

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

**SA3E
Long Form**

Return completed workbook by email to

coplicsoa@copyright.gov

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

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
6/1/2026	\$
	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. 007933																			
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COMCAST OF KNOXVILLE Comcast Cablevision of the South</p> <p style="text-align: right;">00793320252 007933 2025/2</p> <p>ONE COMCAST CENTER</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>KNOXVILLE</td> <td>TN</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 15%;">STATE</th> <th style="width: 15%;">CH LINE UP</th> <th style="width: 20%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				CITY OR TOWN	STATE	KNOXVILLE	TN	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#								
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933
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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(d). 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#
KNOXVILLE	Knox County	TN	AA	1
ABINGDON	Washington County	VA	AC	1
ALLARDT	Fentress County	TN	AA	1
ANDERSON COUNTY	Anderson County	TN	AA	1
ATHENS	McMinn County	TN	AE	4
BAILEYTON	Greene County	TN	AG	1
BENTON	Poik County	TN	AE	2
BLAINE	Grainger County	TN	AA	1
BLOUNT COUNTY (Northern portions of County)	Blount County	TN	AA	1
BLOUNT COUNTY (Western portions of County)	Blount County	TN	AA	1
BRISTOL	Washington County	VA	AC	1
BULLS GAP	Hawkins County	TN	AG	1
BURSON PLACE	Stafford County	VA	AC	1
BYBEE	Cocke County	TN	AA	1
CAMPBELL COUNTY	Campbell County	TN	AA	1
CARROLL COUNTY	Carroll County	VA	AD	1
CARTER COUNTY	Carter County	TN	AB	1
CARYVILLE	Campbell County	TN	AA	1
CATOOSA	Catoosa County	GA	AK	1
CHATTANOOGA	Hamilton County	TN	AH	1
CHICKAMAUGA	Walker County	GA	AK	1
CHILHOWIE	Smyth County	VA	AC	1
CITY OF GALAX	Galax City	VA	AD	1
CLARK RANGE	Fentress County	TN	AA	1
CLAXTON	Anderson County	TN	AA	1
CLINTON	Anderson County	TN	AA	1
COBBLY NOB	Sevier County	TN	AA	1
COCKE COUNTY	Cocke County	TN	AA	1
COLLEGE DALE	Hamilton County	TN	AH	1
COSBY	Cocke County	TN	AA	1
CUMBERLAND	Cumberland County	TN	AA	1
CUMBERLAND COUNTY (Eastern portions of County)	Cumberland County	TN	AA	1
CUMBERLAND COUNTY (NE portions of County)	Cumberland County	TN	AA	1
DADE COUNTY	Dade County	GA	AH	1
DELANO COUNTY	Delano County	TN	AE	4
DICKENSON COUNTY	Dickenson County	VA	AM	3
EAST RIDGE	Hamilton County	TN	AH	1
EMBREVILLE	Washington County	TN	AB	1
ENGLEWOOD	McMinn County	TN	AE	4
ERWIN	Unicoi County	TN	AB	1
ETOWAH	McMinn County	TN	AE	4
FAIRFIELD GLADE	Cumberland County	TN	AA	1
FALL BRANCH	Washington County	TN	AB	1
FENTRESS COUNTY	Fentress County	TN	AA	1
FT. OGLETHORPE	Catoosa County	GA	AK	1
GATLINBURG	Sevier County	TN	AA	1
GLADE SPRING	Washington County	VA	AC	1
GRAY	Washington County	TN	AB	1
GRAYSON COUNTY	Grayson County	VA	AD	1
GREENE	Greene County	TN	AG	1
GREENE COUNTY	Greene County	TN	AB	1
GREENEVILLE	Greene County	TN	AG	1
GRIMSLEY	Fentress County	TN	AA	1
HAMBLÉN COUNTY	Hamblen County	TN	AG	1
HAMILTON COUNTY	Hamilton County	TN	AH	1
HARRIMAN	Roane County	TN	AA	1
HAWKINS COUNTY	Hawkins County	TN	AG	1
HELENWOOD	Scott County	TN	AI	1
HUNTSVILLE	Scott County	TN	AI	1
JACKSBORO	Campbell County	TN	AA	1
JAMESTOWN	Fentress County	TN	AA	1
JEFFERSON COUNTY	Jefferson County	TN	AA	1
JOHNSON CITY	Washington County	TN	AB	1
JONESBOROUGH	Washington County	TN	AB	1
KINGSTON	Roane County	TN	AA	1
KNOX COUNTY	Knox County	TN	AA	1
KODAK	Sevier County	TN	AA	1
LAFAYTTE	Walker County	GA	AF	1
LAFOLLETTE	Campbell County	TN	AA	1
LAKE CITY	Anderson County	TN	AA	1
LAKE HOLSTON	Washington County	VA	AC	1
LAKESITE	Hamilton County	TN	AH	1
LEE COUNTY	Lee County	VA	AM	3
LIMESTONE	Washington County	TN	AB	1
LOOKOUT MOUNTAIN	Walker County	GA	AH	1
LOOKOUT MOUNTAIN	Walker County	TN	AH	1
LOUISVILLE	Blount County	TN	AA	1
LOUNDON COUNTY	Loudon County	TN	AA	1
LUTTRELL	Union County	TN	AA	1
MARION COUNTY	Marion County	TN	AH	1
MAYNARDVILLE	Union County	TN	AA	1
MCMINN COUNTY (Central portions of the County)	McMinn County	TN	AE	4
MCMINN COUNTY (Northern portions of the county)	McMinn County	TN	AL	4
MEADOWVIEW	Washington County	VA	AC	1
MIDTOWN	Roane County	TN	AA	1
MONROE	Monroe County	TN	AJ	1
MORGAN COUNTY	Morgan County	TN	AA	1
MOSHEIM	Greene County	TN	AG	1
NEWPORT	Cocke County	TN	AA	1

