

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
2/26/2026	\$
	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. 006814																							
<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Maryland, LP SEE ATTACHED</p> <p style="text-align: right;">00681420252 006814 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>TOWSON</td> <td>MD</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: 25%;">CH LINE UP</th> <th style="width: 12.5%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	TOWSON	MD	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
TOWSON	MD																							
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Alda	MD	A	1																					
Alliance	MD	B	2																					
Gering	MD	B	3																					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
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Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

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

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

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

D
Area
Served

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
TOWSON	Baltimore	MD	BA	1
ABERDEEN	Harford	MD	BC	1
ABERDEEN PROVING GROUND	Harford	MD	BC	1
ABINGDON	Harford	MD	BC	1
ALEXANDRIA	Arlington	VA	AU	1
ALTA VISTA	Campbell	VA	AD	1
AMELIA	Amelia	VA	BM	1
AMHERST	Amherst	VA	AG	3
AMHERST COUNTY	Amherst	VA	AG	3
ANDREWS AFB	Prince George	MD	AU	1
ANNAPOLIS	Anne Arunde	MD	BE	1
ANNE ARUNDEL COUNTY	Anne Arunde	MD	BE	1
ANNE ARUNDEL COUNTY (SOUTH)	Anne Arunde	MD	AU	1
ARBUTUS	Baltimore	MD	BA	1
ARLINGTON COUNTY	Arlington	VA	AU	1
ARNOLD	Anne Arunde	MD	BE	1
ASHBURN	Loudoun	VA	AR	1
ASHLAND	Hanover	VA	BM	1
AUGUSTA COUNTY	Augusta	VA	AO	1
BALDWIN	Baltimore	MD	BC	1
BALTIMORE	Baltimore City	MD	BA	1
BALTIMORE COUNTY	Baltimore	MD	BA	1
BANCROFT	Putnam	WV	BJ	1
BARBOURSVILLE	Cabell	WV	BJ	1
BARNESVILLE	Montgomery	MD	AU	1
BATH	Morgan	WV	AY	10
BEDFORD COUNTY (EAST)	Bedford	VA	AK	1
BEDFORD COUNTY (SOUTHWEST)	Bedford	VA	AH	1
BEL AIR TWP	Harford	MD	BC	1
BELCAMP	Harford	MD	BC	1
BENEDICT	Charles	MD	AU	1
BERKELEY COUNTY	Berkeley	WV	AV	12
BERLIN	Worcester	MD	BK	1
BERRYVILLE	Clarke	VA	AJ	11
BERWYN HEIGHTS	Prince George	MD	AU	1
BETHANY BEACH	Sussex	DE	BH	1
BETHEL	Sussex	DE	BH	1
BETHESDA	Montgomery	MD	AU	1
BETHLEHEM	Caroline	MD	BL	1
BIVALVE	Wicomico	MD	BI	1
BLACKSBURG	Montgomery	VA	AH	1
BLADENSBURG	Prince George	MD	AU	1
BLADES	Sussex	DE	BH	1
BLAND COUNTY	Bland	VA	AN	1
BLUEFIELD	Tazewell	VA	AM	1
BLUEFIELD	Mercer	WV	AM	1
BLUEWELL	Nerцер	WV	AM	1
BOLIVAR	Jefferson	WV	AV	10
BOONSBORO	Washington	MD	AF	1
BOTETOURT COUNTY	Botetourt	VA	AH	1
BOWERS BEACH	Kent	DE	BG	16
BOWIE	Prince George	MD	AU	1
BOYCE	Clarke	VA	AJ	11
BOYDS	Montgomery	MD	AU	1
BRAMWELL	Mercer	WV	AM	1
BRENTWOOD	Prince George	MD	AU	1
BRIDGEVILLE	Sussex	DE	BH	1
BRIDGEWATER	Rockingham	VA	AO	1
BROADKILL BEACH	Sussex	DE	BH	1
BROADWAY	Rockingham	VA	AO	1
BROOKNEAL	Campbell	VA	AG	3
BROOKVIEW	Dorchester	MD	BI	1
BROOKVILLE	Montgomery	MD	AU	1
BRUNSWICK	Frederick	MD	AF	1
BUCKINGHAM	Buckingham	VA	BM	1
BUENA VISTA (ROCKBRIDGE COUNTY)	Rockbridge	VA	AK	1
BUENA VISTA CITY	Rockbridge	VA	AK	1
BUFFALO	Putnam	WV	BJ	1
BURKITTSVILLE	Frederick	MD	AF	1
BURTONSVILLE	Montgomery	MD	AU	1
CABELL COUNTY	Cabell	WV	BJ	1
CABIN JOHN	Montgomery	MD	AU	1
CALVERT COUNTY	Calvert	MD	AU	1

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

CAMBRIDGE	Dorchester	MD	BI	1
CAMDEN	Kent	DE	BG	15
CAMPBELL COUNTY (EAST)	Campbell	VA	AG	3
CAMPBELL COUNTY (WEST)	Campbell	VA	AK	1
CAPE ST CLAIRE	Anne Arunde	MD	BE	1
CAPITOL HEIGHTS	Prince George	MD	AU	1
CAROLINE COUNTY	Caroline	MD	BL	1
CAROLINE COUNTY	Caroline	VA	BM	1
CARROLL COUNTY	Carroll	MD	BD	1
CARSON	Prince George	VA	BM	1
CASWELL COUNTY	Caswell	NC	AE	1
CATONSVILLE	Baltimore	MD	BA	1
CECIL COUNTY (NORTH)	Cecil	MD	BF	1
CECIL COUNTY (SOUTH)	Cecil	MD	BF	13
CECILTON	Cecil	MD	BF	13
CENTREVILLE	Queen Anne's	MD	BL	1
CHARLES CITY	Charles City	VA	BM	1
CHARLES COUNTY	Charles	MD	AU	1
CHARLES TOWN	Jefferson	WV	AV	10
CHARLESTOWN	Cecil	MD	BF	1
CHARLOTTE HALL	Charles	MD	AU	1
CHARLOTTESVILLE CITY	Albemarle	VA	AA	1
CHATHAM	Pittsylvania	VA	AC	5
CHESAPEAKE BEACH	Calvert	MD	AU	1
CHESTERFIELD	Chesterfield	VA	BM	1
CHESWOLD	Kent	DE	BG	14
CHEVERLEY	Prince George	MD	AU	1
CHEVY CHASE	Montgomery	MD	AU	1
CHRISTIANSBURG	Montgomery	VA	AH	1
CHURCH CREEK	Dorchester	MD	BI	1
CHURCHVILLE	Harford	MD	BC	1
CLARKE COUNTY (FRONT ROYAL AREA)	Clarke	VA	AJ	2
CLARKE COUNTY (WINCHESTER AREA)	Clarke	VA	AJ	11
CLARKSVILLE	Howard	MD	BB	1
CLAYTON	Kent	DE	BG	14
COBB ISLAND	Charles	MD	AU	1
COLLEGE PARK	Prince George	MD	AU	1
COLMAR MANOR	Prince George	MD	AU	1
COLONIAL HEIGHTS	Chesterfield	VA	BM	1
COLUMBIA	Howard	MD	BB	1
COOKSVILLE	Howard	MD	BB	1
COTTAGE CITY	Prince George	MD	AU	1
CRAIGSVILLE TOWN	Augusta	VA	AO	1
CRIMORA	Augusta	VA	AO	1
CROFTON	Anne Arunde	MD	BE	1
CROWNSVILLE	Anne Arunde	MD	BE	1
CROZET	Albemarle	VA	AA	1
CULPEPER COUNTY	Culpeper	VA	AS	2
CULPEPER TOWN	Culpeper	VA	AS	2
CURTIS BAY	Baltimore City	MD	BE	1
DALE CITY	Prince William	VA	AU	1
DAMASCUS	Montgomery	MD	AU	1
DANVILLE	Pittsylvania	VA	AC	1
DAVIDSONVILLE	Anne Arunde	MD	BE	1
DAYTON	Howard	MD	BB	1
DAYTON	Rockingham	VA	AO	1
DEAL ISLAND	Somerset	MD	BI	1
DELMAR	Sussex	DE	BI	1
DELMAR	Wicomico	MD	BI	1
DENTON	Caroline	MD	BL	1
DERWOOD	Montgomery	MD	AU	1
DEWEY BEACH	Sussex	DE	BH	1
DILLWYN	Buckingham	VA	BM	1
DINWIDDIE	Dinwiddie	VA	BM	1
DISTRICT HEIGHTS	Prince George	MD	AU	1
DORCHESTER COUNTY	Dorchester	MD	BI	1
DOVER	Kent	DE	BG	15
DOVER AFB	Kent	DE	BG	15
DUBLIN	Pulaski	VA	AH	1
DUMFRIES	Prince William	VA	AU	1
DUNDALK	Baltimore	MD	BA	1
EAGLES LANDING	Albemarle	VA	AA	1
EARLEVILLE	Cecil	MD	BB	1
EAST NEW MARKET	Dorchester	MD	BI	1
EDGEMERE	Baltimore	MD	BA	1
EDGEWOOD ARSENAL	Harford	MD	BC	1
EDMONSTON	Prince George	MD	AU	1
ELEANOR	Putnam	WV	BJ	1
ELIZABETH LANDING	Anne Arunde	MD	BE	1
ELKRIDGE	Howard	MD	BB	1
ELKTON	Cecil	MD	BF	1
ELKTON	Rockingham	VA	AO	1
ELLENDALE	Sussex	DE	BH	1
ELLCOTT CITY	Howard	MD	BB	1
EMMITSBURG	Frederick	MD	AF	9
EMPORIA	Greensville	VA	BN	19
ESSEX	Baltimore	MD	BA	1
FAIRFAX COUNTY	Fairfax	VA	AU	1
FAIRMOUNT HEIGHTS	Prince George	MD	AU	1
FALLSTON	Harford	MD	BC	1
FARMINGTON	Kent	DE	BG	16

