

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**

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

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 8/26/2026                     | \$                |
|                               | ALLOCATION NUMBER |

Return completed workbook by  
email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

For additional information,  
contact the Licensing  
Office Licensing Section at  
(202) 707-8130.  
**Section**  
Date: 2026.09.24  
13:46:45 -04'00'

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|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|--------------|----------------------------------------|-------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>A</b><br>Accounting<br>Period                           | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><b>2026-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>B</b><br>Owner                                          | <p><b>Instructions:</b><br/>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.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. <b>014997</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA/VERMONT, LLC</b><br/><b>See Attached List</b></p> <p><b>01499720261</b><br/><b>014997 2026-1</b></p> <p><b>One Comcast Center</b><br/><b>Philadelphia, PA 19103</b></p> |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>C</b><br>System                                         | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table><tr><td>1</td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/>(Number, street, rural route, apartment, or suite number)<br/>(City, town, state, zip code)</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |  | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b> |                   |           | 2                     | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code) |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                          | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                          | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>D</b><br>Area<br>Served<br>First<br>Community<br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td><b>Burlington</b></td><td><b>VT</b></td></tr></table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |  | CITY OR TOWN | STATE                                  | <b>Burlington</b> | <b>VT</b> | CITY OR TOWN (SAMPLE) | STATE                                                                                                                                 | CH LINE UP | SUB GRP# |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY OR TOWN                                               | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Burlington</b>                                          | <b>VT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY OR TOWN (SAMPLE)                                      | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CH LINE UP | SUB GRP# |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |  |              |                                        |                   |           |                       |                                                                                                                                       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |

**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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | SYSTEM ID#   |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-------------------|
| COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA/VERMONT, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | 014997       |                   |
| <p><b>Instructions:</b> 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.</p> <p><b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>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).</p> <p>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.</p> |               |              |                   |
| <b>CITY OR TOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>COUNTY</b> | <b>STATE</b> | <b>CH LINE UP</b> |
| Burlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chittenden    | VT           | AG                |
| Agawam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hampden       | MA           | AA                |
| Alstead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cheshire      | NH           | AB                |
| Amherst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hampshire     | MA           | AA                |
| Andover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Merrimack     | NH           | AB                |
| Arlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Bennington    | VT           | AE                |
| Ascutney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Windsor       | VT           | AC                |
| Athens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Windham       | VT           | AC                |
| Bakersfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Franklin      | VT           | AG                |
| Barton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Orleans       | VT           | AG                |
| Bellows Falls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Windham       | VT           | AC                |
| Bennington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bennington    | VT           | AE                |
| Berkshire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Franklin      | VT           | AG                |
| Berlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Washington    | VT           | AH                |
| Bernardston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Franklin      | MA           | AA                |
| Bethel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Windsor       | VT           | AH                |
| Bomoseen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rutland       | VT           | AF                |
| Bondville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Bennington    | VT           | AE                |
| Braintree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Orange        | VT           | AH                |
| Brandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Rutland       | VT           | AF                |
| Brattleboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Windham       | VT           | AC                |
| Bridgewater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Windsor       | VT           | AC                |
| Brighton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Essex         | VT           | AG                |
| Bristol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Addison       | VT           | AG                |
| Bromley (Peru)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bennington    | VT           | AE                |
| Brookfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Orange        | VT           | AH                |
| Brookline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Windham       | VT           | AC                |
| Brownington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Orleans       | VT           | AG                |
| Buckland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Franklin      | MA           | AA                |
| Calais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Washington    | VT           | AH                |
| Cambridgeport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Windham       | VT           | AC                |
| Canaan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Grafton       | NH           | AC                |
| Castleton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rutland       | VT           | AF                |
| Cavendish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Windsor       | VT           | AC                |
| Center Rutland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rutland       | VT           | AF                |
| Charleston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Orleans       | VT           | AG                |
| Charlestown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sullivan      | NH           | AC                |
| Charlotte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Chittenden    | VT           | AG                |
| Chester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Windsor       | VT           | AC                |
| Chester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hampden       | MA           | AA                |
| Chester Depot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Windsor       | VT           | AC                |
| Chesterfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cheshire      | NH           | AB                |
| Chittenden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rutland       | VT           | AF                |
| Claremont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sullivan      | NH           | AC                |
| Clarendon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rutland       | VT           | AF                |
| Colchester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chittenden    | VT           | AG                |
| Conway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Franklin      | MA           | AA                |
| Cornish/Cornish Flats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sullivan      | NH           | AC                |
| Coventry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Orleans       | VT           | AG                |
| Croydon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sullivan      | NH           | AC                |
| Danbury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Merrimack     | NH           | AB                |
| Danby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rutland       | VT           | AF                |
| Deerfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Franklin      | MA           | AA                |
| Derby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Orleans       | VT           | AG                |
| Derby Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Orleans       | VT           | AG                |
| Dorset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bennington    | VT           | AE                |
| Drewsville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Cheshire      | NH           | AB                |
| Dummerston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Windham       | VT           | AC                |
| Duxbury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Washington    | VT           | AH                |
| East Montpelier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Washington    | VT           | AH                |
| Enfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Grafton       | NH           | AC                |
| Enosburg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Franklin      | VT           | AG                |
| Erving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Franklin      | MA           | AA                |
| Essex Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Chittenden    | VT           | AG                |
| Essex Junction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Chittenden    | VT           | AG                |
| Fair Haven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rutland       | VT           | AF                |
| Fairfax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Franklin      | VT           | AG                |
| Fairfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Franklin      | VT           | AG                |
| Forest Dale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rutland       | VT           | AF                |
| Georgia/Lake Champlain Bulk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Franklin      | VT           | AG                |
| Gill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Franklin      | MA           | AA                |

**D**  
Area  
Served

First  
Community

See instructions for  
additional information  
on alphabetization.