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

NIOTA	McMinn County	TN	AL	4
NORRIS COUNTY	Norris County	TN	AA	1
NORTON	Wise County	VA	AM	3
OAK RIDGE	Anderson County	TN	AA	1
OAKDALE	Morgan County	TN	AA	1
OLIVER SPRINGS	Anderson County	TN	AA	1
ONEIDA	Scott County	TN	AI	1
PARROTSVILLE	Cocke County	TN	AA	1
PIGEON FORGE	Sevier County	TN	AA	1
PITTMAN CENTER	Sevier County	TN	AA	1
POLK COUNTY	Polk County	TN	AE	4
POLK COUNTY	Polk County	TN	AE	1
RARITY BAY	Monroe County	TN	AN	1
RED BANK	Hamilton County	TN	AH	1
RIDGESIDE	Hamilton County	TN	AH	1
ROANE COUNTY	Roane County	TN	AA	1
ROCKFORD	Blount County	TN	AA	1
ROCKWOOD	Roane County	TN	AA	1
ROSSVILLE	Walker County	GA	AK	1
SALTVILLE	Smyth County	VA	AC	1
SCOTT COUNTY	Scott County	VA	AM	3
SEQUATCHIE	Sequatchie County	TN	AH	1
SEVEN MILE FORD	Smyth County	VA	AC	1
SEVIER COUNTY	Sevier County	TN	AA	1
SEVIERVILLE	Sevier County	TN	AA	1
SIGNAL MOUNTAIN	Hamilton County	TN	AH	1
SMYTH COUNTY	Smyth County	VA	AC	1
SMYTH COUNTY	Smyth County	VA	AC	1
SODDY-DAISY	Hamilton County	TN	AH	1
SUGAR GROVE	Smyth County	VA	AC	1
SULLIVAN COUNTY (SW portions of the County)	Sullivan County	TN	AC	1
SULLIVAN COUNTY (Western portions of the County)	Sullivan County	TN	AB	1
SUNBRIGHT	Morgan County	TN	AA	1
TELLICO PLAINS	Monroe County	TN	AJ	1
TOWN OF APPALACHIA	Wise County	VA	AM	3
TOWN OF BIG STONE GAP	Wise County	VA	AM	3
TOWN OF CLINTWOOD	Dickenson County	VA	AM	3
TOWN OF COEBURN	Wise County	VA	AM	3
TOWN OF DUFFIELD	Scott County	VA	AM	3
TOWN OF FRIENDSVILLE	Blount County	TN	AA	1
TOWN OF FRIES	Grayson County	VA	AD	1
TOWN OF GREENBACK	Loudon County	TN	AA	1
TOWN OF HILLSVILLE	Carroll County	VA	AD	1
TOWN OF INDEPENDENCE	Grayson County	VA	AD	1
TOWN OF JONESVILLE	Lee County	VA	AM	3
TOWN OF MARION	Smyth County	VA	AC	1
TOWN OF PENNINGTON GAP	Lee County	VA	AM	3
TOWN OF WISE	Wise County	VA	AM	3
TOWNSEND	Blount County	TN	AA	1
TUSCULUM	Greene County	TN	AG	1
UNICOI	Unicoi County	TN	AB	1
UNICOI COUNTY	Unicoi County	TN	AB	1
UNION COUNTY	Union County	TN	AA	1
VONORE	Monroe County	TN	AJ	1
WALDEN	Hamilton County	TN	AH	1
WALDENS CREEK	Sevier County	TN	AA	1
WALKER	Walker County	GA	AK	1
WALKER COUNTY	Walker County	GA	AF	1
WARTBURG	Morgan County	TN	AA	1
WASHINGTON COUNTY	Washington County	VA	AC	1
WASHINGTON COUNTY	Washington County	VA	AC	1
WASHINGTON COUNTY	Washington County	TN	AB	1
WEARS VALLEY	Sevier County	TN	AA	1
WINFIELD	Scott County	TN	AI	1
WISE COUNTY	Wise County	VA	AM	3