FAUQUIER COUNTY	Fauquier	VA	AW	1
FEDERALSBURG	Caroline	MD	BL	1
FELTON	Kent	DE	BG	16
FENWICK ISLAND	Sussex	DE	BH	1
FINCASTLE	Botetourt	VA	AH	1
FISHERSVILLE	Augusta	VA	AO	1
FLUVANNA COUNTY	Fluvanna	VA	AA	1
FOREST HEIGHTS	Prince George	MD	AU	1
FOREST HILL	Harford	MD	BC	1
FORT BELVOIR	Fairfax	VA	AU	1
FORT DETRICK	Frederick	MD	AF	1
FORT LEE	Prince George	VA	BM	1
FORT MEADE	Anne Arunde	MD	BE	1
FORT MYER	Arlington	VA	AU	1
FREDERICA	Kent	DE	BG	16
FREDERICK	Frederick	MD	AF	1
FREDERICK COUNTY	Frederick	MD	AF	1
FREDERICK COUNTY	Frederick	VA	AJ	11
FREDERICKSBURG	Spotsylvania	VA	AX	1
FRONT ROYAL	Warren	VA	AJ	11
FRUITLAND	Wicomico	MD	BI	1
FULTON	Howard	MD	BB	1
FULTON COUNTY	Fulton	PA	AY	10
FUNKSTOWN	Washington	MD	AF	9
GAITHERSBURG	Montgomery	MD	AU	1
GALENA	Kent	MD	BF	13
GALESTOWN	Dorchester	MD	BI	1
GAMBRILLS	Anne Arunde	MD	BE	1
GARRETT PARK	Montgomery	MD	AU	1
GEORGETOWN	Sussex	DE	BH	1
GERMANTOWN	Montgomery	MD	AU	1
GIBSON ISLAND	Anne Arunde	MD	BE	1
GLASGOW	Rockbridge	VA	AK	1
GLEN BURNIE	Anne Arunde	MD	BE	1
GLEN ECHO	Montgomery	MD	AU	1
GLENARDEN	Prince George	MD	AU	1
GLENELG	Howard	MD	BB	1
GLENWOOD	Howard	MD	BB	1
GOLDSBORO	Caroline	MD	BL	1
GOOCHLAND	Goochland	VA	BM	1
GORDONSVILLE	Orange	VA	AT	1
GREEN VALLEY	Mercer	WV	AM	1
GREENBELT	Prince George	MD	AU	1
GREENE COUNTY	Greene	VA	AA	1
GREENSBORO	Caroline	MD	BL	1
GREENSVILLE COUNTY	Greensville	VA	BN	19
GREENWOOD	Sussex	DE	BH	1
GRETNA	Pittsylvania	VA	AD	1
GROTTOES	Rockingham	VA	AO	1
HAGERSTOWN	Washington	MD	AF	1
HALIFAX	Halifax	VA	AI	5
HALIFAX COUNTY	Halifax	VA	AI	1
HAMILTON	Loudoun	VA	AR	1
HAMPSTEAD	Carroll	MD	BD	7
HANCOCK	Washington	MD	AY	10
HANOVER	Anne Arunde	MD	BE	1
HANOVER COUNTY	Hanover	VA	BM	1
HARBOR GATES	Anne Arunde	MD	BE	1
HARFORD COUNTY	Harford	MD	BC	1
HARMANS	Anne Arunde	MD	BE	1
HARMONY	Caroline	MD	BL	1
HARPERS FERRY	Jefferson	WV	AV	10
HARRINGTON	Kent	DE	BG	16
HARRISONBURG	Rockingham	VA	AO	1
HARRISTON	Augusta	VA	AO	1
HARTLY	Kent	DE	BG	16
HAVRE DE GRACE	Harford	MD	BC	1
HAYMARKET	Prince William	VA	AU	1
HEBRON	Wicomico	MD	BI	1
HEDGESVILLE	Berkeley	WV	AV	12
HENDERSON	Caroline	MD	BL	1
HENLOPEN ACRES	Sussex	DE	BH	1
HENRICO COUNTY	Henrico	VA	BM	1
HENRY COUNTY	Henry	VA	AD	1
HERITAGE HARBOR	Anne Arunde	MD	BE	1
HIGHLAND	Howard	MD	BB	1
HIGHLAND BEACH	Anne Arunde	MD	BE	1
HILLSBORO	Caroline	MD	BL	1
HOPEWELL	Prince George	VA	BM	1
HOUSTON	Kent	DE	BG	16
HOWARD COUNTY	Howard	MD	BB	1
HUDDLESTON	Bedford	VA	AH	1
HUGHESVILLE	Charles	MD	AU	1
HUNTINGTON	Cabell	WV	BJ	1
HURLOCK	Dorchester	MD	BI	1
HURT	Pittsylvania	VA	AD	1
HYATTSVILLE	Prince George	MD	AU	1
INDIAN HEAD	Charles	MD	AU	1
JEFFERSON	Jefferson	WV	AV	10
JEFFERSON COUNTY	Jefferson	WV	AV	10
JESSUP	Anne Arunde	MD	BE	1

JOPPA	Harford	MD	BC	1
KANAWHA COUNTY	Kanawha	WV	BJ	1
KEEDYSVILLE	Washington	MD	AF	7
KENOVA	Wayne	WV	BJ	1
KENSINGTON	Montgomery	MD	AU	1
KENT COUNTY	Kent	DE	BG	15
KENT COUNTY	Kent	MD	BF	13
KENTON	Kent	DE	BG	15
KINGSVILLE	Baltimore	MD	BC	1
LA PLATA	Charles	MD	AU	1
LACEY SPRINGS	Rockingham	VA	AO	1
LACROSSE	Mecklenburg	VA	AP	6
LAKE MONTICELLO	Fluvanna	VA	AA	1
LAKE RIDGE	Prince William	VA	AU	1
LANDOVER HILLS	Prince George	MD	AU	1
LANSDOWNE	Baltimore	MD	BA	1
LAUREL	Sussex	DE	BH	1
LAUREL (ANNE ARUNDEL)	Anne Arunde	MD	BE	1
LAUREL (PRINCE GEORGE'S)	Prince George	MD	AU	1
LAYTONSVILLE	Montgomery	MD	AU	1
LEESBURG	Loudoun	VA	AR	1
LEIPSIC	Kent	DE	BG	18
LEONARDTOWN	St Mary's	MD	AU	1
LESAGE	Cabell	WV	BJ	1
LEWES	Sussex	DE	BH	1
LEXINGTON (ROCKBRIDGE COUNTY)	Rockbridge	VA	AK	1
LEXINGTON CITY	Rockbridge	VA	AK	1
LINCOLN	Sussex	DE	BH	1
LINTHICUM	Anne Arunde	MD	BE	1
LISBON	Howard	MD	BB	1
LITTLE CREEK	Kent	DE	BG	18
LOCUST GROVE	Orange	VA	AZ	8
LOUDOUN COUNTY	Loudoun	VA	AR	1
LOUISA	Louisa	VA	AB	1
LOUISA COUNTY (NORTH)	Louisa	VA	AT	1
LOUISA COUNTY (SOUTH)	Louisa	VA	AB	1
LOVETTSVILLE	Loudoun	VA	AR	1
LURAY	Page	VA	AL	7
LUTHERVILLE	Baltimore	MD	BA	1
LYNCHBURG	Campbell	VA	AK	1
LYNDHURST	Augusta	VA	AO	1
MADISON COUNTY	Madison	VA	AA	1
MADISON TOWN	Madison	VA	AA	1
MAGNOLIA	Kent	DE	BG	15
MANASSAS	Prince William	VA	AU	1
MANASSAS PARK	Prince William	VA	AU	1
MANCHESTER	Carroll	MD	BD	7
MARDELA SPRINGS	Wicomico	MD	BI	1
MARINE BARRACKS	District of Colum	DC	AU	1
MARIOTTVILLE	Howard	MD	BB	1
MARTINSBURG	Berkeley	WV	AV	12
MARTINSVILLE	Henry	VA	AD	1
MARYDEL	Caroline	MD	BL	1
MARYLAND CITY	Anne Arunde	MD	BE	1
MCGAHEYSVILLE	Rockingham	VA	AO	1
MCKENNEY	Dinwiddie	VA	BM	1
MECHANICSVILLE	St Mary's	MD	AU	1
MECKLENBURG COUNTY	Mecklenburg	VA	AP	4
MERCER COUNTY	Mercer	WV	AM	1
MIDDLE RIVER	Baltimore	MD	BA	1
MIDDLEBURG	Loudoun	VA	AR	1
MIDDLETOWN	Frederick	MD	AF	1
MIDDLETOWN	Frederick	VA	AJ	11
MILFORD	Kent	DE	BG	16
MILFORD (SOUTH)	Kent	DE	BH	1
MILLERSVILLE	Anne Arunde	MD	BE	1
MILTON	Sussex	DE	BH	1
MINERAL	Louisa	VA	AB	1
MONTCLAIR	Prince William	VA	AU	1
MONTGOMERY COUNTY	Montgomery	MD	AU	1
MONTGOMERY COUNTY	Montgomery	VA	AH	1
MORGAN COUNTY	Morgan	WV	AY	10
MORNINGSIDE	Prince George	MD	AU	1
MOUNT AIRY (CARROLL)	Carroll	MD	BD	1
MOUNT AIRY (FREDERICK)	Frederick	MD	AF	1
MOUNT CLINTON	Rockingham	VA	AO	1
MOUNT CRAWFORD	Rockingham	VA	AO	1
MOUNT RAINER	Prince George	MD	AU	1
MOUNT SIDNEY	Augusta	VA	AO	1
MYERSVILLE	Frederick	MD	AF	9
NANTICOKE	Wicomico	MD	BI	1
NEW CARROLLTON	Prince George	MD	AU	1
NEW CASTLE COUNTY (SOUTH)	New Castle	DE	BG	17
NEW HOPE	Augusta	VA	AO	1
NEW MARKET	Frederick	MD	AF	1
NEW WINDSOR	Carroll	MD	BD	1
NORTH BEACH	Calvert	MD	AU	1
NORTH BRENTWOOD	Prince George	MD	AU	1
NORTH EAST	Cecil	MD	BF	1
NORTH LAUREL	Howard	MD	BB	1
OCCOQUAN	Prince William	VA	AU	1

