Township (Dauphin Co.)	Dauphin	PA	AW	3
Washington Township (Franklin Co.)	Franklin	PA	AD	4
Washington Township (Lycoming Co.)	Lycoming	PA	AZ	12
Washington Township (Schuylkill Co.)	Schuylkill	PA	AL	3
Washington Township (York Co.)	York	PA	AO	2
Watson Twp	Lycoming	PA	AZ	7
Watsonstown Borough	Northumberland	PA	AZ	12
Waverly Township (fka Abington Twp)	Lackawanna	PA	AR	3
Wayne Township (Clinton Co.)	Clinton	PA	AZ	7
Wayne Township (Dauphin Co.)	Dauphin	PA	AA	3
Wayne Township (Mifflin Co.)	Mifflin	PA	AX	3
Wayne Township (Schuylkill Co.)	Schuylkill	PA	AL	3
Waynesboro	Franklin	PA	AD	4
Wells Township	Fulton	PA	AC	3
Wernersville	Berks	PA	AJ	3
West Brunswick - Southeast	Berks	PA	AJ	13
West Brunswick - Northwest	Schuylkill	PA	AL	3
West Buffalo Township	Union	PA	AZ	3
West Cocalico	Lancaster	PA	AK	7
West Cornwall	Lebanon	PA	AK	7

West Donegal Twp	Lancaster	PA	AI	3
West Earl	Lancaster	PA	AH	3
West Fairview Twp	Cumberland	PA	AA	3
West Hanover Twp	Dauphin	PA	AA	3
West Hempfield - Southeast	Lancaster	PA	AH	3
West Hempfield - Northwest	Lancaster	PA	AI	3
West Lampeter	Lancaster	PA	AH	3
West Lawn	Berks	PA	AJ	3
West Lebanon	Lebanon	PA	AK	7
West Manchester	York	PA	AP	3
West Manheim	York	PA	AQ	3
West Pennsboro	Cumberland	PA	AA	3
West Pittston Borough	Luzerne	PA	AR	3
West Reading	Berks	PA	AJ	3
West Wyoming	Luzerne	PA	AR	3
West York	York	PA	AP	3
Wiconisco	Dauphin	PA	AW	3
Wilkes-Barre	Luzerne	PA	AR	3
Wilkes-Barre Township	Luzerne	PA	AR	3
Williams Township	Dauphin	PA	AW	3
Williamsburg Borough	Blair	PA	AT	3
Williamsport	Lycoming	PA	AZ	12
Williamstown	Dauphin	PA	AW	3
Willow Valley	Lancaster	PA	AH	3
Windsor Boro	York	PA	AP	3
Windsor Twp (Berks Co.)	Berks	PA	AJ	4
Windsor Twp (York Co.)	York	PA	AP	3
Wolf Twp	Lycoming	PA	AZ	12
Womelsdorf	Berks	PA	AJ	3
Wood Township	Huntingdon	PA	AT	3
Woodbury Township	Blair	PA	AT	3
Woodward Township (Clinton Co)	Clinton	PA	AU	7
Woodward Township (Clearfield Co)	Clearfield	PA	AT	3
Woodward Township (Lycoming Co)	Lycoming	PA	AZ	12
Wormleysburg Boro	Cumberland	PA	AA	3
Worth Township	Centre	PA	AT	3
Wrightsville	York	PA	AH	11
Wyoming	Luzerne	PA	AR	3
Wyomissing	Berks	PA	AJ	3
Wyomissing Hills	Berks	PA	AJ	3
Wysox Twp	Bradford	PA	AS	3
Yatesville Borough	Luzerne	PA	AR	3
Yoe Boro	York	PA	AP	3
York	York	PA	AP	3
York Haven Boro	York	PA	AP	3
York Springs Boro	Adams	PA	AO	3
York Twp	York	PA	AP	3
Yorkana Boro	York	PA	AP	3