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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
WAGV-DT	51	I	No		HARLAN, KY
WATE-DT2	26	I-M	No		KNOXVILLE, TN
WATE-DTHD	26	N-M	No		KNOXVILLE, TN
WATE-DT3	26	I-M	No		KNOXVILLE, TN
WATE-DT	26	N	No		KNOXVILLE, TN
WBIR-DTHD	10	N-M	No		KNOXVILLE, TN
WBIR-DT2	10	I-M	No		KNOXVILLE, TN
WBIR-DT	10	N	No		KNOXVILLE, TN
WBIR-DT3	10	I-M	No		KNOXVILLE, TN
WBXX-DT3	20	I-M	No		CROSSVILLE, TN
WBXX-DTHD	20	I-M	No		CROSSVILLE, TN
WBXX-DT	20	I	No		CROSSVILLE, TN
WBXX-DT5HD	20	I-M	No		CROSSVILLE, TN
WKNX-DTHD	7	I-M	No		KNOXVILLE, TN
WKNX-DT	7	I	No		KNOXVILLE, TN
WKOP-DT3	17	E-M	No		KNOXVILLE, TN
WKOP-DTHD	17	E-M	No		KNOXVILLE, TN
WKOP-DT2	17	E-M	No		KNOXVILLE, TN
WKOP-DT	17	E	No		KNOXVILLE, TN
WPXK-DTHD	23	I-M	No		JELICO, TN
WPXK-DT	23	I	No		JELICO, TN
WTNZ-DT2	34	I-M	No		KNOXVILLE, TN
WTNZ-DT3	34	I-M	No		KNOXVILLE, TN
WTNZ-DTHD	34	I-M	No		KNOXVILLE, TN
WTNZ-DT	34	I	No		KNOXVILLE, TN
WVLR-DTHD	48	I-M	No		TAZEWELL, TN
WVLR-DT	48	I	No		TAZEWELL, TN
WVLT-DTHD	30	N-M	No		KNOXVILLE, TN
WVLT-DT2HD	30	I-M	No		KNOXVILLE, TN
WVLT-DT	30	N	No		KNOXVILLE, TN
WVLT-DT3	30	I-M	No		KNOXVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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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
WCYB-DT2HD	5	I-M	No		BRISTOL, VA
WCYB-DT2	5	I-M	No		BRISTOL, VA
WCYB-DT3HD	5	I-M	No		BRISTOL, VA
WCYB-DT3	5	I-M	No		BRISTOL, VA
WCYB-DTHD	5	N-M	No		BRISTOL, VA
WCYB-DT	5	N	No		BRISTOL, VA
WEMT-DT2	38	I-M	No		GREENVILLE, TN
WEMT-DTHD	38	I-M	No		GREENVILLE, TN
WEMT-DT3	38	I-M	No		GREENVILLE, TN
WEMT-DT	38	I	No		GREENVILLE, TN
WETP-DT3	41	E-M	No		SNEEDVILLE, TN
WETP-DTHD	41	E-M	No		SNEEDVILLE, TN
WETP-DT2	41	E-M	No		SNEEDVILLE, TN
WETP-DT	41	E	No		SNEEDVILLE, TN
WJHL-DT2HD	11	I-M	No		JOHNSON CITY, TN
WJHL-DT2	11	I-M	No		JOHNSON CITY, TN
WJHL-DTHD	11	N-M	No		JOHNSON CITY, TN
WJHL-DT	11	N	No		JOHNSON CITY, TN
WKPT-DTHD	27	N-M	No		KINGSPORT, TN
WKPT-DT3	27	I-M	No		KINGSPORT, TN
WKPT-DT2	27	I-M	No		KINGSPORT, TN
WKPT-DT4	27	I-M	No		KINGSPORT, TN
WKPT-DT	27	N	No		KINGSPORT, TN
WLFQ-DT	49	I	No		GRUNDY, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AC