OCEAN CITY	Worcester	MD	BK	1
ODENTON	Anne Arunde	MD	BE	1
OLNEY	Montgomery	MD	AU	1
ORANGE	Orange	VA	AT	1
ORANGE COUNTY (EAST)	Orange	VA	AT	1
ORANGE COUNTY (WEST)	Orange	VA	AA	1
OVERLEA	Baltimore	MD	BA	1
OWINGS MILLS	Baltimore	MD	BA	1
PAEONIEN SPRING	Loudoun	VA	AR	1
PAGE COUNTY	Page	VA	AL	7
PARKVILLE	Baltimore	MD	BA	1
PASADENA	Anne Arunde	MD	BE	1
PATRICK COUNTY	Patrick	VA	AE	5
PERRY HALL	Baltimore	MD	BA	1
PERRYMAN	Harford	MD	BC	1
PERRYVILLE	Cecil	MD	BF	1
PETERSBURG	Prince George	VA	BM	1
PIKESVILLE	Baltimore	MD	BA	1
PITTSYLVANIA COUNTY (NORTH)	Pittsylvania	VA	AD	1
PITTSYLVANIA COUNTY (SOUTH)	Pittsylvania	VA	AC	1
POCA	Putnam	WV	BJ	1
POCOHANTAS	Tazewell	VA	AM	1
POCOMOKE CITY	Worcester	MD	BI	1
POOLESVILLE	Montgomery	MD	AU	1
POTOMAC	Montgomery	MD	AU	1
POWHATAN	Powhatan	VA	BM	1
PRESTON	Caroline	MD	BL	1
PRINCE GEORGE	Prince George	VA	BM	1
PRINCE GEORGE'S COUNTY	Prince George	MD	AU	1
PRINCE WILLIAM COUNTY	Prince William	VA	AU	1
PRINCESS ANNE	Somerset	MD	BI	1
PRINCETON	Mercer	WV	AM	1
PULASKI	Pulaski	VA	AH	1
PULASKI COUNTY	Pulaski	VA	AH	1
PURCELLVILLE	Loudoun	VA	AR	1
PUTNAM COUNTY	Putnam	WV	BJ	1
QUANTICO	Prince William	VA	AU	1
QUANTICO MARINE BASE	Prince William	VA	AU	1
QUEEN ANNE	Queen Anne's	MD	BL	1
QUEEN ANNE'S COUNTY	Queen Anne's	MD	BL	1
QUEENSTOWN	Queen Anne's	MD	BL	1
RANDALLSTOWN	Baltimore	MD	BA	1
RANSON	Jefferson	WV	AV	10
RAPPAHANNOCK	Rappahannoc	VA	AQ	11
REHOBOTH BEACH	Sussex	DE	BH	1
REIDS GROVE	Dorchester	MD	BI	1
REISTERSTOWN	Baltimore	MD	BA	1
RELIANCE	Caroline	MD	BL	1
REMINGTON	Fauquier	VA	AW	1
REMINGTON WEST	Fauquier	VA	AR	1
RESTON	Fairfax	VA	AU	1
RICHMOND	Henrico	VA	BM	1
RIDGELY	Caroline	MD	BL	1
RIDGEWAY	Henry	VA	AD	1
RIVERDALE	Prince George	MD	AU	1
ROANOKE COUNTY	Roanoke	VA	AH	1
ROCKBRIDGE COUNTY	Rockbridge	VA	AK	1
ROCKINGHAM COUNTY	Rockingham	VA	AO	1
ROCKVILLE	Montgomery	MD	AU	1
ROCKY GAP	Bland	VA	AN	1
ROSDALE	Baltimore	MD	BA	1
ROSEMONT VILLAGE	Frederick	MD	AF	1
ROUND HILL	Loudoun	VA	AR	1
RUCKERSVILLE	Greene	VA	AA	1
SALEM	Roanoke	VA	AH	1
SALISBURY	Wicomico	MD	BI	1
SAVAGE	Howard	MD	BB	1
SEAFORD	Sussex	DE	BH	1
SEAT PLEASANT	Prince George	MD	AU	1
SECRETARY	Dorchester	MD	BI	1
SELBYVILLE	Sussex	DE	BH	1
SEVERN	Anne Arunde	MD	BE	1
SEVERNA PARK	Anne Arunde	MD	BE	1
SHARPSBURG	Washington	MD	AF	7
SHARPTOWN	Wicomico	MD	BI	1
SHENANDOAH (PAGE COUNTY)	Page	VA	AL	7
SHENANDOAH TOWN	Page	VA	AL	7
SHEPHERDSTOWN	Jefferson	WV	AV	10
SHERWOOD FOREST	Anne Arunde	MD	BE	1
SILVER SPRING	Montgomery	MD	AU	1
SLAUGHTER BEACH	Sussex	DE	BH	1
SMYRNA	Kent	DE	BG	14
SNOW HILL	Worcester	MD	BI	1
SOMERSET	Montgomery	MD	AU	1
SOMERSET COUNTY	Somerset	MD	BI	1
SOUTH BETHANY	Sussex	DE	BH	1
SOUTH BOSTON	Halifax	VA	AI	5
SOUTH HILL	Mecklenburg	VA	AP	6
SOUTH RIDING	Loudoun	VA	AR	1
SPOTSYLVANIA COUNTY	Spotsylvania	VA	AX	1
ST. CHARLES	Charles	MD	AU	1