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Southeast Pennsylvania, LLC

SYSTEM ID#
006580

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 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
WDCA-DT	20	I	No		WASHINGTON, DC
WDCA-DT-HD	20	I-M	No		WASHINGTON, DC
WDCA-DT2	20	I-M	No		WASHINGTON, DC
WDCA-DT3	20	I-M	No		WASHINGTON, DC
WDCW-DT	50	I	No		WASHINGTON, DC
WDCW-DT-HD	50	I-M	No		WASHINGTON, DC
WDCW-DT2	50	I-M	No		WASHINGTON, DC
WDME-DT-HD	48	I	No		WASHINGTON, DC
WDME-DT2	48	I-M	No		WASHINGTON, DC
WDME-DT3	48	I-M	No		WASHINGTON, DC
WDME-DT4	48	I-M	No		WASHINGTON, DC
WDVM-DT	25	I	No		HAGERSTOWN, MD
WDVM-DT-HD	25	I-M	No		HAGERSTOWN, MD
WDVM-DT2	25	I-M	No		HAGERSTOWN, MD
WDVM-DT3	25	I-M	No		HAGERSTOWN, MD
WETA-DT	26	E	Yes	O	WASHINGTON, DC
WETA-DT-HD	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT2-HD	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT3	26	E-M	Yes	E	WASHINGTON, DC
WETA-DT5-HD	26	E-M	Yes	E	WASHINGTON, DC
WGAL-DT	8	N	Yes	O	LANCASTER, PA
WHP-DT	21	N	Yes	O	HARRISBURG, PA
WJAL-DT	9	I	Yes	O	SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJLA-DT-HD	7	N-M	No		WASHINGTON, DC
WJLA-DT2	7	I-M	No		WASHINGTON, DC
WJLA-DT3	7	I-M	No		WASHINGTON, DC
WMDE-DT	5	I	No		DOVER, DE
WMDE-DTHD	5	I-M	No		DOVER, DE
WRC-DT	48	N	No		WASHINGTON, DC
WRC-DT-HD	48	N-M	No		WASHINGTON, DC
WRC-DT2	48	I-M	No		WASHINGTON, DC
WRC-DT3	48	I-M	No		WASHINGTON, DC
WTTG-DT	36	I	No		WASHINGTON, DC
WTTG-DT2	36	I-M	No		WASHINGTON, DC
WTTG-DT3	36	I-M	No		WASHINGTON, DC
WTTG-DT-HD	36	I-M	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WUSA-DT-HD	9	N-M	No		WASHINGTON, DC
WUSA-DT2	9	I-M	No		WASHINGTON, DC
WUSA-DT3	9	I-M	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD
WWPX-DT	60	I	No		MARTINSBURG, WV
WWPX-DT-HD	60	I-M	No		MARTINSBURG, WV
WWPX-DT2-HD	60	I-M	No		MARTINSBURG, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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.

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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
WATM-DT	24	N	No		ALTOONA, PA
WATM-DT3	24	I-M	No		ALTOONA, PA
WATM-DT4	24	I-M	No		ALTOONA, PA
WATM-DT-HD	24	N-M	No		ALTOONA, PA
WHVL-DT	27	I	No		STATE COLLEGE, PA
WHVL-DT-HD	27	I-M	No		STATE COLLEGE, PA
WJAC-DT	34	N	No		JOHNSTOWN, PA
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA
WJAC-DT-HD	34	N-M	No		JOHNSTOWN, PA
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4-HD	34	I-M	No		JOHNSTOWN, PA
WKBS-DT	46	I	No		ALTOONA, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT-HD	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA
WTAJ-DT	32	N	No		ALTOONA, PA
WTAJ-DT-HD	32	N-M	No		ALTOONA, PA
WTAJ-DT2	32	I-M	No		ALTOONA, PA
WTAJ-DT3	32	I-M	No		ALTOONA, PA
WWCP-DT	8	I	No		JOHNSTOWN, PA
WWCP-DT-HD	8	I-M	No		JOHNSTOWN, PA
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	Yes	O	WASHINGTON, DC
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WRC-DT	48	N	Yes	O	WASHINGTON, DC
WTTG-DT	36	I	Yes	O	WASHINGTON, DC
WUSA-DT	9	N	Yes	O	WASHINGTON, DC

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WTTG-DT	36	I	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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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 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
WCAU-DT	34	N	Yes	O	PHILADELPHIA, PA
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WTFX-DT	42	I	Yes	O	PHILADELPHIA, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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:

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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 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 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
KYW-DT	26	N	No		PHILADELPHIA, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WTFX-DT	42	I	No		PHILADELPHIA, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Southeast Pennsylvania, LLC

SYSTEM ID#
006580

Name

PRIMARY TRANSMITTERS: TELEVISION

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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.