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBRA-DT2	3	E-M	No		ROANOKE, VA
WBRA-DTHD	3	E-M	No		ROANOKE, VA
WBRA-DT3	3	E-M	No		ROANOKE, VA
WBRA-DT4	3	E-M	No		ROANOKE, VA
WBRA-DT	3	E	No		ROANOKE, VA
WCYB-DT2HD	5	I-M	No		BRISTOL, VA
WCYB-DT2	5	I-M	No		BRISTOL, VA
WCYB-DT3HD	5	I-M	No		BRISTOL, VA
WCYB-DT3	5	I-M	No		BRISTOL, VA
WCYB-DTHD	5	N-M	No		BRISTOL, VA
WCYB-DT	5	N	No		BRISTOL, VA
WEMT-DT3	38	I-M	No		GREENVILLE, TN
WEMT-DTHD	38	I-M	No		GREENVILLE, TN
WEMT-DT3	38	I-M	No		GREENVILLE, TN
WEMT-DT	38	I	No		GREENVILLE, TN
WJHL-DT2HD	11	I-M	No		JOHNSON CITY, TN
WJHL-DT2	11	I-M	No		JOHNSON CITY, TN
WJHL-DTHD	11	N-M	No		JOHNSON CITY, TN
WJHL-DT	11	N	No		JOHNSON CITY, TN
WKPT-DTHD	27	N-M	No		KINGSPORT, TN
WKPT-DT3	27	I-M	No		KINGSPORT, TN
WKPT-DT2	27	I-M	No		KINGSPORT, TN
WKPT-DT4	27	I-M	No		KINGSPORT, TN
WKPT-DT	27	N	No		KINGSPORT, TN
WLFQ-DT	49	I	No		GRUNDY, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AD

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBRA-DT4	3	E-M	No		ROANOKE, VA
WBRA-DTHD	3	E-M	No		ROANOKE, VA
WBRA-DT3	3	E-M	No		ROANOKE, VA
WBRA-DT2	3	E-M	No		ROANOKE, VA
WBRA-DT	3	E	No		ROANOKE, VA
WDBJ-DT3	18	I-M	No		ROANOKE, VA
WDBJ-DTHD	18	N-M	No		ROANOKE, VA
WDBJ-DT	18	N	No		ROANOKE, VA
WDBJ-DT4	18	I-M	No		ROANOKE, VA
WFXR-DT4	17	I-M	No		ROANOKE, VA
WFXR-DT3	17	I-M	No		ROANOKE, VA
WFXR-DTHD	17	I-M	No		ROANOKE, VA
WFXR-DT	17	I	No		ROANOKE, VA
WPXR-DTHD	36	I-M	No		ROANOKE, VA
WPXR-DT	36	I	No		ROANOKE, VA
WSET-DT2	29	I-M	No		LYNCHBURG, VA
WSET-DT3	29	I-M	No		LYNCHBURG, VA
WSET-DTHD	29	N-M	No		LYNCHBURG, VA
WSET-DT	29	N	No		LYNCHBURG, VA
WSLS-DT2	30	I-M	No		ROANOKE, VA
WSLS-DTHD	30	N-M	No		ROANOKE, VA
WSLS-DT3	30	I-M	No		ROANOKE, VA
WSLS-DT	30	N	No		ROANOKE, VA
WWCW-DT4	21	I-M	No		LYNCHBURG, VA
WWCW-DTHD	21	I-M	No		LYNCHBURG, VA
WWCW-DT3	21	I-M	No		LYNCHBURG, VA
WWCW-DT	21	I	No		LYNCHBURG, VA
WZBJ-DTHD	24	I-M	No		DANVILLE, VA
WZBJ-DT	24	I	No		DANVILLE, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AE