ST. MARY'S	St Mary's	MD	AU	1
STAFFORD COUNTY	Stafford	VA	AX	1
STANARDSVILLE	Greene	VA	AA	1
STANLEY TOWN	Page	VA	AL	7
STAUNTON CITY	Augusta	VA	AO	1
STEPHENS CITY	Frederick	VA	AJ	11
STEPHENSON	Frederick	VA	AJ	11
STERLING	Loudoun	VA	AR	1
STRASBURG	Shenandoah	VA	AJ	11
STUART	Patrick	VA	AE	5
STUARTS DRAFT	Augusta	VA	AO	1
SUSSEX COUNTY (NORTHEAST)	Sussex	DE	BH	1
SUSSEX COUNTY (SOUTHEAST)	Sussex	DE	BH	1
SUSSEX COUNTY (SOUTHWEST)	Sussex	DE	BI	1
SYKESVILLE	Carroll	MD	BD	1
TAKOMA PARK	Montgomery	MD	AU	1
TANEYTOWN	Carroll	MD	BD	7
TANYARD	Caroline	MD	BL	1
TAZEWELL COUNTY	Tazewell	VA	AM	1
THE PLAINS	Fauquier	VA	AW	1
THURMONT	Frederick	MD	AF	9
TIMBERVILLE	Rockingham	VA	AO	1
TIMONIUM	Baltimore	MD	BA	1
TRIANGLE	Prince William	VA	AU	1
TROUTVILLE	Botetourt	VA	AH	1
UNION BRIDGE	Carroll	MD	BD	1
UNIVERSITY PARK	Prince George	MD	AU	1
UPPER MARLBORO	Prince George	MD	AU	1
US NAVAL ACADEMY	Anne Arunde	MD	BE	1
US NAVAL SUPPORT FACILITY INDIAN HEAD	Charles	MD	AU	1
VIENNA	Dorchester	MD	BI	1
VIOLA	Kent	DE	BG	15
WALDORF	Charles	MD	AU	1
WALKERSVILLE	Frederick	MD	AF	1
WALTER REED ARMY MEDICAL	District of Colum	DC	AU	1
WARREN COUNTY	Warren	VA	AJ	11
WARRENTON	Fauquier	VA	AW	1
WASHINGTON	District of Colum	DC	AU	1
WASHINGTON	Rappahannoc	VA	AJ	11
WASHINGTON COUNTY (EAST)	Washington	MD	AF	1
WASHINGTON COUNTY (WEST)	Washington	MD	AY	10
WASHINGTON GROVE	Montgomery	MD	AU	1
WAYNE COUNTY	Wayne	WV	BJ	1
WAYNESBORO	Augusta	VA	AO	1
WEST BETHESDA	Montgomery	MD	AU	1
WEST FRIENDSHIP	Howard	MD	BB	1
WESTMINSTER	Carroll	MD	BD	1
WEYERS CAVE	Augusta	VA	AO	1
WHEATON	Montgomery	MD	AU	1
WICOMICO COUNTY	Wicomico	MD	BI	1
WILLIAMSPORT	Washington	MD	AF	9
WINCHESTER	Frederick	VA	AJ	11
WINFIELD	Putnam	WV	BJ	1
WOODBINE	Howard	MD	BB	1
WOODBIDGE	Prince William	VA	AU	1
WOODLAWN	Baltimore	MD	BA	1
WOODSBORO	Frederick	MD	AF	1
WOODSIDE	Kent	DE	BG	15
WORCESTER COUNTY (NORTHEAST)	Worcester	MD	BK	1
WORCESTER COUNTY (SOUTHWEST)	Worcester	MD	BI	1
WYOMING	Kent	DE	BG	15
YANCEYVILLE	Caswell	NC	AE	1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 AA					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCAV-DT	19	N	No		Charlottesville, VA
WCAV-DTHD	19	N-M	No		Charlottesville, VA
WCAV-DT2	19	I-M	No		Charlottesville, VA
WCAV-DT2HD	19	I-M	No		Charlottesville, VA
WHTJ-DT	46	E	No		Charlottesville, VA
WHTJ-DTHD	46	E-M	No		Charlottesville, VA
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA
WHTJ-DT4	46	E-M	No		Charlottesville, VA
WHTJ-DT5	46	E-M	No		Charlottesville, VA
WNVG-DT3	46	E	No		Culpeper, VA
WVAW-LD	16	N	No		Charlottesville, VA
WVAW-LDHD	16	N-M	No		Charlottesville, VA
WVAW-LD2	16	I-M	No		Charlottesville, VA
WVAW-LD3	16	I-M	No		Charlottesville, VA
WVIR-DT	32	N	No		Charlottesville, VA
WVIR-DTHD	32	N-M	No		Charlottesville, VA
WVIR-DT4	32	I-M	No		Charlottesville, VA
WVIR-DT3	32	I-M	No		Charlottesville, VA
WVIR-DT3HD	32	I-M	No		Charlottesville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WCAV-DT	19	N	No		Charlottesville, VA
WCVE-DT	42	E	No		Richmond, VA
WCVE-DTHD	42	E-M	No		Richmond, VA
WCVE-DT2	42	E-M	No		Richmond, VA
WCVE-DT4	42	E-M	No		Richmond, VA
WCVW-DT	29	E	No		Richmond, VA
WCVW-DTHD	29	E-M	No		Richmond, VA
WTVT-DT3	42	E	No		Spotsylvania, VA
WRIC-DT	22	N	No		Petersburg, VA
WRIC-DTHD	22	N-M	No		Petersburg, VA
WRIC-DT3	22	I-M	No		Petersburg, VA
WRIC-DT4	22	I-M	No		Petersburg, VA
WRLH-DT	26	I	No		Richmond, VA
WRLH-DTHD	26	I-M	No		Richmond, VA
WRLH-DT2	26	I-M	No		Richmond, VA
WRLH-DT3	26	I-M	No		Richmond, VA
WTVR-DT	25	N	No		Richmond, VA
WTVR-DTHD	25	N-M	No		Richmond, VA
WTVR-DT2	25	I-M	No		Richmond, VA
WTVR-DT3	25	I-M	No		Richmond, VA
WUPV-DT	47	I	No		Ashland, VA
WUPV-DTHD	47	I-M	No		Ashland, VA
WUPV-DT2	47	I-M	No		Ashland, VA
WUPV-DT3	47	I-M	No		Ashland, VA
WVIR-DT	32	N	No		Charlottesville, VA
WWBT-DT	12	N	No		Richmond, VA
WWBT-DTHD	12	N-M	No		Richmond, VA
WWBT-DT2	12	I-M	No		Richmond, VA
WWBT-DT3	12	I-M	No		Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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.

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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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WFXR-DT4	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT4	25	E-M	Yes	E	Chapel Hill, NC
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT4	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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.

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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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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
WDCA-DT	35	I	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WHUT-DT	33	E	Yes	O	Washington, DC
WHUT-DTHD	33	E-M	Yes	E	Washington, DC
WHUT-DT2	33	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJZ-DT	13	N	No		Baltimore, MD
WMAR-DT	38	N	No		Baltimore, MD
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT4	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WFXR-DT4	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT4	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WFXR-DT4	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT4	25	E-M	Yes	E	Chapel Hill, NC
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT4	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

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.
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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 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVPT-DT	11	E	Yes	O	Staunton, VA
WVPT-DTHD	11	E-M	Yes	E	Staunton, VA
WVPT-DT3	11	E-M	Yes	E	Staunton, VA
WVPT-DT4	11	E-M	Yes	E	Staunton, VA
WVPY-DT	11	E	No		New Market, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
PRIMARY TRANSMITTERS: TELEVISION		
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>		<p>G</p> <p>Primary Transmitters: Television</p>

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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WFXR-DT4	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WSLS-DT	30	N	No		Roanoke, VA
WSLS-DTHD	30	N-M	No		Roanoke, VA
WSLS-DT2	30	I-M	No		Roanoke, VA
WSLS-DT3	30	I-M	No		Roanoke, VA
WVPT-DT	11	E	No		Staunton, VA
WVPT-DTHD	11	E-M	No		Staunton, VA
WVPT-DT3	11	E-M	No		Staunton, VA
WVPT-DT4	11	E-M	No		Staunton, VA
WVPY-DT	11	E	No		New Market, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT4	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.
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 • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.
 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast).
 Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.
 Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.
 Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.
 Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
 For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.
 Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.
 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G

Primary Transmitters: Television

CHANNEL LINE-UP AL

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WHSV-DT	49	N	No		Harrisonburg, VA
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVIR-DT	32	N	No		Charlottesville, VA
WVPT-DT	11	E	No		Staunton, VA
WVPT-DTHD	11	E-M	No		Staunton, VA
WVPT-DT4	11	E-M	No		Staunton, VA
WVPT-DT3	11	E-M	No		Staunton, VA
WVPY-DT	11	E	No		New Market, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WLFB-DT	40	I	No		Bluefield, WV
WOAY-DT	50	N	No		Oak Hill, WV
WOAY-DTHD	50	N-M	No		Oak Hill, WV
WOAY-DT2	50	N-M	No		Oak Hill, WV
WSWP-DT	10	E	No		Grandview, WV
WSWP-DTHD	10	E-M	No		Grandview, WV
WSWP-DT2HD	10	E-M	No		Grandview, WV
WSWP-DT3	10	E-M	No		Grandview, WV
WVNS-DT	8	N	No		Lewisburg, WV
WVNS-DTHD	8	N-M	No		Lewisburg, WV
WVNS-DT2	8	I-M	No		Lewisburg, WV
WVNS-DT2HD	8	I-M	No		Lewisburg, WV
WVVA-DT	46	N	No		Bluefield, WV
WVVA-DTHD	46	N-M	No		Bluefield, WV
WVVA-DT2	46	I-M	No		Bluefield, WV
WVVA-DT2HD	46	I-M	No		Bluefield, WV
WVVA-DT3	46	I-M	No		Bluefield, WV