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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
KYW-DT	26	N	No		PHILADELPHIA, PA
KYW-DT-HD	26	N-M	No		PHILADELPHIA, PA
KYW-DT2	26	I-M	No		PHILADELPHIA, PA
KYW-DT3	26	I-M	No		PHILADELPHIA, PA
WACP-DT	4	I	Yes	O	ATLANTIC CITY, NJ
WACP-DT-HD	4	I-M	Yes	E	ATLANTIC CITY, NJ
WBPH-DT	9	I	No		BETHLEHEM, PA
WBPH-DT-HD	9	I-M	No		BETHLEHEM, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WCAU-DT2	34	I-M	No		PHILADELPHIA, PA
WCAU-DT-HD	34	N-M	No		PHILADELPHIA, PA
WCAU-DT3	34	I-M	No		PHILADELPHIA, PA
WDPN-DT	2	I	No		WILMINGTON, DE
WDPN-DTHD	2	I-M	No		WILMINGTON, DE
WDPN-DT4	2	I-M	No		WILMINGTON, DE
WDPN-DT6	2	I-M	No		WILMINGTON, DE
WFMZ-DT	9	I	No		ALLENTOWN, PA
WFMZ-DT2	9	I-M	No		ALLENTOWN, PA
WFMZ-DT-HD	9	I-M	No		ALLENTOWN, PA
WGAL-DT	8	N	No		LANCASTER, PA
WHYY-DT	12	E	Yes	O	WILMINGTON, DE
WHYY-DT2	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT3	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT-HD	12	E-M	Yes	E	WILMINGTON, DE
WITF-DT	36	E	Yes	O	HARRISBURG, PA
WITF-DT-HD	36	E-M	Yes	E	HARRISBURG, PA
WITF-DT2	36	E-M	Yes	E	HARRISBURG, PA
WLVT-DT	9	E	No		ALLENTOWN, PA
WLVT-DT2	9	E-M	No		ALLENTOWN, PA
WLVT-DT-HD	9	E-M	No		ALLENTOWN, PA
WLVT-DT3	9	E-M	No		ALLENTOWN, PA
WMCN-DT	12	I	Yes	O	PRINCETON, NJ
WMCN-DT-HD	12	I-M	Yes	E	PRINCETON, NJ
WPHL-DT	17	I	No		PHILADELPHIA, PA
WPHL-DT2	17	I-M	No		PHILADELPHIA, PA
WPHL-DT3	17	I-M	No		PHILADELPHIA, PA
WPHL-DT4	17	I-M	No		PHILADELPHIA, PA
WPHL-DT-HD	17	I-M	No		PHILADELPHIA, PA
WPPT-DT	9	E	Yes	O	PHILADELPHIA, PA
WPPT-DT2	9	E-M	Yes	O	PHILADELPHIA, PA
WPPX-DT	31	I	Yes	O	WILMINGTON, DE
WPPX-DT-HD	31	I-M	Yes	E	WILMINGTON, DE
WPSG-DT	32	I	Yes	O	PHILADELPHIA, PA
WPSG-DT-HD	32	I-M	Yes	E	PHILADELPHIA, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WPVI-DT-HD	6	N-M	No		PHILADELPHIA, PA
WPVI-DT2-HD	6	N-M	No		PHILADELPHIA, PA
WTVE-DT	25	I	No		READING, PA
WTVE-DTHD	25	I-M	No		READING, PA
WTFX-DT	42	I	Yes	O	PHILADELPHIA, PA
WTFX-DT2	42	I-M	Yes	O	PHILADELPHIA, PA
WTFX-DT4	42	I-M	Yes	O	PHILADELPHIA, PA
WTFX-DT-HD	42	I-M	Yes	E	PHILADELPHIA, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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.

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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 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
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WVIA-DT	50	E	Yes	O	SCRANTON, PA
WVIA-DT2	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT3	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT-HD	50	E-M	Yes	E	SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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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).

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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.