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBIR-DT	10	N	No		KNOXVILLE, TN
WDEF-DT2	12	I-M	No		CHATTANOOGA, TN
WDEF-DTHD	12	N-M	No		CHATTANOOGA, TN
WDEF-DT3	12	I-M	No		CHATTANOOGA, TN
WDEF-DT	12	N	No		CHATTANOOGA, TN
WDSI-DT	40	I	No		CHATTANOOGA, TN
WELF-DTHD	16	I-M	No		DALTON, GA
WELF-DT	16	I	No		DALTON, GA
WFLI-DTHD	42	I-M	No		CLEVELAND, TN
WFLI-DT3	42	I-M	No		CLEVELAND, TN
WFLI-DT2	42	I-M	No		CLEVELAND, TN
WFLI-DT	42	I	No		CLEVELAND, TN
WKOP-DT3	17	E-M	Yes	E	KNOXVILLE, TN
WKOP-DTHD	17	E-M	Yes	E	KNOXVILLE, TN
WKOP-DT2	17	E-M	Yes	E	KNOXVILLE, TN
WKOP-DT	17	E	Yes	O	KNOXVILLE, TN
WRCB-DT2	13	I-M	No		CHATTANOOGA, TN
WRCB-DT4	13	I-M	No		CHATTANOOGA, TN
WRCB-DTHD	13	N-M	No		CHATTANOOGA, TN
WRCB-DT	13	N	No		CHATTANOOGA, TN
WTCI-DT2	29	E-M	No		CHATTANOOGA, TN
WTCI-DTHD	29	E-M	No		CHATTANOOGA, TN
WTCI-DT3	29	E-M	No		CHATTANOOGA, TN
WTCI-DT	29	E	No		CHATTANOOGA, TN
WTVC-DT2HD	9	I-M	No		CHATTANOOGA, TN
WTVC-DT2	9	I-M	No		CHATTANOOGA, TN
WTVC-DTHD	9	N-M	No		CHATTANOOGA, TN
WTVC-DT3	9	I-M	No		CHATTANOOGA, TN
WTVC-DT	9	N	No		CHATTANOOGA, TN
WVLT-DT	30	N	Yes	O	KNOXVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary Transmitters:
Television

CHANNEL LINE-UP AF

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WDEF-DT2	12	I-M	No		CHATTANOOGA, TN
WDEF-DTHD	12	N-M	No		CHATTANOOGA, TN
WDEF-DT3	12	I-M	No		CHATTANOOGA, TN
WDEF-DT	12	N	No		CHATTANOOGA, TN
WDSI-DT	40	I	No		CHATTANOOGA, TN
WELF-DTHD	16	I-M	No		DALTON, GA
WELF-DT	16	I	No		DALTON, GA
WFLI-DTHD	42	I-M	No		CLEVELAND, TN
WFLI-DT3	42	I-M	No		CLEVELAND, TN
WFLI-DT2	42	I-M	No		CLEVELAND, TN
WFLI-DT	42	I	No		CLEVELAND, TN
WNGH-DT2	33	E-M	No		CHATSWORTH, GA
WNGH-DTHD	33	E-M	No		CHATSWORTH, GA
WNGH-DT4	33	E-M	No		CHATSWORTH, GA
WNGH-DT	33	E	No		CHATSWORTH, GA
WNGH-DT3	33	E-M	No		CHATSWORTH, GA
WRCB-DT2	13	I-M	No		CHATTANOOGA, TN
WRCB-DT4	13	I-M	No		CHATTANOOGA, TN
WRCB-DTHD	13	N-M	No		CHATTANOOGA, TN
WRCB-DT	13	N	No		CHATTANOOGA, TN
WTCI-DT2	29	E-M	No		CHATTANOOGA, TN
WTCI-DTHD	29	E-M	No		CHATTANOOGA, TN
WTCI-DT3	29	E-M	No		CHATTANOOGA, TN
WTCI-DT	29	E	No		CHATTANOOGA, TN
WTVG-DT2HD	9	I-M	No		CHATTANOOGA, TN
WTVG-DT2	9	I-M	No		CHATTANOOGA, TN
WTVG-DTHD	9	N-M	No		CHATTANOOGA, TN
WTVG-DT3	9	I-M	No		CHATTANOOGA, TN
WTVG-DT	9	N	No		CHATTANOOGA, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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 AG