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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. 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
WBRA-DT	3	E	No		Roanoke, VA
WBRA-DTHD	3	E-M	No		Roanoke, VA
WBRA-DT2	3	E-M	No		Roanoke, VA
WBRA-DT3	3	E-M	No		Roanoke, VA
WBRA-DT4	3	E-M	No		Roanoke, VA
WDBJ-DT	18	N	No		Roanoke, VA
WDBJ-DTHD	18	N-M	No		Roanoke, VA
WDBJ-DT3	18	I-M	No		Roanoke, VA
WDBJ-DT4	18	I-M	No		Roanoke, VA
WFXR-DT	17	I	No		Roanoke, VA
WFXR-DTHD	17	I-M	No		Roanoke, VA
WFXR-DT3	17	I-M	No		Roanoke, VA
WFXR-DT4	17	I-M	No		Roanoke, VA
WPXR-DT	36	I	No		Roanoke, VA
WPXR-DTHD	36	I-M	No		Roanoke, VA
WSET-DT	13	N	No		Lynchburg, VA
WSET-DTHD	13	N-M	No		Lynchburg, VA
WSET-DT2	13	I-M	No		Lynchburg, VA
WSET-DT3	13	I-M	No		Lynchburg, VA
WLSL-DT	30	N	No		Roanoke, VA
WLSL-DTHD	30	N-M	No		Roanoke, VA
WLSL-DT2	30	I-M	No		Roanoke, VA
WLSL-DT3	30	I-M	No		Roanoke, VA
WSWP-DT	10	E	No		Grandview, WV
WSWP-DTHD	10	E-M	No		Grandview, WV
WSWP-DT2HD	10	E-M	No		Grandview, WV
WSWP-DT3	10	E-M	No		Grandview, WV
WWCW-DT	20	I	No		Lynchburg, VA
WWCW-DTHD	20	I-M	No		Lynchburg, VA
WWCW-DT3	20	I-M	No		Lynchburg, VA
WWCW-DT4	20	I-M	No		Lynchburg, VA
WZBJ-DT	18	I	No		Danville, VA
WZBJ-DTHD	18	I-M	No		Danville, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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.

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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 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
WHSV-DT	49	N	No		Harrisonburg, VA
WHSV-DTHD	49	N-M	No		Harrisonburg, VA
WHSV-DT4	49	I-M	No		Harrisonburg, VA
WHSV-DT6	49	I-M	No		Harrisonburg, VA
WSVF-CD	43	I	No		Harrisonburg, VA
WSVF-CDHD	43	I-M	No		Harrisonburg, VA
WSVF-CD2	43	I-M	No		Harrisonburg, VA
WSVF-CD2HD	43	I-M	No		Harrisonburg, VA
WSVW-LD	30	N	No		Harrisonburg, VA
WSVW-LDHD	30	N-M	No		Harrisonburg, VA
WSVW-LD2	30	I-M	No		Harrisonburg, VA
WSVW-DT4	30	I-M	No		Harrisonburg, VA
WSVW-DT2HD	30	I-M	No		Harrisonburg, VA
WVPT-DT	11	E	No		Staunton, VA
WVPT-DTHD	11	E-M	No		Staunton, VA
WVPT-DT3	11	E-M	No		Staunton, VA
WVPT-DT4	11	E-M	No		Staunton, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WVPY-DT	11	E	No		New Market, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		Name	
Comcast of Maryland, LP		006814		G	
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>					
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
WCVE-DT	42	E	Yes	O	Richmond, VA
WCVE-DTHD	42	E-M	Yes	E	Richmond, VA
WCVE-DT2	42	E-M	Yes	E	Richmond, VA
WFPX-DT	36	I	No		Archer Lodge, NC
WFPX-DTHD	36	I-M	No		Archer Lodge, NC
WFLF-DT	27	I	Yes	O	Raleigh, NC
WFLF-DTHD	27	I-M	Yes	E	Raleigh, NC
WFLF-DT2	27	I-M	Yes	O	Raleigh, NC
WFLF-DT3	27	I-M	Yes	O	Raleigh, NC
WNCN-DT	17	N	Yes	O	Goldsboro, NC
WNCN-DTHD	17	N-M	Yes	E	Goldsboro, NC
WNCN-DT3	17	I-M	Yes	O	Goldsboro, NC
WNCN-DT2	17	I-M	Yes	O	Goldsboro, NC
WNVT-DT3	42	E	Yes	O	Spotsylvania, VA
WRAL-DT	48	N	No		Raleigh, NC
WRAL-DTHD	48	N-M	No		Raleigh, NC
WRAL-DT2	48	I-M	No		Raleigh, NC
WRAY-DT	25	I	No		Wake Forest, NC
WRAY-DTHD	25	I-M	No		Wake Forest, NC
WRAZ-DT	49	I	No		Raleigh, NC
WRAZ-DTHD	49	I-M	No		Raleigh, NC
WRAZ-DT2HD	49	I-M	No		Raleigh, NC
WRDC-DT	28	I	Yes	O	Raleigh, NC
WRDC-DTHD	28	I-M	Yes	E	Raleigh, NC
WRDC-DT2	28	I-M	Yes	O	Raleigh, NC
WRPX-DT	15	I	No		Rocky Mount, NC
WRPX-DTHD	15	I-M	No		Rocky Mount, NC
WTVD-DT	11	N	No		Durham, NC
WTVD-DTHD	11	N-M	No		Durham, NC
WTVD-DT2	11	N-M	No		Durham, NC
WUNC-DT	25	E	Yes	O	Chapel Hill, NC
WUNC-DTHD	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT2	25	E-M	Yes	E	Chapel Hill, NC
WUNC-DT4	25	E-M	Yes	E	Chapel Hill, NC
WWBT-DT	12	N	Yes	O	Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVPT-DT	11	E	Yes	O	Staunton, VA
WVPT-DTHD	11	E-M	Yes	E	Staunton, VA
WVPT-DT3	11	E-M	Yes	E	Staunton, VA
WVPT-DT4	11	E-M	Yes	E	Staunton, VA
WVPY-DT	11	E	No		New Market, VA
WVPY-DT2HD	21	E-M	No		New Market, VA
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WPXW-DT	34	I	No		Manassas, VA
WPXW-DTHD	34	I-M	No		Manassas, VA
WPXW-DT2HD	34	I-M	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT4	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
006814

Name

Comcast of Maryland, LP

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 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
WDCA-DT	35	I	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHTJ-DT	46	E	No		Charlottesville, VA
WHTJ-DTHD	46	E-M	No		Charlottesville, VA
WHTJ-DT4	46	E-M	No		Charlottesville, VA
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNVC-DT3	46	E	No		Culpeper, VA
WPXW-DT	34	I	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WVIR-DT	32	N	No		Charlottesville, VA
WVPT-DT	11	E	Yes	O	Staunton, VA
WVPT-DTHD	11	E-M	Yes	E	Staunton, VA
WVPT-DT3	11	E-M	Yes	E	Staunton, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WCAV-DT	19	N	No		Charlottesville, VA
WCAV-DTHD	19	N-M	No		Charlottesville, VA
WCAV-DT2	19	I-M	No		Charlottesville, VA
WCAV-DT2HD	19	I-M	No		Charlottesville, VA
WHTJ-DT	46	E	No		Charlottesville, VA
WHTJ-DTHD	46	E-M	No		Charlottesville, VA
WHTJ-DT4	46	E-M	No		Charlottesville, VA
WHTJ-DT2HD	46	E-M	No		Charlottesville, VA
WHTJ-DT5	46	E-M	No		Charlottesville, VA
WNVC-DT3	46	E	No		Culpeper, VA
WRC-DT	48	N	No		Washington, DC
WRLH-DT	26	I	No		Richmond, VA
WTTG-DT	36	I	No		Washington, DC
WTVR-DT	25	N	No		Richmond, VA
WVAW-LD	16	N	No		Charlottesville, VA
WVAW-LDHD	16	N-M	No		Charlottesville, VA
WVAW-LD2	16	I-M	No		Charlottesville, VA
WVAW-LD3	16	I-M	No		Charlottesville, VA
WVIR-DT	32	N	No		Charlottesville, VA
WVIR-DTHD	32	N-M	No		Charlottesville, VA
WVIR-DT4	32	I-M	No		Charlottesville, VA
WVIR-DT3	32	I-M	No		Charlottesville, VA
WVIR-DT3HD	32	I-M	No		Charlottesville, VA
WWBT-DT	12	N	No		Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HD	27	E-M	No		Washington, DC
WETA-DT5HD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WMPT-DT	42	E	No		Annapolis, MD
WMPT-DTHD	42	E-M	No		Annapolis, MD
WMPT-DT4	42	E-M	No		Annapolis, MD
WMPT-DT2HD	42	E-M	No		Annapolis, MD
WMPT-DT3	42	E-M	No		Annapolis, MD
WPXW-DT	34	I	No		Manassas, VA
WPXW-DTHD	34	I-M	No		Manassas, VA
WPXW-DT2HD	34	I-M	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Comcast of Maryland, LP

SYSTEM ID#
006814

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G
 Primary Transmitters: Television