Add rows as necessary.

|                              |            |    |    |    |
|------------------------------|------------|----|----|----|
| Gilsum                       | Cheshire   | NH | AB | 1  |
| Glover                       | Orleans    | VT | AG | 13 |
| Grafton                      | Windham    | VT | AC | 14 |
| Granby                       | Hampshire  | MA | AA | 2  |
| Grand Isle                   | Grand Isle | VT | AG | 2  |
| Grantham                     | Sullivan   | NH | AC | 2  |
| Granville                    | Hampden    | MA | AA | 2  |
| Greenfield                   | Franklin   | MA | AA | 2  |
| Greensboro                   | Orleans    | VT | AH | 2  |
| Guilford                     | Windham    | VT | AC | 7  |
| Hanover                      | Grafton    | NH | AC | 9  |
| Hardwick                     | Caledonia  | VT | AH | 2  |
| Hardwick                     | Worcester  | MA | AD | 2  |
| Hartford                     | Windsor    | VT | AC | 9  |
| Hartland                     | Windsor    | VT | AC | 9  |
| Hatfield                     | Hampshire  | MA | AA | 2  |
| Highgate Center              | Franklin   | VT | AG | 2  |
| Hill                         | Merrimack  | NH | AB | 12 |
| Hinesburg                    | Chittenden | VT | AG | 2  |
| Hinsdale                     | Cheshire   | NH | AB | 1  |
| Holland                      | Orleans    | VT | AG | 13 |
| Holyoke                      | Hampden    | MA | AA | 2  |
| Hubbardton                   | Rutland    | VT | AF | 11 |
| Huntington                   | Chittenden | VT | AG | 2  |
| Huntington                   | Hampshire  | MA | AA | 2  |
| Hyde Park                    | Lamoille   | VT | AH | 2  |
| Ira                          | Rutland    | VT | AF | 11 |
| Irasburg                     | Orleans    | VT | AG | 13 |
| Island Pond                  | Essex      | VT | AG | 4  |
| Jamaica                      | Windham    | VT | AC | 10 |
| Jay                          | Orleans    | VT | AG | 13 |
| Jericho                      | Chittenden | VT | AG | 2  |
| Johnson                      | Lamoille   | VT | AH | 2  |
| Killington                   | Rutland    | VT | AF | 11 |
| Langdon                      | Sullivan   | NH | AC | 6  |
| Lebanon                      | Grafton    | NH | AC | 9  |
| Leicester                    | Addison    | VT | AF | 3  |
| Lincoln                      | Addison    | VT | AG | 5  |
| Londonderry                  | Windham    | VT | AC | 10 |
| Longmeadow                   | Hampden    | MA | AA | 2  |
| Lowell                       | Orleans    | VT | AG | 13 |
| Ludlow                       | Windsor    | VT | AC | 9  |
| Lyme                         | Grafton    | NH | AC | 9  |
| Manchester/Manchester Center | Bennington | VT | AE | 12 |
| Mendon                       | Rutland    | VT | AF | 11 |
| Middlebury                   | Addison    | VT | AG | 5  |
| Middlefield                  | Hampshire  | MA | AA | 2  |
| Middlesex                    | Washington | VT | AH | 2  |
| Middletown Springs           | Rutland    | VT | AF | 11 |
| Milton                       | Chittenden | VT | AG | 2  |
| Monkton                      | Addison    | VT | AG | 5  |
| Monson                       | Hampden    | MA | AA | 2  |
| Montague                     | Franklin   | MA | AA | 2  |
| Montgomery                   | Hampden    | MA | AA | 2  |
| Montgomery                   | Franklin   | VT | AG | 13 |
| Montpelier                   | Washington | VT | AH | 2  |
| Mooretown                    | Washington | VT | AH | 2  |
| Morgan                       | Orleans    | VT | AG | 13 |
| Morristown                   | Lamoille   | VT | AH | 2  |
| Morrisville                  | Lamoille   | VT | AH | 2  |
| Mount Holly                  | Rutland    | VT | AF | 11 |
| Mount Tabor                  | Rutland    | VT | AF | 11 |
| New Haven                    | Addison    | VT | AG | 5  |
| New London                   | Merrimack  | NH | AB | 1  |
| Newfane                      | Windham    | VT | AC | 14 |
| Newport                      | Sullivan   | NH | AC | 2  |
| Newport                      | Orleans    | VT | AG | 13 |
| Newport Center               | Orleans    | VT | AG | 13 |
| North Bennington             | Bennington | VT | AE | 12 |
| North Ferrisburg             | Addison    | VT | AG | 5  |
| North Hartland               | Windsor    | VT | AC | 9  |
| North Hero                   | Grand Isle | VT | AG | 2  |
| North Troy                   | Orleans    | VT | AG | 13 |
| North Walpole                | Cheshire   | NH | AB | 1  |
| Northampton                  | Hampshire  | MA | AA | 2  |
| Northfield                   | Franklin   | MA | AA | 2  |
| Northfield                   | Washington | VT | AH | 2  |
| Norwich                      | Windsor    | VT | AC | 9  |
| Old Bennington               | Bennington | VT | AE | 12 |
| Orleans                      | Orleans    | VT | AG | 13 |
| Palmer                       | Hampden    | MA | AA | 2  |
| Pawlet                       | Rutland    | VT | AF | 2  |
| Pelham                       | Hampshire  | MA | AA | 2  |
| Perkinsville                 | Windsor    | VT | AC | 9  |
| Pittsford                    | Rutland    | VT | AF | 11 |
| Plainfield                   | Washington | VT | AH | 2  |
| Plainfield                   | Sullivan   | NH | AC | 2  |
| Plymouth                     | Windsor    | VT | AC | 10 |
| Poultney                     | Rutland    | VT | AF | 11 |