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBIR-DT	10	N	No		KNOXVILLE, TN
WCYB-DT2HD	5	I-M	No		BRISTOL, VA
WCYB-DT2	5	I-M	No		BRISTOL, VA
WCYB-DT3HD	5	I-M	No		BRISTOL, VA
WCYB-DT3	5	I-M	No		BRISTOL, VA
WCYB-DTHD	5	N-M	No		BRISTOL, VA
WCYB-DT	5	N	No		BRISTOL, VA
WEMT-DT2	38	I-M	No		GREENVILLE, TN
WEMT-DTHD	38	I-M	No		GREENVILLE, TN
WEMT-DT3	38	I-M	No		GREENVILLE, TN
WEMT-DT	38	I	No		GREENVILLE, TN
WETP-DT3	41	E-M	No		SNEEDVILLE, TN
WETP-DTHD	41	E-M	No		SNEEDVILLE, TN
WETP-DT2	41	E-M	No		SNEEDVILLE, TN
WETP-DT	41	E	No		SNEEDVILLE, TN
WJHL-DT2HD	11	I-M	No		JOHNSON CITY, TN
WJHL-DT2	11	I-M	No		JOHNSON CITY, TN
WJHL-DTHD	11	N-M	No		JOHNSON CITY, TN
WJHL-DT	11	N	No		JOHNSON CITY, TN
WKPT-DTHD	27	N-M	No		KINGSPORT, TN
WKPT-DT3	27	I-M	No		KINGSPORT, TN
WKPT-DT2	27	I-M	No		KINGSPORT, TN
WKPT-DT4	27	I-M	No		KINGSPORT, TN
WKPT-DT	27	N	No		KINGSPORT, TN
WLFQ-DT	49	I	No		GRUNDY, VA
WLOS-DT	13	N	No		ASHEVILLE, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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
WDEF-DT2	12	I-M	No		CHATTANOOGA, TN
WDEF-DTHD	12	N-M	No		CHATTANOOGA, TN
WDEF-DT3	12	I-M	No		CHATTANOOGA, TN
WDEF-DT	12	N	No		CHATTANOOGA, TN
WDSI-DT	40	I	No		CHATTANOOGA, TN
WELF-DTHD	16	I-M	No		DALTON, GA
WELF-DT	16	I	No		DALTON, GA
WFLI-DTHD	42	I-M	No		CLEVELAND, TN
WFLI-DT3	42	I-M	No		CLEVELAND, TN
WFLI-DT2	42	I-M	No		CLEVELAND, TN
WFLI-DT	42	I	No		CLEVELAND, TN
WNGH-DT2	33	E-M	No		CHATSWORTH, GA
WNGH-DTHD	33	E-M	No		CHATSWORTH, GA
WNGH-DT4	33	E-M	No		CHATSWORTH, GA
WNGH-DT	33	E	No		CHATSWORTH, GA
WNGH-DT3	33	E-M	No		CHATSWORTH, GA
WRCB-DT2	13	I-M	No		CHATTANOOGA, TN
WRCB-DT4	13	I-M	No		CHATTANOOGA, TN
WRCB-DTHD	13	N-M	No		CHATTANOOGA, TN
WRCB-DT	13	N	No		CHATTANOOGA, TN
WTCT-DT2	29	E-M	No		CHATTANOOGA, TN
WTCT-DTHD	29	E-M	No		CHATTANOOGA, TN
WTCT-DT3	29	E-M	No		CHATTANOOGA, TN
WTCT-DT	29	E	No		CHATTANOOGA, TN
WTVG-DT2HD	9	I-M	No		CHATTANOOGA, TN
WTVG-DT2	9	I-M	No		CHATTANOOGA, TN
WTVG-DTHD	9	N-M	No		CHATTANOOGA, TN
WTVG-DT3	9	I-M	No		CHATTANOOGA, TN
WTVG-DT	9	N	No		CHATTANOOGA, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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 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
WDEF-DT2	12	I-M	No		CHATTANOOGA, TN
WDEF-DTHD	12	N-M	No		CHATTANOOGA, TN
WDEF-DT3	12	I-M	No		CHATTANOOGA, TN
WDEF-DT	12	N	No		CHATTANOOGA, TN
WDSI-DT	40	I	No		CHATTANOOGA, TN
WELF-DTHD	16	I-M	No		DALTON, GA
WELF-DT	16	I	No		DALTON, GA
WFLI-DTHD	42	I-M	No		CLEVELAND, TN
WFLI-DT3	42	I-M	No		CLEVELAND, TN
WFLI-DT2	42	I-M	No		CLEVELAND, TN
WFLI-DT	42	I	No		CLEVELAND, TN
WNGH-DT2	33	E-M	No		CHATSWORTH, GA
WNGH-DTHD	33	E-M	No		CHATSWORTH, GA
WNGH-DT4	33	E-M	No		CHATSWORTH, GA
WNGH-DT	33	E	No		CHATSWORTH, GA
WNGH-DT3	33	E-M	No		CHATSWORTH, GA
WRCB-DT2	13	I-M	No		CHATTANOOGA, TN
WRCB-DT4	13	I-M	No		CHATTANOOGA, TN
WRCB-DTHD	13	N-M	No		CHATTANOOGA, TN
WRCB-DT	13	N	No		CHATTANOOGA, TN
WTCT-DT2	29	E-M	No		CHATTANOOGA, TN
WTCT-DTHD	29	E-M	No		CHATTANOOGA, TN
WTCT-DT3	29	E-M	No		CHATTANOOGA, TN
WTCT-DT	29	E	No		CHATTANOOGA, TN
WTVG-DT2HD	9	I-M	No		CHATTANOOGA, TN
WTVG-DT2	9	I-M	No		CHATTANOOGA, TN
WTVG-DTHD	9	N-M	No		CHATTANOOGA, TN
WTVG-DT3	9	I-M	No		CHATTANOOGA, TN
WTVG-DT	9	N	No		CHATTANOOGA, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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 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-DT2	3	E-M	Yes	E	ROANOKE, VA
WBRA-DTHD	3	E-M	Yes	E	ROANOKE, VA