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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
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WFMZ-DT	9	I	No		ALLENTOWN, PA
WLVY-DT	9	E	No		ALLENTOWN, PA
WLVY-DT-HD	9	E-M	No		ALLENTOWN, PA
WLVY-DT3	9	E-M	No		ALLENTOWN, PA
WLVY-DT2	9	E-M	No		ALLENTOWN, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	No		SCRANTON, PA
WVIA-DT2	50	E-M	No		SCRANTON, PA
WVIA-DT3	50	E-M	No		SCRANTON, PA
WVIA-DT-HD	50	E-M	No		SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Southeast Pennsylvania, LLC

SYSTEM ID#
006580

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.

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
WDCA-DT	20	I	No		WASHINGTON, DC
WDCA-DT-HD	20	I-M	No		WASHINGTON, DC
WDCA-DT2	20	I-M	No		WASHINGTON, DC
WDCA-DT3	20	I-M	No		WASHINGTON, DC
WDCW-DT	50	I	No		WASHINGTON, DC
WDCW-DT-HD	50	I-M	No		WASHINGTON, DC
WDCW-DT2	50	I-M	No		WASHINGTON, DC
WDME-DT-HD	48	I	No		WASHINGTON, DC
WDME-DT2	48	I-M	No		WASHINGTON, DC
WDME-DT3	48	I-M	No		WASHINGTON, DC
WDME-DT4	48	I-M	No		WASHINGTON, DC
WDVM-DT	25	I	No		HAGERSTOWN, MD
WDVM-DT-HD	25	I-M	No		HAGERSTOWN, MD
WDVM-DT2	25	I-M	No		HAGERSTOWN, MD
WDVM-DT3	25	I-M	No		HAGERSTOWN, MD
WETA-DT	26	E	No		WASHINGTON, DC
WETA-DT-HD	26	E-M	No		WASHINGTON, DC
WETA-DT2-HD	26	E-M	No		WASHINGTON, DC
WETA-DT3	26	E-M	No		WASHINGTON, DC
WETA-DT5-HD	26	E-M	No		WASHINGTON, DC
WGAL-DT	8	N	Yes	O	LANCASTER, PA
WHP-DT	21	N	Yes	O	HARRISBURG, PA
WJAL-DT	9	I	No		SILVER SPRING, MD
WJLA-DT	7	N	No		WASHINGTON, DC
WJLA-DT-HD	7	N-M	No		WASHINGTON, DC
WJLA-DT2	7	I-M	No		WASHINGTON, DC
WJLA-DT3	7	I-M	No		WASHINGTON, DC
WJZ-DT	13	N	Yes	O	BALTIMORE, MD
WMDE-DT	5	I	No		DOVER, DE
WMDE-DTHD	5	I-M	No		DOVER, DE
WRC-DT	48	N	No		WASHINGTON, DC
WRC-DT-HD	48	N-M	No		WASHINGTON, DC
WRC-DT2	48	I-M	No		WASHINGTON, DC
WRC-DT3	48	I-M	No		WASHINGTON, DC
WTTG-DT	36	I	No		WASHINGTON, DC
WTTG-DT2	36	I-M	No		WASHINGTON, DC
WTTG-DT3	36	I-M	No		WASHINGTON, DC
WTTG-DT-HD	36	I-M	No		WASHINGTON, DC
WUSA-DT	9	N	No		WASHINGTON, DC
WUSA-DT-HD	9	N-M	No		WASHINGTON, DC
WUSA-DT2	9	I-M	No		WASHINGTON, DC
WUSA-DT3	9	I-M	No		WASHINGTON, DC
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD
WWPX-DT	60	I	No		MARTINSBURG, WV
WWPX-DT-HD	60	I-M	No		MARTINSBURG, WV
WWPX-DT2-HD	60	I-M	No		MARTINSBURG, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJZ-DT	13	N	Yes	O	BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	Yes	O	BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT2-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT4	29	E-M	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.
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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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJAL-DT	9	I	Yes	O	SILVER SPRING, MD
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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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 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.

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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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WMPB-DT	29	E	No		BALTIMORE, MD
WMPB-DT3	29	E-M	No		BALTIMORE, MD
WMPB-DT2-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT-HD	29	E-M	No		BALTIMORE, MD
WMPB-DT4	29	E-M	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Southeast Pennsylvania, LLC

**SYSTEM ID#
006580**

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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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.