|                      |            |    |    |    |
|----------------------|------------|----|----|----|
| Pownal               | Bennington | VT | AE | 12 |
| Proctor              | Rutland    | VT | AF | 11 |
| Proctorsville        | Windsor    | VT | AC | 9  |
| Putney               | Windham    | VT | AC | 14 |
| Quechee              | Windsor    | VT | AC | 9  |
| Randolph             | Orange     | VT | AH | 2  |
| Reading              | Windsor    | VT | AC | 9  |
| Richford             | Franklin   | VT | AG | 13 |
| Richmond Bulk        | Chittenden | VT | AG | 2  |
| Rochester            | Windsor    | VT | AH | 2  |
| Rockingham           | Windham    | VT | AC | 14 |
| Rupert               | Bennington | VT | AE | 12 |
| Russell              | Hampden    | MA | AA | 2  |
| Rutland              | Rutland    | VT | AF | 11 |
| Saint Albans City    | Franklin   | VT | AG | 2  |
| Saint Albans Town    | Franklin   | VT | AG | 2  |
| Saint George         | Chittenden | VT | AG | 2  |
| Salisbury            | Merrimack  | NH | AB | 12 |
| Salisbury            | Addison    | VT | AF | 3  |
| Saxtons River        | Windham    | VT | AC | 14 |
| Shaftsbury           | Bennington | VT | AE | 12 |
| Shelburne            | Chittenden | VT | AG | 2  |
| Shelburne            | Franklin   | MA | AA | 2  |
| Sheldon              | Franklin   | VT | AG | 2  |
| Shrewsbury           | Rutland    | VT | AF | 11 |
| South Burlington     | Chittenden | VT | AG | 2  |
| South Charlestown    | Sullivan   | NH | AC | 6  |
| South Hadley         | Hampshire  | MA | AA | 2  |
| South Hero           | Grand Isle | VT | AG | 2  |
| Southwick            | Hampden    | MA | AA | 2  |
| Springfield          | Windsor    | VT | AC | 9  |
| Springfield          | Hampden    | MA | AA | 2  |
| Starksboro           | Addison    | VT | AG | 5  |
| Stratton             | Windham    | VT | AC | 10 |
| Sudbury              | Rutland    | VT | AF | 11 |
| Sunapee              | Sullivan   | NH | AC | 2  |
| Sunderland           | Bennington | VT | AE | 12 |
| Sunderland           | Franklin   | MA | AA | 2  |
| Swanton              | Franklin   | VT | AG | 2  |
| Swanton Village      | Franklin   | VT | AG | 2  |
| Taftsville           | Windsor    | VT | AC | 9  |
| Tinmouth             | Rutland    | VT | AF | 11 |
| Tolland              | Hampden    | MA | AA | 2  |
| Townshend            | Windham    | VT | AC | 14 |
| Troy                 | Orleans    | VT | AG | 13 |
| Tyson                | Windsor    | VT | AC | 10 |
| Underhill            | Chittenden | VT | AG | 2  |
| Vergennes            | Addison    | VT | AG | 5  |
| Vernon               | Windham    | VT | AC | 7  |
| Walden               | Caledonia  | VT | AH | 2  |
| Wallingford          | Rutland    | VT | AF | 11 |
| Walpole              | Cheshire   | NH | AB | 1  |
| Waltham              | Addison    | VT | AG | 5  |
| Wardsboro            | Windham    | VT | AC | 14 |
| Ware                 | Hampshire  | MA | AA | 2  |
| Warren               | Worcester  | MA | AD | 2  |
| Waterbury            | Washington | VT | AH | 2  |
| Weathersfield        | Windsor    | VT | AC | 9  |
| Wells                | Rutland    | VT | AF | 2  |
| West Pawlet          | Rutland    | VT | AF | 2  |
| West Rutland         | Rutland    | VT | AF | 11 |
| West Springfield     | Hampden    | MA | AA | 2  |
| Westfield            | Orleans    | VT | AG | 13 |
| Westfield            | Hampden    | MA | AA | 2  |
| Westford             | Chittenden | VT | AG | 2  |
| Westhampton          | Hampshire  | MA | AA | 2  |
| Westminster          | Windham    | VT | AC | 14 |
| Westmore             | Orleans    | VT | AG | 13 |
| Weston               | Windsor    | VT | AC | 10 |
| Weybridge            | Addison    | VT | AG | 5  |
| Whately              | Franklin   | MA | AA | 2  |
| White River Junction | Windsor    | VT | AC | 9  |
| Wilder               | Windsor    | VT | AC | 9  |
| Williamsburg         | Hampshire  | MA | AA | 2  |
| Williston            | Chittenden | VT | AG | 2  |
| Wilnot               | Merrimack  | NH | AB | 1  |
| Winchester           | Cheshire   | NH | AB | 1  |
| Windhall             | Bennington | VT | AE | 12 |
| Windsor              | Windsor    | VT | AC | 9  |
| Winooski             | Chittenden | VT | AG | 2  |
| Wolcott              | Lamoille   | VT | AH | 2  |
| Woodbury             | Washington | VT | AH | 2  |
| Woodford             | Bennington | VT | AE | 12 |
| Woodstock            | Windsor    | VT | AC | 10 |
| Worcester            | Washington | VT | AH | 2  |
| Worthington          | Hampshire  | MA | AA | 2  |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

## 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.

## CHANNEL LINE-UP AA

| <b>1. CALL SIGN</b> | <b>2. B'CAST NUMBER</b> | <b>3. TYPE OF STATION</b> | <b>4. DISTANT?<br/>(YES OR NO)</b> | <b>5. BASIS OF<br/>CARRIAGE (if distant)</b> | <b>6. LOCATION OF STATION</b> |
|---------------------|-------------------------|---------------------------|------------------------------------|----------------------------------------------|-------------------------------|
| WEDH-DT             | 45                      | E                         | No                                 |                                              | Hartford, CT                  |
| WEDH-DT-HD          | 45                      | E-M                       | No                                 |                                              | Hartford, CT                  |
| WGBY-DT             | 22                      | E                         | No                                 |                                              | Springfield, MA               |
| WGBY-DT-DT2         | 22                      | E-M                       | No                                 |                                              | Springfield, MA               |
| WGBY-DT-DT3         | 22                      | E-M                       | No                                 |                                              | Springfield, MA               |
| WGBY-DT-DT4         | 22                      | E-M                       | No                                 |                                              | Springfield, MA               |
| WGBY-DT-HD          | 22                      | E-M                       | No                                 |                                              | Springfield, MA               |
| WGGB-DT             | 40                      | N                         | No                                 |                                              | Springfield, MA               |
| WGGB-DTHD           | 40                      | N-M                       | No                                 |                                              | Springfield, MA               |
| WGGB-DT2            | 40                      | I-M                       | No                                 |                                              | Springfield, MA               |
| WGGB-DT2HD          | 40                      | I-M                       | No                                 |                                              | Springfield, MA               |
| WGGB-DT3            | 40                      | I-M                       | No                                 |                                              | Springfield, MA               |
| WSHM-LD             | 21                      | N                         | No                                 |                                              | Springfield, MA               |
| WSHM-LDHD           | 21                      | N-M                       | No                                 |                                              | Springfield, MA               |
| WSHM-LD2HD          | 21                      | I-M                       | No                                 |                                              | Springfield, MA               |
| WWLP-DT             | 11                      | N                         | No                                 |                                              | Springfield, MA               |
| WWLP-DTHD           | 11                      | N-M                       | No                                 |                                              | Springfield, MA               |
| WWLP-DT2-HD         | 11                      | I-M                       | No                                 |                                              | Springfield, MA               |
|                     |                         |                           |                                    |                                              |                               |
|                     |                         |                           |                                    |                                              |                               |
|                     |                         |                           |                                    |                                              |                               |
|                     |                         |                           |                                    |                                              |                               |