WBRA-DT3	3	E-M	Yes	E	ROANOKE, VA
WBRA-DT4	3	E-M	Yes	E	ROANOKE, VA
WBRA-DT	3	E	Yes	O	ROANOKE, VA
WCYB-DT2HD	5	I-M	No		BRISTOL, VA
WCYB-DT2	5	I-M	No		BRISTOL, VA
WCYB-DT3HD	5	I-M	No		BRISTOL, VA
WCYB-DT3	5	I-M	No		BRISTOL, VA
WCYB-DTHD	5	N-M	No		BRISTOL, VA
WCYB-DT	5	N	No		BRISTOL, VA
WEMT-DT3	38	I-M	No		GREENVILLE, TN
WEMT-DTHD	38	I-M	No		GREENVILLE, TN
WEMT-DT2	38	I-M	No		GREENVILLE, TN
WEMT-DT	38	I	No		GREENVILLE, TN
WETP-DT3	41	E-M	No		SNEEDVILLE, TN
WETP-DTHD	41	E-M	No		SNEEDVILLE, TN
WETP-DT2	41	E-M	No		SNEEDVILLE, TN
WJHL-DT2HD	11	I-M	No		JOHNSON CITY, TN
WJHL-DT2	11	I-M	No		JOHNSON CITY, TN
WJHL-DTHD	11	N-M	No		JOHNSON CITY, TN
WJHL-DT	11	N	No		JOHNSON CITY, TN
WKPT-DTHD	27	N-M	No		KINGSPORT, TN
WKPT-DT3	27	I-M	No		KINGSPORT, TN
WKPT-DT2	27	I-M	No		KINGSPORT, TN
WKPT-DT4	27	I-M	No		KINGSPORT, TN
WKPT-DT	27	N	No		KINGSPORT, TN
WLFQ-DT	49	I	No		GRUNDY, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP 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
WATE-DT2	26	I-M	No		KNOXVILLE, TN
WATE-DTHD	26	N-M	No		KNOXVILLE, TN
WATE-DT3	26	I-M	No		KNOXVILLE, TN
WATE-DT	26	N	No		KNOXVILLE, TN
WBIR-DTHD	10	N-M	No		KNOXVILLE, TN
WBIR-DT2	10	I-M	No		KNOXVILLE, TN
WBIR-DT	10	N	No		KNOXVILLE, TN
WBIR-DT3	10	I-M	No		KNOXVILLE, TN
WBXX-DT3	20	I-M	No		CROSSVILLE, TN
WBXX-DTHD	20	I-M	No		CROSSVILLE, TN
WBXX-DT	20	I	No		CROSSVILLE, TN
WBXX-DT5HD	20	I-M	No		CROSSVILLE, TN
WKOP-DT3	17	E-M	No		KNOXVILLE, TN
WKOP-DTHD	17	E-M	No		KNOXVILLE, TN
WKOP-DT2	17	E-M	No		KNOXVILLE, TN
WKOP-DT	17	E	No		KNOXVILLE, TN
WTNZ-DT2	34	I-M	No		KNOXVILLE, TN
WTNZ-DT3	34	I-M	No		KNOXVILLE, TN
WTNZ-DTHD	34	I-M	No		KNOXVILLE, TN
WTNZ-DT	34	I	No		KNOXVILLE, TN
WVLT-DTHD	30	N-M	No		KNOXVILLE, TN
WVLT-DT2HD	30	I-M	No		KNOXVILLE, TN
WVLT-DT	30	N	No		KNOXVILLE, TN
WVLT-DT3	30	I-M	No		KNOXVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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;">28,788,820.38</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	28,788,820.38	(Amount of gross receipts)	
\$	28,788,820.38					
(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. \$ 28,788,820.38 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 306,313.05					
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. \$ 8,021.97 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ 8,021.97					
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. \$ 306,313.05 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 \$ 307,038.05 EFT Trace # or TRANSACTION ID # 27VNNONR	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933
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 117</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 837</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name JULIE LAINE, COMCAST CABLE COMMUNICATIONS, LLC. Telephone 215-286-2334</p> <p>Address ONE COMCAST CENTER (Number, street, rural route, apartment, or suite number)</p> <p>PHILADELPHIA, PA 19103 (City, town, state, zip)</p> <p>Email <u>Licensing_Office_Inquiries@Comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <div style="margin-top: 20px;"> X /s/ Joseph Lance </div> <p style="font-size: 0.8em; 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 (Title of official position held in corporation or partnership)</p> <p>Date: February 5, 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 KNOXVILLE	SYSTEM ID# 007933	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	

INTEREST ASSESSMENTS 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. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> <hr/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> <hr/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> <hr/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p style="font-size: small;">* 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 style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">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> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____	Q Interest Assessment
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933	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.)

CARRIAGE BASIS OF PERMITTED

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
WBRA-DT	C	0.25						
WKOP-DT	C	0.25						
WVLT-DT	G	0.25						

0.75

BLOCK C: COMPUTATION OF 3.75 FEE

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

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

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

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

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

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

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

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE	SYSTEM ID# 007933
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 KNOXVILLE	SYSTEM ID# 007933	Name
Section 4	<p>If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00</p>		7 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
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LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE						SYSTEM ID# 007933		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Knoxville Areas					COMMUNITY/ AREA Town of Benton - WKOP				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WKOP-DT [C]	0.25				
Total DSEs				0.00	Total DSEs				0.25
Gross Receipts First Group				\$ 25,773,041.11	Gross Receipts Second Group				\$ 48,170.42
Base Rate Fee First Group				\$ 0.00	Base Rate Fee Second Group				\$ 128.13
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Dickenson/Lee/Scott/Wise Count					COMMUNITY/ AREA McMinn/Delano/Polk - WVLT				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WBRA-DT [C]	0.25			WVLT-DT [G]	0.25				
Total DSEs				0.25	Total DSEs				0.25
Gross Receipts Third Group				\$ 1,915,628.96	Gross Receipts Fourth Group				\$ 1,051,979.89
Base Rate Fee Third Group				\$ 5,095.57	Base Rate Fee Fourth Group				\$ 2,798.27
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)								\$ 8,021.97	

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF KNOXVILLE						SYSTEM ID# 007933		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA Knoxville Areas					COMMUNITY/ AREA Town of Benton - WKOP						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts First Group				\$ 25,773,041.11		Gross Receipts Second Group				\$ 48,170.42	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Dickenson/Lee/Scott/Wise Coun					COMMUNITY/ AREA McMinn/Delano/Polk - WVLT						
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				\$ 1,915,628.96		Gross Receipts Fourth Group				\$ 1,051,979.89	
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)											
\$ 0.00											

8
Computation
of
3.75 Fee
for
Partially
Distant
Stations