CHANNEL LINE-UP 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	Yes	O	Washington, DC
WETA-DTHD	27	E-M	Yes	E	Washington, DC
WETA-DT3	27	E-M	Yes	E	Washington, DC
WETA-DT2HD	27	E-M	Yes	E	Washington, DC
WETA-DT5HD	27	E-M	Yes	E	Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNPB-DT	33	E	Yes	O	Morgantown, WV
WNPB-DTHD	33	E-M	Yes	E	Morgantown, WV
WNPB-DT2HD	33	E-M	Yes	E	Morgantown, WV
WNPB-DT3	33	E-M	Yes	E	Morgantown, WV
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT4	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 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
WCVE-DT	42	E	No		Richmond, VA
WCVE-DTHD	42	E-M	No		Richmond, VA
WCVE-DT2	42	E-M	No		Richmond, VA
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WETA-DT	27	E	No		Washington, DC
WETA-DTHD	27	E-M	No		Washington, DC
WETA-DT2HSD	27	E-M	No		Washington, DC
WETA-DT5HSD	27	E-M	No		Washington, DC
WETA-DT3	27	E-M	No		Washington, DC
WHUT-DT	33	E	No		Washington, DC
WHUT-DTHD	33	E-M	No		Washington, DC
WHUT-DT2	33	E-M	No		Washington, DC
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNVT-DT3	42	E	No		Spotsylvania, VA
WPXW-DT	34	I	No		Manassas, VA
WPXW-DTHD	34	I-M	No		Manassas, VA
WPXW-DT2HSD	34	I-M	No		Manassas, VA
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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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 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
WDCA-DT	35	I	No		Washington, DC
WDCA-DTHD	35	I-M	No		Washington, DC
WDCA-DT2	35	I-M	No		Washington, DC
WDCA-DT3	35	I-M	No		Washington, DC
WDCW-DT	15	I	No		Washington, DC
WDCW-DTHD	15	I-M	No		Washington, DC
WDCW-DT2	15	I-M	No		Washington, DC
WDME-DT4	20	I	No		Washington, DC
WDME-DTHD	20	I-M	No		Washington, DC
WDME-DT2	20	I-M	No		Washington, DC
WDME-DT3	20	I-M	No		Washington, DC
WDVM-DT	23	I	No		Hagerstown, MD
WDVM-DTHD	23	I-M	No		Hagerstown, MD
WDVM-DT2	23	I-M	No		Hagerstown, MD
WDVM-DT3	23	I-M	No		Hagerstown, MD
WJAL-DT	39	I	No		Silver Spring, MD
WJLA-DT	7	N	No		Washington, DC
WJLA-DTHD	7	N-M	No		Washington, DC
WJLA-DT2	7	I-M	No		Washington, DC
WJLA-DT3	7	N-M	No		Washington, DC
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WNPB-DT	33	E	Yes	O	Morgantown, WV
WNPB-DTHD	33	E-M	Yes	E	Morgantown, WV
WNPB-DT3	33	E-M	Yes	E	Morgantown, WV
WNPB-DT2HD	33	E-M	Yes	E	Morgantown, WV
WRC-DT	48	N	No		Washington, DC
WRC-DTHD	48	N-M	No		Washington, DC
WRC-DT2	48	I-M	No		Washington, DC
WRC-DT3	48	I-M	No		Washington, DC
WTTG-DT	36	I	No		Washington, DC
WTTG-DTHD	36	I-M	No		Washington, DC
WTTG-DT2	36	I-M	No		Washington, DC
WTTG-DT3	36	I-M	No		Washington, DC
WUSA-DT	9	N	No		Washington, DC
WUSA-DTHD	9	N-M	No		Washington, DC
WUSA-DT2	9	I-M	No		Washington, DC
WUSA-DT3	9	I-M	No		Washington, DC
WWPB-DT	44	E	No		Hagerstown, MD
WWPB-DTHD	44	E-M	No		Hagerstown, MD
WWPB-DT4	44	E-M	No		Hagerstown, MD
WWPB-DT3	44	E-M	No		Hagerstown, MD
WWPB-DT2HD	44	E-M	No		Hagerstown, MD
WWPX-DT	12	I	No		Martinsburg, WV
WWPX-DTHD	12	I-M	No		Martinsburg, WV
WWPX-DT2HD	12	I-M	No		Martinsburg, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID# 006814

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 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 BC

Table with 6 columns: 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. Rows include stations like WBAL-DT, WBFF-DT, WMAR-DT, WMPB-DT, WNUV-DT, and WTTG-DTHD.

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP BG

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
KYW-DT	26	N	No		PHILADELPHIA, PA
KYW-DTHD	26	N-M	No		PHILADELPHIA, PA
KYW-DT2	26	I-M	No		PHILADELPHIA, PA
KYW-DT3	26	I-M	No		PHILADELPHIA, PA
WACP-DT	4	I	No		ATLANTIC CITY, NJ
WACP-DTHD	4	I-M	No		ATLANTIC CITY, NJ
WBOC-DT	21	N	Yes	O	SALISBURY, MD
WBOC-DT2	21	I-M	Yes	E	SALISBURY, MD
WBOC-DTHD	21	N-M	Yes	E	SALISBURY, MD
WBOC-DT2HD	21	I-M	Yes	E	SALISBURY, MD
WBOC-DT3HD	21	I-M	Yes	O	SALISBURY, MD
WBPH-DT	9	I	No		BETHLEHEM, PA
WBPH-DTHD	9	I-M	No		BETHLEHEM, PA
WCAU-DT	34	N	No		PHILADELPHIA, PA
WCAU-DTHD	34	N-M	No		PHILADELPHIA, PA
WCAU-DT2	34	I-M	No		PHILADELPHIA, PA
WCAU-DT3	34	I-M	No		PHILADELPHIA, PA
WDPN-DT	2	I	No		WILMINGTON, DE
WDPN-DTHD	2	I-M	No		WILMINGTON, DE
WDPN-DT4	2	I-M	No		WILMINGTON, DE
WDPN-DT6	2	I-M	No		WILMINGTON, DE
WFMZ-DT	9	I	No		ALLENTOWN, PA
WFMZ-DTHD	9	I-M	No		ALLENTOWN, PA
WFMZ-DT3	9	I-M	No		ALLENTOWN, PA
WHYY-DT	12	E	Yes	O	WILMINGTON, DE
WHYY-DTHD	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT2	12	E-M	Yes	E	WILMINGTON, DE
WHYY-DT3	12	E-M	Yes	E	WILMINGTON, DE
WLVT-DT	9	E	Yes	O	ALLENTOWN, PA
WLVT-DTHD	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT2	9	E-M	Yes	E	ALLENTOWN, PA
WLVT-DT3	9	E-M	Yes	E	ALLENTOWN, PA
WMCN-DT	12	I	No		PRINCETON, NJ
WMCN-DTHD	12	I-M	No		PRINCETON, NJ
WMDE-DT	5	I	No		Dover, DE
WMDE-DTHD	5	I-M	No		Dover, DE
WMDT-DT	47	N	Yes	O	SALISBURY, MD
WMDT-DTHD	47	N-M	Yes	E	SALISBURY, MD
WPHL-DT	17	I	No		PHILADELPHIA, PA
WPHL-DTHD	17	I-M	No		PHILADELPHIA, PA
WPHL-DT2	17	I-M	No		PHILADELPHIA, PA
WPHL-DT3	17	I-M	No		PHILADELPHIA, PA
WPHL-DT4	17	I-M	No		PHILADELPHIA, PA
WPPT-DT	9	I	No		PHILADELPHIA, PA
WPPT-DT2	9	I-M	No		PHILADELPHIA, PA
WPPX-DT	31	I	No		WILMINGTON, DE
WPPX-DTHD	31	I-M	No		WILMINGTON, DE
WPSG-DT	32	I	No		PHILADELPHIA, PA
WPSG-DTHD	32	I-M	No		PHILADELPHIA, PA
WPVI-DT	6	N	No		PHILADELPHIA, PA
WPVI-DTHD	6	N-M	No		PHILADELPHIA, PA
WPVI-DT2	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	No		PHILADELPHIA, PA
WTFX-DTHD	42	I-M	No		PHILADELPHIA, PA
WTFX-DT2	42	I-M	No		PHILADELPHIA, PA
WTFX-DT4	42	I-M	No		PHILADELPHIA, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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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- 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 BH

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
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WBOC-DT2	21	I-M	No		SALISBURY, MD
WBOC-DT2HD	21	I-M	No		SALISBURY, MD
WBOC-DT3HD	21	I-M	No		SALISBURY, MD
WBOC-LD	22	I	No		CAMBRIDGE, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT4	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WDPB-DT	44	E	No		SEAFORD, DE
WDPB-DTHD	44	E-M	No		SEAFORD, DE
WDPB-DT2	44	E-M	No		SEAFORD, DE
WDPB-DT3	44	E-M	No		SEAFORD, DE
WMDT-DT	47	N	No		SALISBURY, MD
WMDT-DTHD	47	N-M	No		SALISBURY, MD
WMDT-DT2	47	I-M	No		SALISBURY, MD
WMDT-DT2HD	47	I-M	No		SALISBURY, MD
WMDT-DT3	47	I-M	No		SALISBURY, MD
WRDE-LD	31	N	No		REHOBOTH BEACH, DE
WRDE-DTHD	31	N-M	No		REHOBOTH BEACH, DE
WRDE-LD2	31	I-M	No		REHOBOTH BEACH, DE
WRDE-DT3	31	I-M	No		REHOBOTH BEACH, DE

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 BI

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WBOC-DT2	21	I-M	No		SALISBURY, MD
WBOC-DT2HD	21	I-M	No		SALISBURY, MD
WBOC-DT3HD	21	I-M	No		SALISBURY, MD
WBOC-LD	22	I	No		CAMBRIDGE, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT4	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WMDT-DT	47	N	No		SALISBURY, MD
WMDT-DTHD	47	N-M	No		SALISBURY, MD
WMDT-DT2	47	I-M	No		SALISBURY, MD
WMDT-DT2HD	47	I-M	No		SALISBURY, MD
WMDT-DT3	47	I-M	No		SALISBURY, MD
WRDE-LD	31	N	No		REHOBOTH BEACH, DE
WRDE-DTHD	31	N-M	No		REHOBOTH BEACH, DE
WRDE-LD2	31	I-M	No		REHOBOTH BEACH, DE
WRDE-DT3	31	I-M	No		REHOBOTH BEACH, DE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Maryland, LP

SYSTEM ID#
006814

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.