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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 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
WBAL-DT	11	N	No		BALTIMORE, MD
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WITF-DT	36	E	No		HARRISBURG, PA
WITF-DT-HD	36	E-M	No		HARRISBURG, PA
WITF-DT2	36	E-M	No		HARRISBURG, PA
WJZ-DT	13	N	No		BALTIMORE, MD
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WMAR-DT	38	N	No		BALTIMORE, MD
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WWPB-DT	44	E	No		HAGERSTOWN, MD
WWPB-DT-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT3	44	E-M	No		HAGERSTOWN, MD
WWPB-DT2-HD	44	E-M	No		HAGERSTOWN, MD
WWPB-DT4	44	E-M	No		HAGERSTOWN, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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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 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 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
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	No		SCRANTON, PA
WVIA-DT2	50	E-M	No		SCRANTON, PA
WVIA-DT3	50	E-M	No		SCRANTON, PA
WVIA-DT-HD	50	E-M	No		SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 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.

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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 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
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WENY-DT	36	N	No		ELMIRA, NY
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSKG-DT	42	E	No		BINGHAMTON, NY
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	No		SCRANTON, PA
WVIA-DT2	50	E-M	No		SCRANTON, PA
WVIA-DT3	50	E-M	No		SCRANTON, PA
WVIA-DT-HD	50	E-M	No		SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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:

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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 AT					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WATM-DT	24	N	No		ALTOONA, PA
WATM-DT3	24	I-M	No		ALTOONA, PA
WATM-DT4	24	I-M	No		ALTOONA, PA
WATM-DT-HD	24	N-M	No		ALTOONA, PA
WHVL-DT	27	I	No		STATE COLLEGE, PA
WHVL-DT-HD	27	I-M	No		STATE COLLEGE, PA
WJAC-DT	34	N	No		JOHNSTOWN, PA
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA
WJAC-DT-HD	34	N-M	No		JOHNSTOWN, PA
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4-HD	34	I-M	No		JOHNSTOWN, PA
WKBS-DT	46	I	No		ALTOONA, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT-HD	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA
WTAJ-DT	32	N	No		ALTOONA, PA
WTAJ-DT-HD	32	N-M	No		ALTOONA, PA
WTAJ-DT2	32	I-M	No		ALTOONA, PA
WTAJ-DT3	32	I-M	No		ALTOONA, PA
WWCP-DT	8	I	No		JOHNSTOWN, PA
WWCP-DT-HD	8	I-M	No		JOHNSTOWN, PA
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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.

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

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

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

G

Primary Transmitters:
Television

CHANNEL LINE-UP AU					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT-HD	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	Yes	O	SCRANTON, PA
WVIA-DT2	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT3	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT-HD	50	E-M	Yes	E	SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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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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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 AV					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WJAC-DT	34	N	Yes	O	JOHNSTOWN, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT-HD	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AX					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WGAL-DT	8	N	No		LANCASTER, PA
WGAL-DT-HD	8	N-M	No		LANCASTER, PA
WGAL-DT2	8	I-M	No		LANCASTER, PA
WGAL-DT4	8	I-M	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WHP-DT-HD	21	N-M	No		HARRISBURG, PA
WHP-DT2	21	I-M	No		HARRISBURG, PA
WHP-DT3	21	I-M	No		HARRISBURG, PA
WHP-DT3-HD	21	I-M	No		HARRISBURG, PA
WHTM-DT	10	N	No		HARRISBURG, PA
WHTM-DT-HD	10	N-M	No		HARRISBURG, PA
WHTM-DT3	10	I-M	No		HARRISBURG, PA
WHTM-DT4	10	I-M	No		HARRISBURG, PA
WLYH-DT	10	I	No		RED LION, PA
WLYH-DT-HD	10	I-M	No		RED LION, PA
WPMT-DT	36	I	No		YORK, PA
WPMT-DT-HD	36	I-M	No		YORK, PA
WPMT-DT2	36	I-M	No		YORK, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT-HD	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 AY

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WGAL-DT	8	N	No		LANCASTER, PA
WHP-DT	21	N	No		HARRISBURG, PA
WTF-DT	36	E	No		HARRISBURG, PA
WTF-DT-HD	36	E-M	No		HARRISBURG, PA
WTF-DT2	36	E-M	No		HARRISBURG, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	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 AZ

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBRE-DT	11	N	No		WILKES-BARRE, PA
WBRE-DT-HD	11	N-M	No		WILKES-BARRE, PA
WBRE-DT2	11	I-M	No		WILKES-BARRE, PA
WBRE-DT3	11	I-M	No		WILKES-BARRE, PA
WNEP-DT	50	N	No		SCRANTON, PA
WNEP-DT2	50	I-M	No		SCRANTON, PA
WNEP-DT-HD	50	N-M	No		SCRANTON, PA
WOLF-DT	45	I	No		HAZLETON, PA
WOLF-DT-HD	45	I-M	No		HAZLETON, PA
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT-HD	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA
WQMY-DT	29	I	No		WILLIAMSPORT, PA
WQMY-DT-HD	29	I-M	No		WILLIAMSPORT, PA
WQPX-DT	32	I	No		SCRANTON, PA
WQPX-DT-HD	32	I-M	No		SCRANTON, PA
WSWB-DT	31	I	No		SCRANTON, PA
WSWB-DT2	31	I-M	No		SCRANTON, PA
WSWB-DT-HD	31	I-M	No		SCRANTON, PA
WSWB-DT4	31	I-M	No		SCRANTON, PA
WVIA-DT	50	E	Yes	O	SCRANTON, PA
WVIA-DT2	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT3	50	E-M	Yes	E	SCRANTON, PA
WVIA-DT-HD	50	E-M	Yes	E	SCRANTON, PA
WYOU-DT	13	N	No		SCRANTON, PA
WYOU-DT-HD	13	N-M	No		SCRANTON, PA
WYOU-DT2	13	I-M	No		SCRANTON, PA
WYOU-DT3	13	I-M	No		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">89,895,595.35</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	89,895,595.35	(Amount of gross receipts)	
\$	89,895,595.35					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.		L Copyright Royalty Fee				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 89,895,595.35 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 956,489.13					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. \$ 48,744.88 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. \$ 19,579.88 Line 3. Add lines 1 and 2 and enter here. \$ 68,324.76					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 956,489.13 Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$ 0.00 Line 3. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 957,214.13 EFT Trace # or TRANSACTION ID # 27VNNOS8	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580
M Channels	<p>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 178</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,027</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Julie Laine, Comcast Cable Communications, LLC Telephone 215-286-2334</p> <p>Address One Comcast Center (Number, street, rural route, apartment, or suite number)</p> <p>Philadelphia, PA 19103 (City, town, state, zip)</p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: small; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Joseph Lance</p> <p>Title: Vice President, Regulatory Accounting (Title of official position held in corporation or partnership)</p> <p>Date: February 10, 2026</p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</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; font-weight: bold;">Special Statement Concerning Gross Receipts Exclusion</p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

<p>INTEREST ASSESSMENTS</p> <p>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.</p> <p>Line 1 Enter the amount of late payment or underpayment \$ _____ -</p> <p style="padding-left: 400px;">x _____ 1%</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -</p> <p style="padding-left: 400px;">x _____ 200 days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -</p> <p style="padding-left: 400px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ _____ -</p> <p style="text-align: right; padding-right: 50px;">(interest charge)</p> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p>** 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; font-weight: bold;">Interest Assessment</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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580
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3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<p>Instructions: CAPACITY</p> <p>Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).</p> <p>Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.</p> <p>Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.</p> <p>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.</p> <p>Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."</p> <p>Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.</p>					
CATEGORY LAC STATIONS: COMPUTATION OF DSEs						
	1. CALL SIGN	2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
		÷	=	x	=	
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00		

4 Computation of DSEs for Substitute-Basis Stations	<p>Instructions:</p> <p>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: <ul style="list-style-type: none"> • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). </p> <p>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</p> <p>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</p> <p>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</p>							
SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,						0.00		

5 Total Number of DSEs	<p>TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.</p>		
	1. Number of DSEs from part 2 ●	▶	14.00
	2. Number of DSEs from part 3 ●	▶	0.00
	3. Number of DSEs from part 4 ●	▶	0.00
	TOTAL NUMBER OF DSEs		14.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer is "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 is "No," complete blocks B and C below.

6

BLOCK A: TELEVISION MARKETS

Computation of 3.75 Fee

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

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

No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

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

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

BASIS OF PERMITTED CARRIAGE

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

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

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

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

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

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

M Retransmission of a distant multicast stream.

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

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WTFX-DT4	M	1.00	WVIA-DT	C	0.25	WETA-DT	C	0.25
WGAL-DT	D	0.25	WJAL-DT	A	1.00	WHYY-DT	C	0.25
WHP-DT	D	0.25	WTTG-DT	A	1.00	WMCN-DT	A	1.00
WPPT-DT2	M	0.25	WPSU-DT	C	0.25	WPPT-DT	C	0.25
WITF-DT	C	0.25	WTFX-DT2	M	1.00	WJAC-DT	A	0.25
WJZ-DT	D	0.25	WTFX-DT	A	1.00			

8.75

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580
7 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • 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. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>	
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
<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>		
BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ _____	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ _____	
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p style="text-align: right;">Base Rate Fee. ▶ 0.00</p>	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC	SYSTEM ID# 006580	Name
Section 4	<p>If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank.</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. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00</p>		<p>7</p> <p>Computation of Base Rate Fee</p>

	<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		<p>8</p> <p>Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations</p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WJAL-DT [A]	1.00				
Total DSEs				0.00	Total DSEs				1.00
Gross Receipts First Group				\$ 11,277.59	Gross Receipts Second Group				\$ 302,574.08
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 3,219.39
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WITF-DT [C]	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts Third Group				\$ 74,894,122.15	Gross Receipts Fourth Group				\$ 3,541,819.22
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 9,421.24
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 48,744.88	

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WHP-DT [D]	0.25			WGAL-DT [D]	0.25			8 Computation of Base Rate Fee for Partially Distant Stations	
				WHP-DT [D]	0.25				
				WJZ-DT [D]	0.25				
Total DSEs				0.25	Total DSEs				0.75
Gross Receipts First Group				\$ 25,425.24	Gross Receipts Second Group				\$ 62,508.63
Base Rate Fee First Group				\$ 67.63	Base Rate Fee Second Group				\$ 498.82
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WVIA-DT [C]	0.25			WTTG-DT [A]	1.00			8 Computation of Base Rate Fee for Partially Distant Stations	
Total DSEs				0.25	Total DSEs				1.00
Gross Receipts Third Group				\$ 5,788,152.69	Gross Receipts Fourth Group				\$ 539,547.76
Base Rate Fee Third Group				\$ 15,396.49	Base Rate Fee Fourth Group				\$ 5,740.79
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 13					COMMUNITY/ AREA Subgroup 14				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
WHYY-DT [C]	0.25			WJAC-DT [A]	0.25				
WMCN-DT [A]	1.00								
WTFX-DT [A]	1.00								
WTFX-DT4 [M]	1.00								
WTFX-DT2 [M]	1.00								
Total DSEs				4.25	Total DSEs				0.25
Gross Receipts First Group				\$ 586.69	Gross Receipts Second Group				\$ 618,857.53
Base Rate Fee First Group				\$ 19.06	Base Rate Fee Second Group				\$ 1,646.16
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WPPT-DT [C]	0.25								
WPPT-DT2 [M]	0.25								
Total DSEs				0.50	Total DSEs				0.00
Gross Receipts Third Group				\$ 255,718.50	Gross Receipts Fourth Group				\$ 0.00
Base Rate Fee Third Group				\$ 1,360.42	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 25,425.24	Gross Receipts Second Group				\$ 62,508.63
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs				0.00	Total DSEs				0.75
Gross Receipts Third Group				\$ 5,788,152.69	Gross Receipts Fourth Group				\$ 539,547.76
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 15,174.78
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <input style="width: 100px;" type="text"/>	

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Southeast Pennsylvania, LLC						SYSTEM ID# 006580		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WGAL-DT	0.25								
WHP-DT	0.25								
Total DSEs				0.50	Total DSEs				0.00
Gross Receipts First Group				\$ 169,025.96	Gross Receipts Second Group				\$ 114,578.53
Base Rate Fee First Group				\$ 3,169.24	Base Rate Fee Second Group				\$ 0.00
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WCAU-DT	0.25								
Total DSEs				0.25	Total DSEs				0.00
Gross Receipts Third Group				\$ 102,229.43	Gross Receipts Fourth Group				\$ 3,469,171.35
Base Rate Fee Third Group				\$ 958.40	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