## G

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



U.S. Copyright Office

### 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

CHANNEL LINE-UP AD

| 1. CALL SIGN | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
|--------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| WBPX-DT      | 32               | I                  | No                         |                                      | Boston, MA             |
| WBPX-DT-HD   | 32               | I-M                | No                         |                                      | Boston, MA             |
| WBTS-CD      | 46               | N                  | No                         |                                      | Boston, MA             |
| WBTS-CD-HD   | 46               | N-M                | No                         |                                      | Boston, MA             |
| WBTS-CD2     | 46               | I-M                | No                         |                                      | Boston, MA             |
| WBTS-CD3     | 46               | I-M                | No                         |                                      | Boston, MA             |
| WBZ-DT       | 30               | N                  | No                         |                                      | Boston, MA             |
| WBZ-DTHD     | 30               | N-M                | No                         |                                      | Boston, MA             |
| WBZ-DT2      | 30               | I-M                | No                         |                                      | Boston, MA             |
| WBZ-DT3      | 30               | I-M                | No                         |                                      | Boston, MA             |
| WCVB-DT      | 20               | N                  | No                         |                                      | Boston, MA             |
| WCVB-DTHD    | 20               | N-M                | No                         |                                      | Boston, MA             |
| WCVB-DT2     | 20               | I-M                | No                         |                                      | Boston, MA             |
| WCVB-DT3     | 20               | I-M                | No                         |                                      | Boston, MA             |
| WDPX-DT      | 32               | I                  | No                         |                                      | Woburn, MA             |
| WDPX-DTHD    | 32               | I-M                | No                         |                                      | Woburn, MA             |
| WFXT-DT      | 31               | I                  | No                         |                                      | Boston, MA             |
| WFXT-DTHD    | 31               | I-M                | No                         |                                      | Boston, MA             |
| WFXT-DT2     | 31               | I-M                | No                         |                                      | Boston, MA             |
| WFXT-DT3     | 31               | I-M                | No                         |                                      | Boston, MA             |
| WGBH-DT      | 19               | E                  | No                         |                                      | Boston, MA             |
| WGBH-DT-HD   | 19               | E-M                | No                         |                                      | Boston, MA             |
| WGBH-DT2     | 19               | E-M                | No                         |                                      | Boston, MA             |
| WGBX-DT      | 43               | E                  | No                         |                                      | Boston, MA             |
| WGBX-DTHD    | 43               | E-M                | No                         |                                      | Boston, MA             |
| WGBX-DT3     | 43               | E-M                | No                         |                                      | Boston, MA             |
| WGBX-DT4     | 43               | E-M                | No                         |                                      | Boston, MA             |
| WHDH-DT      | 42               | I                  | No                         |                                      | Boston, MA             |
| WHDH-DTHD    | 42               | I-M                | No                         |                                      | Boston, MA             |
| WHDH-DT2     | 42               | I-M                | No                         |                                      | Boston, MA             |
| WLVI-DT      | 42               | I                  | No                         |                                      | Cambridge, MA          |
| WLVI-DTHD    | 42               | I-M                | No                         |                                      | Cambridge, MA          |
| WLVI-DT2     | 42               | I-M                | No                         |                                      | Cambridge, MA          |
| WMFP-DT      | 18               | I                  | No                         |                                      | Lawrence, MA           |
| WMFP-DTHD    | 18               | I-M                | No                         |                                      | Lawrence, MA           |
| WSBE-DT      | 2                | E                  | No                         |                                      | Providence, RI         |
| WSBE-DTHD    | 2                | E-M                | No                         |                                      | Providence, RI         |
| WSBK-DT      | 39               | I                  | No                         |                                      | Boston, MA             |
| WSBK-DTHD    | 39               | I-M                | No                         |                                      | Boston, MA             |
| WWDP-DT      | 10               | I                  | No                         |                                      | Norwell, MA            |
| WWDP-DTHD    | 10               | I-M                | No                         |                                      | Norwell, MA            |
| WWJE-DT      | 35               | I                  | No                         |                                      | Derry, NH              |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |

## G

**Primary  
Transmitters:  
Television**

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA/VERMONT/014997

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 AE |                  |                    |                            |                                      |                        |
|--------------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
| WCAX-DT            | 22               | N                  | Yes                        | O                                    | Burlington, VT         |
| WCWN-DT            | 43               | I                  | No                         |                                      | Schenectady, NY        |
| WCWN-DTHD          | 43               | I-M                | No                         |                                      | Schenectady, NY        |
| WCWN-DT2           | 43               | I-M                | No                         |                                      | Schenectady, NY        |
| WCWN-DT4           | 43               | I-M                | No                         |                                      | Schenectady, NY        |
| WMHT-DT            | 34               | E                  | No                         |                                      | Schenectady, NY        |
| WMHT-DTHD          | 34               | E-M                | No                         |                                      | Schenectady, NY        |
| WMHT-DT2           | 34               | E-M                | No                         |                                      | Schenectady, NY        |
| WMHT-DT3           | 34               | E-M                | No                         |                                      | Schenectady, NY        |
| WMHT-DT4           | 34               | E-M                | No                         |                                      | Schenectady, NY        |
| WNYA-DT            | 13               | I                  | No                         |                                      | Pittsfield, MA         |
| WNYA-DTHD          | 13               | I-M                | No                         |                                      | Pittsfield, MA         |
| WNYA-DT2           | 13               | I-M                | No                         |                                      | Pittsfield, MA         |
| WNYT-DT            | 12               | N                  | No                         |                                      | Albany, NY             |
| WNYT-DTHD          | 12               | N-M                | No                         |                                      | Albany, NY             |
| WNYT-DT2           | 12               | I-M                | No                         |                                      | Albany, NY             |
| WNYT-DT3           | 12               | I-M                | No                         |                                      | Albany, NY             |
| WRGB-DT            | 6                | N                  | No                         |                                      | Schenectady, NY        |
| WRGB-DTHD          | 6                | N-M                | No                         |                                      | Schenectady, NY        |
| WRGB-DT2           | 6                | I-M                | No                         |                                      | Schenectady, NY        |
| WRGB-DT3           | 6                | I-M                | No                         |                                      | Schenectady, NY        |
| WTEN-DT            | 26               | N                  | No                         |                                      | Albany, NY             |
| WTEN-DTHD          | 26               | N-M                | No                         |                                      | Albany, NY             |
| WTEN-DT2           | 26               | I-M                | No                         |                                      | Albany, NY             |
| WTEN-DT3           | 26               | I-M                | No                         |                                      | Albany, NY             |
| WVTA-DT            | 24               | E                  | No                         |                                      | Windsor, VT            |
| WVTA-DT2HD         | 24               | E-M                | No                         |                                      | Windsor, VT            |
| WVTA-DT3           | 24               | E-M                | No                         |                                      | Windsor, VT            |
| WVTA-DT4           | 24               | E-M                | No                         |                                      | Windsor, VT            |
| WVTA-DTHD          | 24               | E-M                | No                         |                                      | Windsor, VT            |
| WXXA-DT            | 7                | I                  | No                         |                                      | Albany, NY             |
| WXXA-DTHD          | 7                | I-M                | No                         |                                      | Albany, NY             |
| WXXA-DT2           | 7                | I-M                | No                         |                                      | Albany, NY             |
| WXXA-DT3           | 7                | I-M                | No                         |                                      | Albany, NY             |
| WYPX-DT            | 50               | I                  | No                         |                                      | Amsterdam, NY          |
| WYPX-DTHD          | 50               | I-M                | No                         |                                      | Amsterdam, NY          |
|                    |                  |                    |                            |                                      |                        |
|                    |                  |                    |                            |                                      |                        |
|                    |                  |                    |                            |                                      |                        |
|                    |                  |                    |                            |                                      |                        |

**PRIMARY TRANSMITTERS: TELEVISION**

**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?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
|--------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| WCAX-DT      | 22               | N                  | No                         |                                      | Burlington, VT         |
| WCAX-DTHD    | 22               | N-M                | No                         |                                      | Burlington, VT         |
| WCAX-DT2     | 22               | I-M                | No                         |                                      | Burlington, VT         |
| WCAX-DT3     | 22               | I-M                | No                         |                                      | Burlington, VT         |
| WFFF-DT      | 43               | I                  | No                         |                                      | Burlington, VT         |
| WFFF-DTHD    | 43               | I-M                | No                         |                                      | Burlington, VT         |
| WFFF-DT2     | 43               | I-M                | No                         |                                      | Burlington, VT         |
| WFFF-DT3     | 43               | I-M                | No                         |                                      | Burlington, VT         |
| WMHT-DT      | 34               | E                  | Yes                        | O                                    | Schenectady, NY        |
| WMHT-DTHD    | 34               | E-M                | Yes                        | E                                    | Schenectady, NY        |
| WMHT-DT2     | 34               | E-M                | Yes                        | E                                    | Schenectady, NY        |
| WMHT-DT3     | 34               | E-M                | Yes                        | E                                    | Schenectady, NY        |
| WMHT-DT4     | 34               | E-M                | Yes                        | E                                    | Schenectady, NY        |
| WNNE-DT      | 25               | I                  | No                         |                                      | Montpelier, VT         |
| WNNE-DTHD    | 25               | I-M                | No                         |                                      | Montpelier, VT         |
| WPTZ-DT      | 14               | N                  | No                         |                                      | Plattsburgh, NY        |
| WPTZ-DTHD    | 14               | N-M                | No                         |                                      | Plattsburgh, NY        |
| WPTZ-DT2     | 14               | I-M                | No                         |                                      | Plattsburgh, NY        |
| WPTZ-DT3     | 14               | I-M                | No                         |                                      | Plattsburgh, NY        |
| WRGB-DT      | 6                | N                  | Yes                        | O                                    | Schenectady, NY        |
| WVER-DT      | 9                | E                  | No                         |                                      | Rutland, VT            |
| WVER-DTHD    | 9                | E-M                | No                         |                                      | Rutland, VT            |
| WVER-DT2HD   | 9                | E-M                | No                         |                                      | Rutland, VT            |
| WVER-DT3     | 9                | E-M                | No                         |                                      | Rutland, VT            |
| WVER-DT4     | 9                | E-M                | No                         |                                      | Rutland, VT            |
| WVNY-DT      | 13               | N                  | No                         |                                      | Burlington, VT         |
| WVNY-DTHD    | 13               | N-M                | No                         |                                      | Burlington, VT         |
| WVNY-DT2     | 13               | I-M                | No                         |                                      | Burlington, VT         |
| WVNY-DT3     | 13               | I-M                | No                         |                                      | Burlington, VT         |
| WYCI-DT      | 40               | I                  | No                         |                                      | Saranac Lake, NY       |
| WYCI-DTHD    | 40               | I-M                | No                         |                                      | Saranac Lake, NY       |
| WYCI-DT2     | 40               | I-M                | No                         |                                      | Saranac Lake, NY       |
| WYCI-DT3     | 40               | I-M                | No                         |                                      | Saranac Lake, NY       |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |

FORM SA3E, PAGE 4.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                    |                         |                                   | SYSTEM ID#               | Name |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|-------------------------|-----------------------------------|--------------------------|------|---------------------------------------------------------|
| <b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA/VIRGINIA/VERM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                    |                         |                                   | <b>014997</b>            |      |                                                         |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br>• 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.<br>• 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.<br><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).<br><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.<br><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.<br><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.<br><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.<br>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.<br><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                  |                    |                         |                                   |                          |      | <b>G</b><br><br><b>Primary Transmitters: Television</b> |
| <b>CHANNEL LINE-UP AG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                    |                         |                                   |                          |      |                                                         |
| 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   |      |                                                         |
| CFCF-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12               | I                  | Yes                     | O                                 | Montreal, Quebec, Canada |      |                                                         |
| WCAX-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22               | N                  | No                      |                                   | Burlington, VT           |      |                                                         |
| WCAX-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22               | N-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WCAX-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 22               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WCAX-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 22               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WCFE-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 38               | E                  | Yes                     | O                                 | Plattsburgh, NY          |      |                                                         |
| WCFE-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 38               | E-M                | Yes                     | E                                 | Plattsburgh, NY          |      |                                                         |
| WCFE-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 38               | E-M                | Yes                     | E                                 | Plattsburgh, NY          |      |                                                         |
| WCFE-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 38               | E-M                | Yes                     | E                                 | Plattsburgh, NY          |      |                                                         |
| WETK-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 32               | E                  | No                      |                                   | Burlington, VT           |      |                                                         |
| WETK-DT2HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32               | E-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WETK-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 32               | E-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WETK-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 32               | E-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WETK-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32               | E-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WFFF-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 43               | I                  | No                      |                                   | Burlington, VT           |      |                                                         |
| WFFF-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 43               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WFFF-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 43               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WFFF-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 43               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WNNE-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25               | I                  | No                      |                                   | Montpelier, VT           |      |                                                         |
| WNNE-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25               | I-M                | No                      |                                   | Montpelier, VT           |      |                                                         |
| WPTZ-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14               | N                  | No                      |                                   | Plattsburgh, NY          |      |                                                         |
| WPTZ-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14               | N-M                | No                      |                                   | Plattsburgh, NY          |      |                                                         |
| WPTZ-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14               | I-M                | No                      |                                   | Plattsburgh, NY          |      |                                                         |
| WPTZ-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14               | I-M                | No                      |                                   | Plattsburgh, NY          |      |                                                         |
| WVNY-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13               | N                  | No                      |                                   | Burlington, VT           |      |                                                         |
| WVNY-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13               | N-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WVNY-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WVNY-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13               | I-M                | No                      |                                   | Burlington, VT           |      |                                                         |
| WYCI-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 40               | I                  | No                      |                                   | Saranac Lake, NY         |      |                                                         |
| WYCI-DTHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40               | I-M                | No                      |                                   | Saranac Lake, NY         |      |                                                         |
| WYCI-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40               | I-M                | No                      |                                   | Saranac Lake, NY         |      |                                                         |
| WYCI-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40               | I-M                | No                      |                                   | Saranac Lake, NY         |      |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                    |                         |                                   |                          |      |                                                         |
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**PRIMARY TRANSMITTERS: TELEVISION**

**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**

[illegible]

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (F

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |      |    |                             |                                 |      |    |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|----|-----------------------------|---------------------------------|------|----|
| Name                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |      |    | SYSTEM ID#<br><b>014997</b> |                                 |      |    |
| <div>J</div> <div>Part-Time Carriage Log</div> | <b>PART-TIME CARRIAGE LOG</b><br><b>In General:</b> This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.<br><b>Column 1 (Call sign):</b> Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.<br><b>Column 2 (Dates and hours of carriage):</b> For each station, list the dates and hours when part-time carriage occurred during the accounting period.<br>• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."<br>• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."<br>• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." |                                 |      |    |                             |                                 |      |    |
|                                                | DATES AND HOURS OF PART-TIME CARRIAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |      |    |                             |                                 |      |    |
|                                                | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHEN CARRIAGE OCCURRED<br>HOURS |      |    | CALL SIGN                   | WHEN CARRIAGE OCCURRED<br>HOURS |      |    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE                            | FROM | TO |                             | DATE                            | FROM | TO |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SYSTEM ID#<br><b>014997</b> | Name                                                                                                                                                                   |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period. _____<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                      |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• 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.<br>• 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.<br>▶ 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.<br>▶ 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                               |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;">\$ <b>47,912,612.45</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here. _____<br>This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>509,790.20</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                                                                                                        |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><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. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>102,714.56</b></span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;">\$ <b>63,335.22</b></span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>166,049.77</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                        |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;">\$ <b>509,790.20</b></span><br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ..... <span style="float: right; background-color: yellow;">0.00</span><br>Line 3. <b>FILING FEE.</b> ..... <span style="float: right;">\$ <b>725.00</b></span><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here ..... <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>510,515.20</b></span><br><div style="margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; padding: 2px 20px;">28520Q7M</span> </div> <div style="margin-top: 10px;"> <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a> </div> |                             | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORT</b>                                                                                                                                                                                                                                           | SYSTEM ID#<br><b>014997</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.                                                                                                  |                             |
|                                                                           | 1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . .                                                                                                                                                                                                                                                   | <b>144</b>                  |
|                                                                           | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . .                                                                                                                                                                                                               | <b>1,015</b>                |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)                                                                                                                                                                                                                      |                             |
|                                                                           | Name <b>Julie Laine - Comcast Cable Communications, LLC</b> Telephone <b>215-286-2334</b>                                                                                                                                                                                                                                                                         |                             |
|                                                                           | Address <b>One Comcast Center</b><br><small>(Number, street, rural route, apartment, or suite number)</small>                                                                                                                                                                                                                                                     |                             |
|                                                                           | <b>Philadelphia, PA 19103</b><br><small>(City, town, state, zip)</small>                                                                                                                                                                                                                                                                                          |                             |
|                                                                           | Email <b>Licensing_Office_Inquiries@Comcast.com</b> Fax (optional)                                                                                                                                                                                                                                                                                                |                             |
| <b>O</b><br><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)                                                                                                                                                                                                                                    |                             |
|                                                                           | • 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.                                                                                                                                                     |                             |
|                                                                           | • 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.<br>[18 U.S.C., Section 1001(1986)]                                                                              |                             |
|                                                                           | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">X</div> <div style="flex-grow: 1;">/s/ Joseph Lance</div> </div> </div>                                                                                                |                             |
|                                                                           | 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. |                             |
|                                                                           | Typed or printed name: <b>Joseph Lance</b>                                                                                                                                                                                                                                                                                                                        |                             |
|                                                                           | Title: <b>Vice President - Regulatory Accounting</b><br><small>(Title of official position held in corporation or partnership)</small>                                                                                                                                                                                                                            |                             |
|                                                                           | Date: <b>8/14/2026</b>                                                                                                                                                                                                                                                                                                                                            |                             |

**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:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | <b>SYSTEM ID#</b><br><b>014997</b> | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>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?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                    | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>            |                                    |                                                                              |
| Mailing Address <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mailing Address <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |                                    |                                                                              |
| <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                 |                                    |                                                                              |
| <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                 |                                    |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br><br>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.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . . <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br><div style="text-align: right; margin-right: 50px;">x <span style="background-color: yellow; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span></div> Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><div style="text-align: right; margin-right: 50px;">x <span style="background-color: yellow; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><div style="text-align: right; margin-right: 50px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ -<br><div style="text-align: right; margin-right: 50px;">(interest charge)</div><br><br><p><small>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</small></p> <p><small>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</small></p> <p><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.</small></p> Owner <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>Address <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>First community served <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>Accounting period <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span><br>ID number <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |                                                                                                                                             |                                    | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

| Name                                                                                                                                                                                                                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SYSTEM ID#<br><b>014997</b>                   |                                            |                                  |                  |                             |                                 |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------|------------------|-----------------------------|---------------------------------|--------|
| <b>3</b><br><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity                                                                                                  | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAGE<br>VALUE | 5. TYPE<br>VALUE | 6. DSE                      |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>4</b><br><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations                                                                                                                                                           | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• 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<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                                                                         |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE                           | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
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|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
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|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>5</b><br><br>Total Number<br>of DSEs                                                                                                                                                                                               | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | 3.75             |                             |                                 |        |
|                                                                                                                                                                                                                                       | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | 0.00             |                             |                                 |        |
|                                                                                                                                                                                                                                       | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | 0.00             |                             |                                 |        |
|                                                                                                                                                                                                                                       | TOTAL NUMBER OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                            |                                  |                  |                             | <b>3.75</b>                     |        |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YC

014997

Name

**Instructions:** Block A must be completed.

In block A:

• If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.

• If your answer is "No," complete blocks B and C below.

**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.

**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.)

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 |
|--------------|--------------------|--------|--------------|--------------------|--------|--------------|--------------------|--------|
| CFCF-DT      | D                  | 1.00   | WMHT-DT      | C                  | 0.25   |              |                    |        |
| WBZ-DTHD     | D                  | 0.25   | WMUR-DT      | D                  | 0.25   |              |                    |        |
| WCAX-DT      | D                  | 0.25   |              |                    |        |              |                    |        |
| WCFE-DT      | C                  | 0.25   |              |                    |        |              |                    |        |
| WHDH-DTH     | A, D               | 1.00   |              |                    |        |              |                    |        |
| WVER-DT      | C                  | 0.25   |              |                    |        |              |                    |        |

**3.50****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.

[illegible]

Form SA3E Long Form (Rev. 05-17)

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name                                                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YOF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SYSTEM ID#<br><b>014997</b>                                                                                                                                                       |  |
| <div>7</div> <div>Computation of Base Rate Fee</div> | <b>Instructions:</b><br>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.<br>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.<br>• 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.<br><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. |                                                                                                                                                                                   |  |
|                                                      | <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |  |
|                                                      | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <input type="checkbox"/> No—Complete the following sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                   |  |
|                                                      | <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                   |  |
|                                                      | Section 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$                                                                                                            |  |
|                                                      | Section 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ |  |
| Section 3                                            | <p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>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<br/>(the amount in section 1). . . . . ▶ \$</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶</p> <p>C. Subtract 1.000 from total DSEs<br/>(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<br/>and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b>. . . . . ▶ <div>\$0.00</div></p>                                                                                                                                                                          |                                                                                                                                                                                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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SYSTEM ID#<br><b>014997</b>                                                                                                                                                                                                   | Name |
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| <b>Section<br/>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(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<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(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.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p> | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">7</div> <div>Computation<br/>of<br/>Base Rate Fee</div>                                                                                                  |      |
| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</div> |      |

[illegible]

|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-----|-----------------------------|-----------------------------------|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>                                 |             |                      |     |                             |                                   | SYSTEM ID#<br><b>AR1997</b> |     | Name                                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |             |                      |     |                             | SIXTH SUBSCRIBER GROUP            |                             |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <b>SUBGROUP 5</b>                                                                                                                                 |             |                      |     |                             | COMMUNITY/ AREA <b>SUBGROUP 6</b> |                             |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN            | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| <b>CFCF-DT [D]</b>                                                                                                                                                | <b>1.00</b> |                      |     | <b>WHDH-DTHD [A]</b>        | <b>1.00</b>                       |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |             | <b>1.00</b>          |     | Total DSEs                  |                                   | <b>1.00</b>                 |     |                                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |             | <b>\$ 854,599.49</b> |     | Gross Receipts Second Group |                                   | <b>\$ 15,340.19</b>         |     |                                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |             | <b>\$ 9,092.94</b>   |     | Base Rate Fee Second Group  |                                   | <b>\$ 163.22</b>            |     |                                                                                                                                                            |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |             |                      |     |                             | EIGHTH SUBSCRIBER GROUP           |                             |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <b>SUBGROUP 7</b>                                                                                                                                 |             |                      |     |                             | COMMUNITY/ AREA <b>SUBGROUP 8</b> |                             |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN            | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE |                                                                                                                                                            |  |
| <b>WHDH-DTHD [A]</b>                                                                                                                                              | <b>1.00</b> |                      |     | <b>WHDH-DTHD [A]</b>        | <b>1.00</b>                       |                             |     |                                                                                                                                                            |  |
| <b>WVER-DT [C]</b>                                                                                                                                                | <b>0.25</b> |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |             | <b>1.25</b>          |     | Total DSEs                  |                                   | <b>1.00</b>                 |     |                                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |             | <b>\$ 722,466.85</b> |     | Gross Receipts Fourth Group |                                   | <b>\$ 314,967.57</b>        |     |                                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |             | <b>\$ 8,953.17</b>   |     | Base Rate Fee Fourth Group  |                                   | <b>\$ 3,351.25</b>          |     |                                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">\$</div>                                                                          |             |                      |     |                             |                                   |                             |     |                                                                                                                                                            |  |

|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-----|-----------------------------|------------------------------------|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>                                 |             |                        |     |                             |                                    | SYSTEM ID#<br><b>019997</b> |     | Name                                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |             |                        |     |                             | TENTH SUBSCRIBER GROUP             |                             |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <b>SUBGROUP 9</b>                                                                                                                                 |             |                        |     |                             | COMMUNITY/ AREA <b>SUBGROUP 10</b> |                             |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN              | DSE | CALL SIGN                   | DSE                                | CALL SIGN                   | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| <b>WBZ-DTHD [D]</b>                                                                                                                                               | <b>0.25</b> |                        |     | <b>WBZ-DTHD [D]</b>         | <b>0.25</b>                        |                             |     |                                                                                                                                                            |  |
| <b>WHDH-DTHD [D]</b>                                                                                                                                              | <b>1.00</b> |                        |     | <b>WMUR-DT [D]</b>          | <b>0.25</b>                        |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |             | <b>1.25</b>            |     | Total DSEs                  |                                    | <b>1.50</b>                 |     |                                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |             | \$ <b>3,617,069.69</b> |     | Gross Receipts Second Group |                                    | \$ <b>749,883.66</b>        |     |                                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |             | \$ <b>44,824.54</b>    |     | Base Rate Fee Second Group  |                                    | \$ <b>10,607.10</b>         |     |                                                                                                                                                            |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |             |                        |     |                             | TWELVTH SUBSCRIBER GROUP           |                             |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <b>SUBGROUP 11</b>                                                                                                                                |             |                        |     |                             | COMMUNITY/ AREA <b>SUBGROUP 12</b> |                             |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN              | DSE | CALL SIGN                   | DSE                                | CALL SIGN                   | DSE |                                                                                                                                                            |  |
| <b>WMHT-DT [C]</b>                                                                                                                                                | <b>0.25</b> |                        |     | <b>WCAX-DT [D]</b>          | <b>0.25</b>                        |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
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|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |             |                        |     |                             |                                    |                             |     |                                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |             | <b>0.25</b>            |     | Total DSEs                  |                                    | <b>0.25</b>                 |     |                                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |             | \$ <b>2,983,494.88</b> |     | Gross Receipts Fourth Group |                                    | \$ <b>2,323,900.46</b>      |     |                                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |             | \$ <b>7,936.10</b>     |     | Base Rate Fee Fourth Group  |                                    | \$ <b>6,181.58</b>          |     |                                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |                        |     |                             |                                    |                             |     | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>                                                                   |  |

|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-----|------------------------------------|-----------------------------|---------------------------|------------|------------------------------------------------------------------------------------|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA                                 |      |            |     |                                    |                             | SYSTEM ID#<br><b>9007</b> |            | Name                                                                               |      |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                           |      |            |     |                                    |                             |                           |            | 8<br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |      |  |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                |      |            |     | FOURTEENTH SUBSCRIBER GROUP        |                             |                           |            |                                                                                    |      |  |
| COMMUNITY/ AREA <b>SUBGROUP 13</b>                                                                                                                         |      |            |     | COMMUNITY/ AREA <b>SUBGROUP 14</b> |                             |                           |            |                                                                                    |      |  |
| CALL SIGN                                                                                                                                                  | DSE  | CALL SIGN  | DSE | CALL SIGN                          | DSE                         | CALL SIGN                 | DSE        |                                                                                    |      |  |
| WCFE-DT [C]                                                                                                                                                | 0.25 |            |     | WHDH-DTHD                          | 1.00                        |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
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|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
| Total DSEs                                                                                                                                                 |      |            |     | 0.25                               | Total DSEs                  |                           |            |                                                                                    | 1.00 |  |
| Gross Receipts First Group                                                                                                                                 | \$   | 946,610.98 |     |                                    | Gross Receipts Second Group | \$                        | 760,850.02 |                                                                                    |      |  |
| Base Rate Fee First Group                                                                                                                                  | \$   | 2,517.99   |     |                                    | Base Rate Fee Second Group  | \$                        | 8,095.44   |                                                                                    |      |  |
| FIFTEENTH SUBSCRIBER GROUP                                                                                                                                 |      |            |     | SIXTEENTH SUBSCRIBER GROUP         |                             |                           |            |                                                                                    |      |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                   |      |            |     | COMMUNITY/ AREA <b>0</b>           |                             |                           |            |                                                                                    |      |  |
| CALL SIGN                                                                                                                                                  | DSE  | CALL SIGN  | DSE | CALL SIGN                          | DSE                         | CALL SIGN                 | DSE        |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
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|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
|                                                                                                                                                            |      |            |     |                                    |                             |                           |            |                                                                                    |      |  |
| Total DSEs                                                                                                                                                 |      |            |     | 0.00                               | Total DSEs                  |                           |            |                                                                                    | 0.00 |  |
| Gross Receipts Third Group                                                                                                                                 | \$   | 0.00       |     |                                    | Gross Receipts Fourth Group | \$                        | 0.00       |                                                                                    |      |  |
| Base Rate Fee Third Group                                                                                                                                  | \$   | 0.00       |     |                                    | Base Rate Fee Fourth Group  | \$                        | 0.00       |                                                                                    |      |  |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |      |            |     |                                    |                             |                           |            | \$                                                                                 |      |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-----|-----------------------------|-----------------------------------|-----------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>                                 |             |                      |     |                             |                                   | SYSTEM ID#<br><b>AR1007</b> |     | Name                                                                                                                                                  |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |             |                      |     |                             | SECOND SUBSCRIBER GROUP           |                             |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <b>SUBGROUP 1</b>                                                                                                                                 |             |                      |     |                             | COMMUNITY/ AREA <b>SUBGROUP 2</b> |                             |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN            | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| <b>WCAX-DT</b>                                                                                                                                                    | <b>0.25</b> |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |             | <b>0.25</b>          |     | Total DSEs                  |                                   | <b>0.00</b>                 |     |                                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |             | <b>\$ 930,957.59</b> |     | Gross Receipts Second Group |                                   | <b>\$ 33,538,286.57</b>     |     |                                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |             | <b>\$ 8,727.73</b>   |     | Base Rate Fee Second Group  |                                   | <b>\$ 0.00</b>              |     |                                                                                                                                                       |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |             |                      |     |                             | FOURTH SUBSCRIBER GROUP           |                             |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <b>SUBGROUP 3</b>                                                                                                                                 |             |                      |     |                             | COMMUNITY/ AREA <b>SUBGROUP 4</b> |                             |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE         | CALL SIGN            | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE |                                                                                                                                                       |  |
| <b>WRGB-DT</b>                                                                                                                                                    | <b>0.25</b> |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |             |                      |     |                             |                                   |                             |     |                                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |             | <b>0.25</b>          |     | Total DSEs                  |                                   | <b>0.00</b>                 |     |                                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |             | <b>\$ 94,477.39</b>  |     | Gross Receipts Fourth Group |                                   | <b>\$ 59,707.11</b>         |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |             | <b>\$ 885.73</b>     |     | Base Rate Fee Fourth Group  |                                   | <b>\$ 0.00</b>              |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |             |                      |     |                             |                                   |                             |     | <b>\$ 63,335.22</b>                                                                                                                                   |  |



## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-----|-----------------|-----|------------------------------------|-----|-----------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF CONNECTICUT/GEORGIA/MASSACHUSETTS/NEW HAMPSHIRE/NEW YORK/NORTH CAROLINA</b>                                 |      |           |     |                 |     |                                    |     | SYSTEM ID#<br><b>AR1007</b> |     | Name                                                                                 |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |      |           |     |                 |     | TENTH SUBSCRIBER GROUP             |     |                             |     |                                                                                      |  |
| COMMUNITY/ AREA <b>SUBGROUP 9</b>                                                                                                                                 |      |           |     |                 |     | COMMUNITY/ AREA <b>SUBGROUP 10</b> |     |                             |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE  | CALL SIGN | DSE | CALL SIGN       | DSE | CALL SIGN                          | DSE | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
| WMUR-DT                                                                                                                                                           | 0.25 |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
|                                                                                                                                                                   |      |           |     |                 |     |                                    |     |                             |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |      |           |     | 0.25            |     | Total DSEs                         |     |                             |     | 0.00                                                                                 |  |
| Gross Receipts First Group                                                                                                                                        |      |           |     | \$ 3,617,069.69 |     | Gross Receipts Second Group        |     |                             |     | \$ 749,883.66                                                                        |  |
| Base Rate Fee First Group                                                                                                                                         |      |           |     | \$ 33,910.03    |     | Base Rate Fee Second Group         |     |                             |     | \$ 0.00                                                                              |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |      |           |     |                 |     | TWELVTH SUBSCRIBER GROUP           |     |                             |     |                                                                                      |  |
| COMMUNITY/ AREA <b>SUBGROUP 11</b>                                                                                                                                |      |           |     |                 |     | COMMUNITY/ AREA <b>SUBGROUP 12</b> |     |                             |     |                                                                                      |  |
| 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                                                                                                                                        |      |           |     | \$ 2,983,494.88 |     | Gross Receipts Fourth Group        |     |                             |     | \$ 2,323,900.46                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |      |           |     | \$ 0.00         |     | Base Rate Fee Fourth Group         |     |                             |     | \$ 0.00                                                                              |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |      |           |     |                 |     |                                    |     |                             |     | \$                                                                                   |  |

### Nonpermitted 3.75 Stations

**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)