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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 BJ

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
WCHS-DT	41	N	No		CHARLESTON, WV
WCHS-DTHD	41	N-M	No		CHARLESTON, WV
WCHS-DT2	41	I-M	No		CHARLESTON, WV
WCHS-DT3	41	I-M	No		CHARLESTON, WV
WCHS-DT2HD	41	I-M	No		CHARLESTON, WV
WKAS-DT	26	E	No		ASHLAND, KY
WKAS-DTHD	26	E-M	No		ASHLAND, KY
WKAS-DT2HD	26	E-M	No		ASHLAND, KY
WKAS-DT4	26	E-M	No		ASHLAND, KY
WKAS-DT3	26	E-M	No		ASHLAND, KY
WLPX-DT	39	I	No		CHARLESTON, WV
WLPX-DTHD	39	I-M	No		CHARLESTON, WV
WOWK-DT	13	N	No		HUNTINGTON, WV
WOWK-DTHD	13	N-M	No		HUNTINGTON, WV
WOWK-DT2	13	I-M	No		HUNTINGTON, WV
WOWK-DT3	13	I-M	No		HUNTINGTON, WV
WQCW-DT	17	I	No		PORTSMOUTH, OH
WQCW-DTHD	17	I-M	No		PORTSMOUTH, OH
WQCW-DT2	17	I-M	No		PORTSMOUTH, OH
WQCW-DT3	17	I-M	No		PORTSMOUTH, OH
WSAZ-DT	23	N	No		HUNTINGTON, WV
WSAZ-DTHD	23	N-M	No		HUNTINGTON, WV
WSAZ-DT2	23	I-M	No		HUNTINGTON, WV
WSAZ-DT4	23	I-M	No		HUNTINGTON, WV
WVAH-DT	19	I	No		CHARLESTON, WV
WVAH-DT2	19	I-M	No		CHARLESTON, WV
WVAH-DT3	19	I-M	No		CHARLESTON, WV
WVPB-DT	34	E	No		HUNTINGTON, WV
WVPB-DTHD	34	E-M	No		HUNTINGTON, WV
WVPB-DT2HD	34	E-M	No		HUNTINGTON, WV
WVPB-DT3	34	E-M	No		HUNTINGTON, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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.
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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 BK					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WBOC-DT2	21	I-M	No		SALISBURY, MD
WBOC-DT2HD	21	I-M	No		SALISBURY, MD
WBOC-DT3HD	21	I-M	No		SALISBURY, MD
WBOC-LD	22	I	No		CAMBRIDGE, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT4	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WMDT-DT	47	N	No		SALISBURY, MD
WMDT-DTHD	47	N-M	No		SALISBURY, MD
WMDT-DT2	47	I-M	No		SALISBURY, MD
WMDT-DT2HD	47	I-M	No		SALISBURY, MD
WMDT-DT3	47	I-M	No		SALISBURY, MD
WRDE-LD	31	N	No		REHOBOTH BEACH, DE
WRDE-DTHD	31	N-M	No		REHOBOTH BEACH, DE
WRDE-LD2	31	I-M	No		REHOBOTH BEACH, DE
WRDE-DT3	31	I-M	No		REHOBOTH BEACH, DE

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 BL

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBAL-DT	11	N	No		Baltimore, MD
WBAL-DTHD	11	N-M	No		BALTIMORE, MD
WBAL-DT2	11	I-M	No		BALTIMORE, MD
WBAL-DT3	11	I-M	No		BALTIMORE, MD
WBFF-DT	46	I	No		BALTIMORE, MD
WBFF-DTHD	46	I-M	No		BALTIMORE, MD
WBFF-DT2	46	I-M	No		BALTIMORE, MD
WBFF-DT4	46	I-M	No		BALTIMORE, MD
WBFF-DT2HD	46	I-M	No		BALTIMORE, MD
WBOC-DT	21	N	No		SALISBURY, MD
WBOC-DTHD	21	N-M	No		SALISBURY, MD
WCPB-DT	28	E	No		SALISBURY, MD
WCPB-DT4	28	E-M	No		SALISBURY, MD
WCPB-DT3	28	E-M	No		SALISBURY, MD
WCPB-DTHD	28	E-M	No		SALISBURY, MD
WCPB-DT2HD	28	E-M	No		SALISBURY, MD
WJZ-DT	13	N	No		Baltimore, MD
WJZ-DTHD	13	N-M	No		BALTIMORE, MD
WJZ-DT2	13	I-M	No		BALTIMORE, MD
WJZ-DT3	13	I-M	No		BALTIMORE, MD
WMAR-DT	38	N	No		Baltimore, MD
WMAR-DTHD	38	N-M	No		BALTIMORE, MD
WMAR-DT3	38	I-M	No		BALTIMORE, MD
WMAR-DT4	38	I-M	No		BALTIMORE, MD
WMDT-DT	47	N	No		SALISBURY, MD
WNUV-DT	40	I	No		BALTIMORE, MD
WNUV-DTHD	40	I-M	No		BALTIMORE, MD
WNUV-DT2	40	I-M	No		BALTIMORE, MD
WNUV-DT3	40	I-M	No		BALTIMORE, MD
WUTB-DT	46	I	No		BALTIMORE, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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 BM					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCVE-DT	42	E	No		Richmond, VA
WCVE-DTHD	42	E-M	No		Richmond, VA
WCVE-DT2	42	E-M	No		Richmond, VA
WCVE-DT4	42	E-M	No		Richmond, VA
WCVW-DT	29	E	No		Richmond, VA
WCVW-DTHD	29	E-M	No		Richmond, VA
WTVT-DT3	42	E	No		Spotsylvania, VA
WRIC-DT	22	N	No		Petersburg, VA
WRIC-DTHD	22	N-M	No		Petersburg, VA
WRIC-DT3	22	I-M	No		Petersburg, VA
WRIC-DT4	22	I-M	No		Petersburg, VA
WRLH-DT	26	I	No		Richmond, VA
WRLH-DTHD	26	I-M	No		Richmond, VA
WRLH-DT2	26	I-M	No		Richmond, VA
WRLH-DT3	26	I-M	No		Richmond, VA
WTVR-DT	25	N	No		Richmond, VA
WTVR-DTHD	25	N-M	No		Richmond, VA
WTVR-DT2	25	I-M	No		Richmond, VA
WTVR-DT3	25	I-M	No		Richmond, VA
WUPV-DT	47	I	No		Ashland, VA
WUPV-DTHD	47	I-M	No		Ashland, VA
WUPV-DT2	47	I-M	No		Ashland, VA
WUPV-DT3	47	I-M	No		Ashland, VA
WWBT-DT	12	N	No		Richmond, VA
WWBT-DTHD	12	N-M	No		Richmond, VA
WWBT-DT2	12	I-M	No		Richmond, VA
WWBT-DT3	12	I-M	No		Richmond, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

I

**Substitute
Carriage:
Special
Statement and
Program Log**

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	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;">221,414,195.13</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	221,414,195.13	(Amount of gross receipts)	
\$	221,414,195.13					
(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. \$ 221,414,195.13 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 2,355,847.04					
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. \$ 181,820.63 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. \$ 12,569.97 Line 3. Add lines 1 and 2 and enter here. \$ 194,390.60					
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. \$ 2,355,847.04 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 \$ 2,356,572.04	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
EFT Trace # or TRANSACTION ID # 27VNNP5D						
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 Maryland, LP	SYSTEM ID# 006814
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 359</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,065</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 LANE Telephone 215-286-2334</p> <p>Address COMCAST CABLE COMMUNICATIONS, LLC, ONE COMCAST CENTER <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>PHILADELPHIA, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email LICENSING OFFICE INQUIRIES@COMCAST. 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 style="text-align: center;">_____</p> <p>Title: VICE PRESIDENT - REGULATORY ACCOUNTING <small>(Title of official position held in corporation or partnership)</small></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 Maryland, LP	SYSTEM ID# 006814	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="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -</p> <p style="text-align: right; padding-right: 20px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -</p> <p style="text-align: right; padding-right: 20px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ -</p> <p style="text-align: right; padding-right: 20px;">(interest charge)</p> <p>* To view the interest rate chart click on 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.

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
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	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.	13.50
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<p>2</p> <p>Computation of DSEs for Category "O" Stations</p> <p>Add rows as necessary. Remember to copy all formula into new rows.</p>	<p>Instructions:</p> <p>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).</p> <p>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."</p>					
	CATEGORY "O" STATIONS: DSEs					
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WBOC-DT	0.250	WDCA-DT	1.000	WLFL-DT	1.000
	WBOC-DT3HD	1.000	WETA-DT	0.250	WLFL-DT2	1.000
	WCVB-DT	0.250	WHUT-DT	0.250	WLFL-DT3	1.000
	WCVW-DT	0.250	WHYY-DT	0.250	WLVT-DT	0.250
	WMDT-DT	0.250				
	WNCN-DT	0.250				
	WNCN-DT2	1.000				
	WNCN-DT3	1.000				
	WNPB-DT	0.250				
	WNVT-DT3	0.250				
	WRDC-DT	1.000				
	WRDC-DT2	1.000				
	WTFX-DT	1.000				
WUNC-DT	0.250					
WVPT-DT	0.250					
WWBT-DT	0.250					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
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3

Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity

Instructions: CAPACITY

Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)

CATEGORY LAC STATIONS: COMPUTATION OF DSEs					
1. CALL SIGN	2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00	

4

Computation of DSEs for Substitute-Basis Stations

Instructions:

Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
 • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

Column 3: Enter the number of days in the calendar year: 365, except in a leap year.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,				0.00			

5

Total Number of DSEs

TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2 ●	▶		▶	13.50
2. Number of DSEs from part 3 ●	▶		▶	0.00
3. Number of DSEs from part 4 ●	▶		▶	0.00

TOTAL NUMBER OF DSEs **13.50**

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

6

BLOCK A: TELEVISION MARKETS

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

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

No—Complete blocks B and C below.

Computation of 3.75 Fee

BLOCK B: CARRIAGE OF PERMITTED DSEs

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

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

BASIS OF PERMITTED CARRIAGE

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

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

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

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

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

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

M Retransmission of a distant multicast stream.

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

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WBOC-DT	A, D	0.25	WHUT-DT	C	0.25	WMDT-DT	D	0.25
WBOC-DT3	M	1.00	WHYY-DT	D	0.25	WNCN-DT	A	0.25
WCVE-DT	A, C	0.25	WLFL-DT	A	1.00	WNCN-DT2	M	1.00
WCVW-DT	C	0.25	WLFL-DT2	M	1.00	WNCN-DT3	M	1.00
WDCA-DT	A	1.00	WLFL-DT3	M	1.00	WNPB-DT	C	0.25
WETA-DT	C, D	0.25	WLVT-DT	C	0.25	WNVT-DT3	C	0.25

12.50

BLOCK C: COMPUTATION OF 3.75 FEE

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

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

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

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

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

Line 6: Enter total number of DSEs from line 3 _____

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

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP	SYSTEM ID# 006814
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 Maryland, LP	SYSTEM ID# 006814	Name
Section 4 If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.	7	
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	Computation of Base Rate Fee	

<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. 	8	
	Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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
				WVPT-DT [C]	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts First Group				\$ 197,696,912.45	Gross Receipts Second Group				\$ 1,335,063.78
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 3,551.27
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
WCVE-DT [C]	0.25			WCVE-DT [A]	0.25				
WNVN-DT3 [C]	0.25			WWBT-DT [A]	0.25				
				WUNC-DT [C]	0.25				
				WNVN-DT3 [C]	0.25				
Total DSEs				0.50	Total DSEs				1.00
Gross Receipts Third Group				\$ 905,305.63	Gross Receipts Fourth Group				\$ 33,073.90
Base Rate Fee Third Group				\$ 4,816.23	Base Rate Fee Fourth Group				\$ 351.91
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)								\$ 181,820.63	

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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		
WUNC-DT [C]	0.25			WCVE-DT [A]	0.25				
				WLFL-DT [A]	1.00				
				WNCN-DT [A]	0.25				
				WRDC-DT [A]	1.00				
				WWBT-DT [A]	0.25				
				WLFL-DT2 [M]	1.00				
				WUNC-DT [C]	0.25				
				WNCN-DT2 [M]	1.00				
				WNCN-DT3 [M]	1.00				
				WLFL-DT3 [M]	1.00				
				WRDC-DT2 [M]	1.00				
				WNVT-DT3 [C]	0.25				
Total DSEs					0.25				
Gross Receipts First Group					\$ 465,947.26				
Base Rate Fee First Group					\$ 1,239.42				
Total DSEs					8.25				
Gross Receipts Second Group					\$ 179,339.74				
Base Rate Fee Second Group					\$ 8,194.93				
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		
WETA-DT [C]	0.25			WDCA-DT [C]	1.00				
Total DSEs					0.25				
Gross Receipts Third Group					\$ 1,309,834.79				
Base Rate Fee Third Group					\$ 3,484.16				
Total DSEs					1.00				
Gross Receipts Fourth Group					\$ 516,006.31				
Base Rate Fee Fourth Group					\$ 5,490.31				
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
Base Rate Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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
WETA-DT [C]	0.25			WNPB-DT [C]	0.25				
WHUT-DT [C]	0.25								
Total DSEs				0.50	Total DSEs				0.25
Gross Receipts First Group				\$ 804,269.46	Gross Receipts Second Group				\$ 2,191,598.13
Base Rate Fee First Group				\$ 4,278.71	Base Rate Fee Second Group				\$ 5,829.65
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
WETA-DT [C]	0.25			WETA-DT [C]	0.25				
WVPT-DT [C]	0.25			WNPB-DT [C]	0.25				
Total DSEs				0.50	Total DSEs				0.50
Gross Receipts Third Group				\$ 5,365,419.54	Gross Receipts Fourth Group				\$ 3,537,462.84
Base Rate Fee Third Group				\$ 28,544.03	Base Rate Fee Fourth Group				\$ 18,819.30
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
Base Rate Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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			
				WBOC-DT [D]	0.25						
				WLVT-DT [C]	0.25						
				WBOC-DT3H [M]	1.00						
Total DSEs				0.00		Total DSEs				1.50	
Gross Receipts First Group				\$ 335,199.15		Gross Receipts Second Group				\$ 615,936.83	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 8,712.43	
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA Subgroup 16						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
WBOC-DT [D]	0.25			WHYY-DT [D]	0.25						
WHYY-DT [D]	0.25			WLVT-DT [C]	0.25						
WLVT-DT [C]	0.25										
WBOC-DT3HC [M]	1.00										
Total DSEs				1.75		Total DSEs				0.50	
Gross Receipts Third Group				\$ 5,223,948.03		Gross Receipts Fourth Group				\$ 632,455.33	
Base Rate Fee Third Group				\$ 83,047.71		Base Rate Fee Fourth Group				\$ 3,364.66	
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 Maryland, LP						SYSTEM ID# 006814		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
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 197,696,912.45	Gross Receipts Second Group				\$ 1,335,063.78
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 0.00
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
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 905,305.63	Gross Receipts Fourth Group				\$ 33,073.90
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 12,569.97	

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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				\$ 465,947.26	Gross Receipts Second Group				\$ 179,339.74
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				0.00
Gross Receipts Third Group				\$ 1,309,834.79	Gross Receipts Fourth Group				\$ 516,006.31
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ <input style="width: 100px; height: 20px;" 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 Maryland, LP						SYSTEM ID# 006814		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
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group				\$ 804,269.46	Gross Receipts Second Group				\$ 2,191,598.13
Base Rate Fee First Group				\$ 0.00	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
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group				\$ 5,365,419.54	Gross Receipts Fourth Group				\$ 3,537,462.84
Base Rate Fee Third Group				\$ 0.00	Base Rate Fee Fourth Group				\$ 0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		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	CALL SIGN	DSE
WTFX-DT	1.00								
Total DSEs		1.00			Total DSEs		0.00		
Gross Receipts First Group		\$ 335,199.15			Gross Receipts Second Group		\$ 615,936.83		
Base Rate Fee First Group		\$ 12,569.97			Base Rate Fee Second Group		\$ 0.00		
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 15					COMMUNITY/ AREA Subgroup 16				
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 Third Group		\$ 5,223,948.03			Gross Receipts Fourth Group		\$ 632,455.33		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Maryland, LP						SYSTEM ID# 006814		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
SEVENTEENTH SUBSCRIBER GROUP					EIGHTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 17					COMMUNITY/ AREA Subgroup 18						
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				\$ 3,585.65		Gross Receipts Second Group				\$ 11,001.22	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
NINETEENTH SUBSCRIBER GROUP					TWENTIETH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 19					COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts Third Group				\$ 251,835.09		Gross Receipts Fourth Group				\$ 0.00	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group				\$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 					

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations