

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
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Office Licensing Section
(202) 707-8150. Date: 2026.09.21
09:15:25 -04'00'

Licensing Section

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2026/1																							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <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> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 023559 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Indianapolis, LP See Attached 02355920261 023559 2026/1 One Comcast Center Philadelphia, PA 19103																							
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.																							
	1	IDENTIFICATION OF CABLE SYSTEM:																						
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td>Hendricks County</td><td>IN</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <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	Hendricks County	IN	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
CITY OR TOWN	STATE																							
Hendricks County	IN																							
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 Indianapolis, LP		023559			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.					D Area Served
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#	
Hendricks County	Hendricks	IN	AA	2	First Community
Albany	Delaware	IN	AO	5	
Alexandria	Madison	IN	AU	1	See instructions for additional information on alphabetization.
Allen County	Allen	IN	AJ	1	
Anderson	Madison	IN	AU	1	Add rows as necessary.
Andrews	Huntington	IN	BG	1	
Arcadia	Hamilton	IN	AR	1	
Atlanta	Hamilton	IN	AR	1	
Attica	Fountain	IN	BA	6	
Aurora	Dearborn	IN	AV	1	
Avon	Hendricks	IN	AA	2	
Bargersville	Johnson	IN	AH	2	
Bartholomew County	Bartholomew	IN	BC	1	
Battle Ground	Tippecanoe	IN	BH	6	
Bedford	Lawrence	IN	AC	1	
Beech Grove	Marion	IN	AA	1	
Benton County	Benton	IN	BH	6	
Berne	Adams	IN	AP	1	
Blackford County	Blackford	IN	AO	1	
Bloomfield	Greene	IN	AG	1	
Bloomington	Monroe	IN	AB	1	
Blountsville	Henry	IN	AU	1	
Boone County (SE)	Boone	IN	AA	2	
Boone County (NW)	Boone	IN	AR	2	
Boone County (SW)	Boone	IN	AZ	1	
Brookston	White	IN	AZ	1	
Brown County (NW)	Brown	IN	AB	1	
Brownsburg	Hendricks	IN	AA	2	
Brownstown	Jackson	IN	AI	1	
Bryant	Jay	IN	AP	1	
Bunker Hill	Miami	IN	AW	7	
Burnettsville	White	IN	AZ	5	
Cadiz	Henry	IN	AU	1	
Cambridge City	Wayne	IN	AN	13	
Carmel	Hamilton	IN	AA	1	
Carroll County	Carroll	IN	AZ	5	
Carthage	Rush	IN	AU	1	
Cass County (S)	Cass	IN	AK	2	
Cass County (N)	Cass	IN	AY	12	
Centerville	Wayne	IN	AN	13	
Chalmers	White	IN	AZ	5	
Charlottesvile	Hancock	IN	AU	1	
Chesterfield	Madison	IN	AU	1	
Cicero	Hamilton	IN	AR	1	
Clarks Hill	Tippecanoe	IN	BH	9	
Clermont	Marion	IN	AA	2	
Clifford	Bartholomew	IN	BC	1	
Clinton County (NW)	Clinton	IN	AL	9	
Clinton County (SE)	Clinton	IN	AZ	1	
Columbus	Bartholomew	IN	BC	1	
Connerville	Fayette	IN	BE	5	
Cowan	Delaware	IN	AA	1	
Crawfordsville	Montgomery	IN	BF	1	
Cumberland Township	Marion	IN	AA	1	
Daleville	Delaware	IN	AA	1	
Danville	Hendricks	IN	AA	2	
Darlington	Montgomery	IN	BF	1	
Dayton	Tippecanoe	IN	BH	9	
Dearborn County	Dearborn	IN	AV	4	
Decatur County	Decatur	IN	BI	1	
Delaware County (S)	Delaware	IN	AO	1	
Delaware County (N)	Delaware	IN	AA	1	
Denver	Miami	IN	AW	7	
Desoto	Delaware	IN	AA	1	
Dillsboro	Dearborn	IN	AV	8	
Dublin	Wayne	IN	AN	13	
Dunkirk	Jay	IN	AM	11	
Dunreith	Henry	IN	AU	1	
Eaton	Delaware	IN	AO	1	

Edgewood	Madison	IN	AU	1
Elizabethtown	Bartholomew	IN	BC	1
Ellettsville	Monroe	IN	AB	1
Elwood	Madison	IN	AU	1
Fairmont	Grant	IN	AO	1
Farmland	Randolph	IN	AA	1
Fayette County	Fayette	IN	BE	5
Fishers	Hamilton	IN	AR	1
Fort Recovery	Mercer	OH	AT	1
Fort Wayne	Allen	IN	AJ	1
Fountain City	Wayne	IN	AN	13
Fountain County	Fountain	IN	BA	6
Fowlerton	Grant	IN	AO	1
Frankfort	Clinton	IN	AZ	1
Franklin	Johnson	IN	AH	2
Galveston	Cass	IN	AK	2
Geneva	Adams	IN	AP	1
Gosport	Owen	IN	AE	1
Grant County	Grant	IN	AO	1
Greencastle	Putnam	IN	AB	3
Greendale	Dearborn	IN	AV	4
Greene County	Greene	IN	AG	1
Greenfield	Hancock	IN	AR	1
Greensboro	Henry	IN	AU	1
Greensburg	Decatur	IN	BI	5
Greentown	Howard	IN	AK	1
Greenwood	Johnson	IN	AH	2
Grissom AFB	Miami	IN	AW	7
Hagerstown	Wayne	IN	AN	13
Hamilton County (S)	Hamilton	IN	AA	1
Hamilton County (N)	Hamilton	IN	AR	1
Hancock County	Hancock	IN	AR	1
Hancock County (NE)	Hancock	IN	AU	1
Hancock County (NW)	Hancock	IN	AR	1
Hartford City	Blackford	IN	AO	1
Hartsville	Bartholomew	IN	BC	1
Henry County	Henry	IN	AU	1
Hidden Valley Lake	Dearborn	IN	AV	4
Homecroft	Marion	IN	AA	1
Hope	Bartholomew	IN	AA	2
Howard County	Howard	IN	AK	2
Huntertown	Allen	IN	AJ	1
Huntington	Huntington	IN	BG	1
Huntington County (NE)	Huntington	IN	AJ	1
Huntington County	Huntington	IN	BG	1
Indianapolis	Marion	IN	AA	1
Indianapolis/Marion County	Marion	IN	AA	1
Jackson County	Jackson	IN	BB	1
Jackson County (SW)	Jackson	IN	AI	1
Jasper County	Jasper	IN	AQ	5
Jay County	Jay	IN	AP	1
Jennings County	Jennings	IN	BB	1
Johnson County	Johnson	IN	AH	1
Jonesville	Bartholomew	IN	BC	1
Kennard	Henry	IN	AU	1
Knightstown	Henry	IN	AU	1
Kokomo	Howard	IN	AK	1
Lafayette	Tippecanoe	IN	BH	9
Lake Cicott	Cass	IN	AY	12
Lawrence	Marion	IN	AA	1
Lawrence County	Lawrence	IN	AC	1
Lawrenceburg	Dearborn	IN	AV	4
Lebanon	Boone	IN	AR	2
Leo-Cedarville	Allen	IN	AJ	1
Lewisville	Henry	IN	AU	1
Linton	Greene	IN	AG	1
Logansport	Cass	IN	AY	12
Losantville	Randolph	IN	AU	1
Lynn	Randolph	IN	AS	13
Lyons	Greene	IN	AG	1
Madison County	Madison	IN	AU	1
Markleville	Madison	IN	AU	1
Martinsville	Morgan	IN	AD	1
McCordsville	Hancock	IN	AR	1
Medora	Jackson	IN	AI	1
Meridian Hills	Marion	IN	AA	2
Mexico	Miami	IN	AW	7
Miami County (S)	Miami	IN	AK	2
Miami County (N)	Miami	IN	AW	7
Middletown	Henry	IN	AU	1
Milan	Ripley	IN	AV	10
Milton	Wayne	IN	AN	13
Modoc	Randolph	IN	AU	1
Monon	White	IN	AZ	5
Monroe County	Monroe	IN	AB	1
Montgomery County	Montgomery	IN	BF	1
Monticello	White	IN	AZ	5

Mooreland	Henry	IN	AU	1
Moore's Hill	Dearborn	IN	AV	10
Moore'sville	Morgan	IN	AA	1
Morgan County (NE)	Morgan	IN	AA	2
Morgan County	Morgan	IN	AD	1
Mount Auburn	Wayne	IN	AN	13
Mount Summit	Henry	IN	AU	1
Mulberry	Clinton	IN	AL	9
Muncie	Delaware	IN	AA	1
New Castle	Henry	IN	AU	1
New Haven	Allen	IN	AJ	1
New Palestine	Hancock	IN	AR	1
New Waverly	Cass	IN	AW	7
New Whiteland	Johnson	IN	AH	2
Noblesville	Hamilton	IN	AR	1
North Vernon	Jennings	IN	BB	1
Oakville	Delaware	IN	AA	1
Ohio County	Ohio	IN	AV	1
Oolitic	Lawrence	IN	AC	1
Orestes	Madison	IN	AU	1
Osgood	Ripley	IN	AV	10
Ossian	Wells	IN	AJ	1
Otterbein	Benton	IN	BH	6
Parker City	Randolph	IN	AA	1
Pendleton	Madison	IN	AU	1
Pennville	Jay	IN	AP	1
Pershing	Wayne	IN	AN	13
Peru	Miami	IN	AW	7
Plainfield	Hendricks	IN	AA	2
Portland	Jay	IN	AP	1
Putnam County	Putnam	IN	AB	3
Randolph County (SW)	Randolph	IN	AS	13
Randolph County (Port. Of)	Randolph	IN	AA	1
Redkey	Jay	IN	AM	11
Remington	Jasper	IN	AQ	6
Rensselaer	Jasper	IN	AQ	6
Reynolds	White	IN	AZ	5
Richmond	Wayne	IN	AN	13
Ridgeville	Randolph	IN	AS	13
Ripley County	Ripley	IN	AV	10
Rising Sun	Ohio	IN	AV	1
Roanoke	Huntington	IN	AJ	1
Rush County (N)	Rush	IN	AU	1
Rush County (S)	Rush	IN	BD	1
Rushville	Rush	IN	BD	1
Russiaville	Howard	IN	AK	2
Saratoga	Randolph	IN	AS	13
Selma	Delaware	IN	AA	1
Seymour	Jackson	IN	BB	1
Shadeland	Tippecanoe	IN	BH	9
Shamrock	Blackford	IN	AO	1
Sharpsville	Tipton	IN	AK	1
Shelby County (N)	Shelby	IN	AR	1
Shelby County	Shelby	IN	AA	1
Shelbyville	Shelby	IN	AA	1
Shirley	Hancock	IN	AU	1
Southport	Marion	IN	AA	1
Speedway	Marion	IN	AA	1
Spencer	Owen	IN	AE	1
Spiceland	Henry	IN	AU	1
Spring Grove	Wayne	IN	AN	13
Spring Lake	Hancock	IN	AR	1
Springport	Henry	IN	AU	1
Stinesville	Monroe	IN	AB	1
Straughn	Henry	IN	AU	1
Sullivan	Sullivan	IN	AF	3
Sullivan County	Sullivan	IN	AF	3
Sulphur Springs	Henry	IN	AU	1
Switz City	Greene	IN	AG	1
Thorntown	Boone	IN	AZ	1
Tippecanoe County	Tippecanoe	IN	BH	9
Tippecanoe County (S)	Tippecanoe	IN	BH	9
Tipton City	Tipton	IN	AR	1
Tipton County	Tipton	IN	AK	1
Ulen	Boone	IN	AR	2
Upland	Grant	IN	AO	1
Vernon	Jennings	IN	BB	1
Versailles	Ripley	IN	AV	10
Wabash	Wabash	IN	AX	12
Wabash County	Wabash	IN	AX	12
Warren County	Warren	IN	BA	6
Warren Park	Marion	IN	AA	1
Wayne County	Wayne	IN	AN	13
Wells County	Wells	IN	AJ	1
West Lafayette	Tippecanoe	IN	BH	6
Westfield	Hamilton	IN	AR	1
Westport	Decatur	IN	BC	1

White County	White	IN	AZ	1
Whiteland	Johnson	IN	AH	2
Whitley County	Whitley	IN	AJ	1
Wilkinson	Hancock	IN	AU	1
Williams Creek	Marion	IN	AA	1
Williamsport	Warren	IN	BA	6
Winchester	Randolph	IN	AS	13
Windfall	Tipton	IN	AK	1
Wolcott	White	IN	AZ	5
Woodburn	Allen	IN	AJ	1
Wynnedale	Marion	IN	AA	1

SYSTEM ID#
023559

[illegible]

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

PRIMARY TRANSMITTERS: TELEVISION

GPrimary
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 AB

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTIU DT	14	E	Yes	O	Bloomington, IN
WTIU DTHD	14	E-M	Yes	E	Bloomington, IN
WTIU DT2	14	E-M	Yes	E	Bloomington, IN
WTIU DT3	14	E-M	Yes	E	Bloomington, IN
WTIU DT4	14	E-M	Yes	E	Bloomington, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Indianapolis, LP		023559			
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 AC					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WAVE DT	47	N	No		Louisville, KY
WCLJ DT	27	I	No		Bloomington, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTIU DT	14	E	No		Bloomington, IN
WTIU DTHD	14	E-M	No		Bloomington, IN
WTIU DT2	14	E-M	No		Bloomington, IN
WTIU DT3	14	E-M	No		Bloomington, IN
WTIU DT4	14	E-M	No		Bloomington, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

G

Primary Transmitters: Television

FORM SA3E: PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP**023559**

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AD					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTIU DT	14	E	No		Bloomington, IN
WTIU DTHD	14	E-M	No		Bloomington, IN
WTIU DT2	14	E-M	No		Bloomington, IN
WTIU DT3	14	E-M	No		Bloomington, IN
WTIU DT4	14	E-M	No		Bloomington, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP		SYSTEM ID# 023559	Name		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		G	Primary Transmitters: Television		
CHANNEL LINE-UP AE					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTIU DT	14	E	No		Bloomington, IN
WTIU DTHD	14	E-M	No		Bloomington, IN
WTIU DT2	14	E-M	No		Bloomington, IN
WTIU DT3	14	E-M	No		Bloomington, IN
WTIU DT4	14	E-M	No		Bloomington, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

[illegible]

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

FORM SA3E: PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP**023559**

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

**Primary
Transmitters:
Television**

CHANNEL LINE-UP AH					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPB DT	23	E	Yes	O	Muncie, IN
WIPB DTHD	23	E-M	Yes	E	Muncie, IN
WIPB DT2	23	E-M	Yes	E	Muncie, IN
WIPB DT3	23	E-M	Yes	E	Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP		SYSTEM ID# 023559		Name			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G Primary Transmitters: Television	
CHANNEL LINE-UP AI							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WAVE DT	47	N	No		Louisville, KY		
WAVE DTHD	47	N-M	No		Louisville, KY		
WAVE DT2	47	I-M	No		Louisville, KY		
WAVE DT3	47	I-M	No		Louisville, KY		
WBKI DT	51	I	No		Salem, IN		
WBKI DTHD	51	I-M	No		Salem, IN		
WBKI DT2	51	I-M	No		Salem, IN		
WBNA DT	8	I	No		Louisville, KY		
WBNA DTHD	8	I-M	No		Louisville, KY		
WDRB DT	49	I	No		Louisville, KY		
WDRB DTHD	49	I-M	No		Louisville, KY		
WDRB DT2	49	I-M	No		Louisville, KY		
WHAS DT	11	N	No		Louisville, KY		
WHAS DTHD	11	N-M	No		Louisville, KY		
WHAS DT2	11	I-M	No		Louisville, KY		
WHAS DT3	11	I-M	No		Louisville, KY		
WLKY DT	26	N	No		Louisville, KY		
WLKY DTHD	26	N-M	No		Louisville, KY		
WLKY DT2	26	I-M	No		Louisville, KY		
WLKY DT3	26	I-M	No		Louisville, KY		
WRTV DT	25	N	No		Indianapolis, IN		
WTHR DT	13	N	No		Indianapolis, IN		
WTIU DT	14	E	No		Bloomington, IN		
WTIU DTHD	14	E-M	No		Bloomington, IN		
WTIU DT2	14	E-M	No		Bloomington, IN		
WTIU DT3	14	E-M	No		Bloomington, IN		
WTIU DT4	14	E-M	No		Bloomington, IN		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP	SYSTEM ID# 023559	Name			
PRIMARY TRANSMITTERS: TELEVISION					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G	Primary Transmitters: Television	
CHANNEL LINE-UP AJ					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE DT	31	N	No		Fort Wayne, IN
WANE DTHD	31	N-M	No		Fort Wayne, IN
WANE DT2	31	I-M	No		Fort Wayne, IN
WANE DT4	31	I-M	No		Fort Wayne, IN
WFFT DT	36	I	No		Fort Wayne, IN
WFFT DTHD	36	I-M	No		Fort Wayne, IN
WFFT DT2	36	I-M	No		Fort Wayne, IN
WFFT DT3	36	I-M	No		Fort Wayne, IN
WFWA DT	40	E	No		Fort Wayne, IN
WFWA DTHD	40	E-M	No		Fort Wayne, IN
WFWA DT2	40	E-M	No		Fort Wayne, IN
WFWA DT3	40	E-M	No		Fort Wayne, IN
WFWA DT4	40	E-M	No		Fort Wayne, IN
WINM DT	12	I	No		Angola, IN
WINM DTHD	12	I-M	No		Angola, IN
WISE DT	18	N	No		Fort Wayne, IN
WISE DTHD	18	N-M	No		Fort Wayne, IN
WISE DT2	18	I-M	No		Fort Wayne, IN
WISE DT3	18	I-M	No		Fort Wayne, IN
WPTA DT	24	N	No		Fort Wayne, IN
WPTA DTHD	24	N-M	No		Fort Wayne, IN
WPTA DT2	24	I-M	No		Fort Wayne, IN
WPTA DT2HD	24	I-M	No		Fort Wayne, IN
WPTA DT3HD	24	I-M	No		Fort Wayne, IN

FORM SA3E PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP**SYSTEM ID#****023559****Name****PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

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

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

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

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

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

G**Primary Transmitters: Television****CHANNEL LINE-UP AK**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPB DT	23	E	Yes	O	Muncie, IN
WIPB DTHD	23	E-M	Yes	E	Muncie, IN
WIPB DT2	23	E-M	Yes	E	Muncie, IN
WIPB DT3	23	E-M	Yes	E	Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AL

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WTTW DT	47	E	Yes	O	Chicago, IL
WTTW DTHD	47	E-M	Yes	E	Chicago, IL
WTTW DT2	47	E-M	Yes	E	Chicago, IL
WTTW DT3	47	E-M	Yes	E	Chicago, IL
WTTW DT4	47	E-M	Yes	E	Chicago, IL
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
023559

Name

Comcast of Indianapolis, LP

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

GPrimary
Transmitters:
Television

CHANNEL LINE-UP AM

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE DT	31	N	No		Fort Wayne, IN
WANE DTHD	31	N-M	No		Fort Wayne, IN
WANE DT2	31	I-M	No		Fort Wayne, IN
WANE DT4	31	I-M	No		Fort Wayne, IN
WFFT DT	36	I	No		Fort Wayne, IN
WFFT DTHD	36	I-M	No		Fort Wayne, IN
WFFT DT2	36	I-M	No		Fort Wayne, IN
WFFT DT3	36	I-M	No		Fort Wayne, IN
WFWA DT	40	E	Yes	O	Fort Wayne, IN
WFWA DTHD	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT2	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT3	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT4	40	E-M	Yes	E	Fort Wayne, IN
WFYI DT-HD	21	E	Yes	O	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WINM DT	12	I	No		Angola, IN
WINM DTHD	12	I-M	No		Angola, IN
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WISE DT	18	N	No		Fort Wayne, IN
WISE DTHD	18	N-M	No		Fort Wayne, IN
WISE DT2	18	I-M	No		Fort Wayne, IN
WISE DT3	18	I-M	No		Fort Wayne, IN
WPTA DT	24	N	No		Fort Wayne, IN
WPTA DTHD	24	N-M	No		Fort Wayne, IN
WPTA DT2	24	I-M	No		Fort Wayne, IN
WPTA DT2HD	24	I-M	No		Fort Wayne, IN
WPTA DT3HD	24	I-M	No		Fort Wayne, IN
WRTV DT	25	N	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Indianapolis, LP		023559			
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 AN					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WHIO DT	41	N	No		Dayton, OH
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WPTD DT	16	E	No		Dayton, OH
WPTO DT	28	E	Yes	O	Oxford, OH
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E: PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP**023559**

PRIMARY TRANSMITTERS: TELEVISION

G**Primary
Transmitters:
Television**

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AO					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP**SYSTEM ID#**
023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G**Primary
Transmitters:
Television****CHANNEL LINE-UP AP**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE DT	31	N	No		Fort Wayne, IN
WANE DTHD	31	N-M	No		Fort Wayne, IN
WANE DT2	31	I-M	No		Fort Wayne, IN
WANE DT4	31	I-M	No		Fort Wayne, IN
WFFT DT	36	I	No		Fort Wayne, IN
WFFT DTHD	36	I-M	No		Fort Wayne, IN
WFFT DT2	36	I-M	No		Fort Wayne, IN
WFFT DT3	36	I-M	No		Fort Wayne, IN
WFWA DT	40	E	No		Fort Wayne, IN
WFWA DTHD	40	E-M	No		Fort Wayne, IN
WFWA DT2	40	E-M	No		Fort Wayne, IN
WFWA DT3	40	E-M	No		Fort Wayne, IN
WFWA DT4	40	E-M	No		Fort Wayne, IN
WINM DT	12	I	No		Angola, IN
WINM DTHD	12	I-M	No		Angola, IN
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WISE DT	18	N	No		Fort Wayne, IN
WISE DTHD	18	N-M	No		Fort Wayne, IN
WISE DT2	18	I-M	No		Fort Wayne, IN
WISE DT3	18	I-M	No		Fort Wayne, IN
WPTA DT	24	N	No		Fort Wayne, IN
WPTA DTHD	24	N-M	No		Fort Wayne, IN
WPTA DT2	24	I-M	No		Fort Wayne, IN
WPTA DT2HD	24	I-M	No		Fort Wayne, IN
WPTA DT3HD	24	I-M	No		Fort Wayne, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP

SYSTEM ID#
023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

GPrimary
Transmitters:
Television

CHANNEL LINE-UP AQ					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBBM DT	12	N	No		Chicago, IL
WBBM HD	12	N-M	No		Chicago, IL
WBBM DT2	12	I-M	No		Chicago, IL
WBBM DT3	12	I-M	No		Chicago, IL
WCIU DT	23	N	No		Chicago, IL
WCIU HD	23	N-M	No		Chicago, IL
WCIU DT2	23	I-M	No		Chicago, IL
WCIU DT3	23	I-M	No		Chicago, IL
WCIU DT4	23	I-M	No		Chicago, IL
WCIU DT5	23	I-M	No		Chicago, IL
WCPX DT	34	I	No		Chicago, IL
WCPX HD	34	I-M	No		Chicago, IL
WCPX DT2	34	I-M	No		Chicago, IL
WFLD DT	24	N	No		Chicago, IL
WFLD HD	24	N-M	No		Chicago, IL
WFLD DT2	24	I-M	No		Chicago, IL
WFLD DT3	24	I-M	No		Chicago, IL
WFLD DT4	24	I-M	No		Chicago, IL
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WGN DT	19	I	No		Chicago, IL
WGN DTHD	19	I-M	No		Chicago, IL
WGN DT2	19	I-M	No		Chicago, IL
WGN DT3	19	I-M	No		Chicago, IL
WGN DT4	19	I-M	No		Chicago, IL
WJYS DT	21	I	No		Hammond, IN
WLS DT	44	N	No		Chicago, IL
WLS DTHD	44	N-M	No		Chicago, IL
WLS DT2	44	I-M	No		Chicago, IL
WMAQ DT	29	N	No		Chicago, IL
WMAQ DTHD	29	N-M	No		Chicago, IL
WMAQ DT2	29	I-M	No		Chicago, IL
WMAQ DT3	29	I-M	No		Chicago, IL
WMEU-DT	18	I	No		Chicago, IL
WMEU-DTHD	18	I-M	No		Chicago, IL
WPWR DT	31	N	No		Gary, IN
WPWR DTHD	31	N-M	No		Gary, IN
WTTW DT	47	E	Yes	O	Chicago, IL
WTTW DTHD	47	E-M	Yes	E	Chicago, IL
WTTW DT2	47	E-M	Yes	E	Chicago, IL
WTTW DT3	47	E-M	Yes	E	Chicago, IL
WTTW DT4	47	E-M	Yes	E	Chicago, IL
WTVK DT	10	I	No		Oswego, IL
WTVK DTHD	10	I-M	No		Oswego, IL
WTVK DT4	10	I-M	No		Oswego, IL

FORM SA3E PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP

SYSTEM ID#

023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AR					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPB DT	23	E	Yes	O	Muncie, IN
WIPB DTHD	23	E-M	Yes	E	Muncie, IN
WIPB DT2	23	E-M	Yes	E	Muncie, IN
WIPB DT3	23	E-M	Yes	E	Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Indianapolis, LP		023559			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G Primary Transmitters: Television		
CHANNEL LINE-UP AS					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WPTD DT	16	E	No		Dayton, OH
WPTO DT	28	E	Yes	O	Oxford, OH
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

[illegible]

FORM SA3E: PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP**SYSTEM ID#****023559****Name****PRIMARY TRANSMITTERS: TELEVISION**

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

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

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

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

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

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

G**Primary Transmitters: Television**

CHANNEL LINE-UP AU					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPB DT	23	E	No		Muncie, IN
WIPB DTHD	23	E-M	No		Muncie, IN
WIPB DT2	23	E-M	No		Muncie, IN
WIPB DT3	23	E-M	No		Muncie, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP

SYSTEM ID#

023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

G
**Primary
Transmitters:
Television**

CHANNEL LINE-UP AV

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCET DT	34	E	Yes	O	Cincinnati, OH
WCET DT2	34	E-M	Yes	E	Cincinnati, OH
WCET DT3	34	E-M	Yes	E	Cincinnati, OH
WCET DTHD	34	E-M	Yes	E	Cincinnati, OH
WCPO DT	22	N	No		Cincinnati, OH
WCPO DTHD	22	N-M	No		Cincinnati, OH
WCPO DT2	22	I-M	No		Cincinnati, OH
WCPO DT3	22	I-M	No		Cincinnati, OH
WCPO DT4	22	I-M	No		Cincinnati, OH
WKON DT	44	E	Yes	O	Owenton, KY
WKON DTHD	44	E-M	Yes	E	Owenton, KY
WKON DT2	44	E-M	Yes	E	Owenton, KY
WKON DT3	44	E-M	Yes	E	Owenton, KY
WKON DT4	44	E-M	Yes	E	Owenton, KY
WKRC DT	12	N	No		Cincinnati, OH
WKRC DTHD	12	N-M	No		Cincinnati, OH
WKRC DT2	12	I-M	No		Cincinnati, OH
WKRC DT2HD	12	I-M	No		Cincinnati, OH
WKRC DT3	12	I-M	No		Cincinnati, OH
WLWT DT	35	N	No		Cincinnati, OH
WLWT DTHD	35	N-M	No		Cincinnati, OH
WLWT DT2	35	I-M	No		Cincinnati, OH
WLWT DT3	35	I-M	No		Cincinnati, OH
WSTR DT	33	I	No		Cincinnati, OH
WSTR DTHD	33	I-M	No		Cincinnati, OH
WSTR DT2	33	I-M	No		Cincinnati, OH
WXIX DT	29	I	No		Newport, KY
WXIX DTHD	29	I-M	No		Newport, KY
WXIX DT2	29	I-M	No		Newport, KY
WXIX DT3	29	I-M	No		Newport, KY

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP**023559**

PRIMARY TRANSMITTERS: TELEVISION

G**Primary
Transmitters:
Television**

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

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

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

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

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

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

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CHANNEL LINE-UP AW					
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
WCLJ DT	27	I	No		Bloomington, IN
WFWA DT	40	E	Yes	O	Fort Wayne, IN
WFWA DTHD	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT2	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT3	40	E-M	Yes	E	Fort Wayne, IN
WFWA DT4	40	E-M	Yes	E	Fort Wayne, IN
WFIY DT	21	E	Yes	O	Indianapolis, IN
WFIY DTHD	21	E-M	Yes	E	Indianapolis, IN
WFIY DT2	21	E-M	Yes	E	Indianapolis, IN
WFIY DT3	21	E-M	Yes	E	Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDU DT	42	N	No		South Bend, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP

SYSTEM ID#
023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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GPrimary
Transmitters:
Television

CHANNEL LINE-UP AX

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE DT	31	N	No		Fort Wayne, IN
WANE DTHD	31	N-M	No		Fort Wayne, IN
WANE DT2	31	I-M	No		Fort Wayne, IN
WANE DT4	31	I-M	No		Fort Wayne, IN
WFFT DT	36	I	No		Fort Wayne, IN
WFFT DTHD	36	I-M	No		Fort Wayne, IN
WFFT DT2	36	I-M	No		Fort Wayne, IN
WFFT DT3	36	I-M	No		Fort Wayne, IN
WFWA DT	40	E	No		Fort Wayne, IN
WFWA DTHD	40	E-M	No		Fort Wayne, IN
WFWA DT2	40	E-M	No		Fort Wayne, IN
WFWA DT3	40	E-M	No		Fort Wayne, IN
WFWA DT4	40	E-M	No		Fort Wayne, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WINM DT	12	I	No		Angola, IN
WINM DTHD	12	I-M	No		Angola, IN
WISE DT	18	N	No		Fort Wayne, IN
WISE DTHD	18	N-M	No		Fort Wayne, IN
WISE DT2	18	I-M	No		Fort Wayne, IN
WISE DT3	18	I-M	No		Fort Wayne, IN
WNDU DT	42	N	Yes	O	South Bend, IN
WPTA DT	24	N	No		Fort Wayne, IN
WPTA DTHD	24	N-M	No		Fort Wayne, IN
WPTA DT2	24	I-M	No		Fort Wayne, IN
WPTA DT2HD	24	I-M	No		Fort Wayne, IN
WPTA DT3HD	24	I-M	No		Fort Wayne, IN
WRTV DT	25	N	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP					SYSTEM ID# 023559	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP AY							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WCLJ DT	27	I	No		Bloomington, IN		
WFYI DT	21	E	Yes	O	Indianapolis, IN		
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN		
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN		
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN		
WIPX DT	27	I	No		Bloomington, IN		
WIPX DTHD	27	I-M	No		Bloomington, IN		
WIPX DT4	27	I-M	No		Bloomington, IN		
WIPX DT5	27	I-M	No		Bloomington, IN		
WISH DT	9	I	No		Indianapolis, IN		
WISH DTHD	9	I-M	No		Indianapolis, IN		
WISH DT2	9	I-M	No		Indianapolis, IN		
WJSJ DTHD	14	I	No		Indianapolis, IN		
WJSJ DT2	14	I-M	No		Indianapolis, IN		
WJSJ DT3	14	I-M	No		Indianapolis, IN		
WJSJ DT4	14	I-M	No		Indianapolis, IN		
WNDU DT	42	N	Yes	O	South Bend, IN		
WNDY DT	9	I	No		Marion, IN		
WNDY DTHD	9	I-M	No		Marion, IN		
WNDY DT2	9	I-M	No		Marion, IN		
WNDY DT3	9	I-M	No		Marion, IN		
WRTV DT	25	N	No		Indianapolis, IN		
WRTV DTHD	25	N-M	No		Indianapolis, IN		
WRTV DT2	25	I-M	No		Indianapolis, IN		
WRTV DT3	25	I-M	No		Indianapolis, IN		
WTHR DT	13	N	No		Indianapolis, IN		
WTHR DTHD	13	N-M	No		Indianapolis, IN		
WTHR DT2	13	I-M	No		Indianapolis, IN		
WTHR DT3	13	I-M	No		Indianapolis, IN		
WTTV DT	48	N	No		Bloomington, IN		
WTTV DTHD	48	N-M	No		Bloomington, IN		
WTTV DT2	48	I-M	No		Bloomington, IN		
WTTV DT3	48	I-M	No		Bloomington, IN		
WXIN DT	45	I	No		Indianapolis, IN		
WXIN DTHD	45	I-M	No		Indianapolis, IN		
WXIN DT2	45	I-M	No		Indianapolis, IN		
WXIN DT3	45	I-M	No		Indianapolis, IN		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AZ

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP	SYSTEM ID# 023559	Name G Primary Transmitters: Television			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.					
CHANNEL LINE-UP BA					
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
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WTTW DT	47	E	Yes	O	Chicago, IL
WTTW DTHD	47	E-M	Yes	E	Chicago, IL
WTTW DT2	47	E-M	Yes	E	Chicago, IL
WTTW DT3	47	E-M	Yes	E	Chicago, IL
WTTW DT4	47	E-M	Yes	E	Chicago, IL
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		Name	
Comcast of Indianapolis, LP		023559			
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 BB					
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
WAVE DT	47	N	No		Louisville, KY
WAVE DTHD	47	N-M	No		Louisville, KY
WAVE DT2	47	I-M	No		Louisville, KY
WAVE DT3	47	I-M	No		Louisville, KY
WBKI DT	51	I	No		Salem, IN
WBKI DTHD	51	I-M	No		Salem, IN
WBKI DT2	51	I-M	No		Salem, IN
WBNA DT	8	I	No		Louisville, KY
WBNA DTHD	8	I-M	No		Louisville, KY
WDRB DT	49	I	No		Louisville, KY
WDRB DTHD	49	I-M	No		Louisville, KY
WDRB DT2	49	I-M	No		Louisville, KY
WHAS DT	11	N	No		Louisville, KY
WHAS DTHD	11	N-M	No		Louisville, KY
WHAS DT2	11	I-M	No		Louisville, KY
WHAS DT3	11	I-M	No		Louisville, KY
WLKY DT	26	N	No		Louisville, KY
WLKY DTHD	26	N-M	No		Louisville, KY
WLKY DT2	26	I-M	No		Louisville, KY
WLKY DT3	26	I-M	No		Louisville, KY
WRTV DT	25	N	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTIU DT	14	E	No		Bloomington, IN
WTIU DTHD	14	E-M	No		Bloomington, IN
WTIU DT2	14	E-M	No		Bloomington, IN
WTIU DT3	14	E-M	No		Bloomington, IN
WTIU DT4	14	E-M	No		Bloomington, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP**023559**

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

G
**Primary
Transmitters:
Television**

CHANNEL LINE-UP BC					
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
WCLJ DT	27	I	No		Bloomington, IN
WFI DT	21	E	No		Indianapolis, IN
WFI DTHD	21	E-M	No		Indianapolis, IN
WFI DT2	21	E-M	No		Indianapolis, IN
WFI DT3	21	E-M	No		Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTIU DT	14	E	No		Bloomington, IN
WTIU DTHD	14	E-M	No		Bloomington, IN
WTIU DT2	14	E-M	No		Bloomington, IN
WTIU DT3	14	E-M	No		Bloomington, IN
WTIU DT4	14	E-M	No		Bloomington, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

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 BD

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
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Indianapolis, LP

SYSTEM ID#
023559

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

GPrimary
Transmitters:
Television

CHANNEL LINE-UP BE					
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
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WKRC DT	12	N	No		Cincinnati, OH
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WPTD DT	16	E	No		Dayton, OH
WPTD DT2	16	E-M	No		Dayton, OH
WPTD DT3	16	E-M	No		Dayton, OH
WPTD DT4	16	E-M	No		Dayton, OH
WPTO DT	28	E	No		Oxford, OH
WPTO DT2	28	E-M	No		Oxford, OH
WPTO DT3	28	E-M	No		Oxford, OH
WPTO DT4	28	E-M	No		Oxford, OH
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP BF

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
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	No		Indianapolis, IN
WFYI DTHD	21	E-M	No		Indianapolis, IN
WFYI DT2	21	E-M	No		Indianapolis, IN
WFYI DT3	21	E-M	No		Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP	SYSTEM ID# 023559	Name			
PRIMARY TRANSMITTERS: TELEVISION					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G	Primary Transmitters: Television	
CHANNEL LINE-UP BG					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE DT	31	N	No		Fort Wayne, IN
WANE DTHD	31	N-M	No		Fort Wayne, IN
WANE DT2	31	I-M	No		Fort Wayne, IN
WANE DT4	31	I-M	No		Fort Wayne, IN
WFFT DT	36	I	No		Fort Wayne, IN
WFFT DTHD	36	I-M	No		Fort Wayne, IN
WFFT DT2	36	I-M	No		Fort Wayne, IN
WFFT DT3	36	I-M	No		Fort Wayne, IN
WFWA DT	40	E	No		Fort Wayne, IN
WFWA DTHD	40	E-M	No		Fort Wayne, IN
WFWA DT2	40	E-M	No		Fort Wayne, IN
WFWA DT3	40	E-M	No		Fort Wayne, IN
WFWA DT4	40	E-M	No		Fort Wayne, IN
WINM DT	12	I	No		Angola, IN
WINM DTHD	12	I-M	No		Angola, IN
WISE DT	18	N	No		Fort Wayne, IN
WISE DTHD	18	N-M	No		Fort Wayne, IN
WISE DT2	18	I-M	No		Fort Wayne, IN
WISE DT3	18	I-M	No		Fort Wayne, IN
WPTA DT	24	N	No		Fort Wayne, IN
WPTA DTHD	24	N-M	No		Fort Wayne, IN
WPTA DT2	24	I-M	No		Fort Wayne, IN
WPTA DT2HD	24	I-M	No		Fort Wayne, IN
WPTA DT3HD	24	I-M	No		Fort Wayne, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP					SYSTEM ID# 023559	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP BH							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WFYI DT	21	E	Yes	O	Indianapolis, IN		
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN		
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN		
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN		
WLFI DT	11	N	No		Lafayette, IN		
WLFI DTHD	11	N-M	No		Lafayette, IN		
WLFI DT2	11	I-M	No		Lafayette, IN		
WLFI DT2HD	11	I-M	No		Lafayette, IN		
WLFI DT4	11	I-M	No		Lafayette, IN		
WPBI DT	16	I	No		Lafayette, IN		
WPBI DTHD	16	I-M	No		Lafayette, IN		
WPBI DT2	16	I-M	No		Lafayette, IN		
WPBI DT2HD	16	I-M	No		Lafayette, IN		
WPBY DT	35	I	No		Lafayette, IN		
WPBY DTHD	35	I-M	No		Lafayette, IN		
WPBY DT2	35	I-M	No		Lafayette, IN		
WRTV DT	25	N	No		Indianapolis, IN		
WTHR DT	13	N	No		Indianapolis, IN		
WTTW DT	47	E	Yes	O	Chicago, IL		
WTTW DTHD	47	E-M	Yes	E	Chicago, IL		
WTTW DT2	47	E-M	Yes	E	Chicago, IL		
WTTW DT3	47	E-M	Yes	E	Chicago, IL		
WTTW DT4	47	E-M	Yes	E	Chicago, IL		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Indianapolis, LP

023559

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 BI

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WCLJ DT	27	I	No		Bloomington, IN
WFYI DT	21	E	Yes	O	Indianapolis, IN
WFYI DTHD	21	E-M	Yes	E	Indianapolis, IN
WFYI DT2	21	E-M	Yes	E	Indianapolis, IN
WFYI DT3	21	E-M	Yes	E	Indianapolis, IN
WIPX DT	27	I	No		Bloomington, IN
WIPX DTHD	27	I-M	No		Bloomington, IN
WIPX DT4	27	I-M	No		Bloomington, IN
WIPX DT5	27	I-M	No		Bloomington, IN
WISH DT	9	I	No		Indianapolis, IN
WISH DTHD	9	I-M	No		Indianapolis, IN
WISH DT2	9	I-M	No		Indianapolis, IN
WJSJ DTHD	14	I	No		Indianapolis, IN
WJSJ DT2	14	I-M	No		Indianapolis, IN
WJSJ DT3	14	I-M	No		Indianapolis, IN
WJSJ DT4	14	I-M	No		Indianapolis, IN
WNDY DT	9	I	No		Marion, IN
WNDY DTHD	9	I-M	No		Marion, IN
WNDY DT2	9	I-M	No		Marion, IN
WNDY DT3	9	I-M	No		Marion, IN
WRTV DT	25	N	No		Indianapolis, IN
WRTV DTHD	25	N-M	No		Indianapolis, IN
WRTV DT2	25	I-M	No		Indianapolis, IN
WRTV DT3	25	I-M	No		Indianapolis, IN
WTHR DT	13	N	No		Indianapolis, IN
WTHR DTHD	13	N-M	No		Indianapolis, IN
WTHR DT2	13	I-M	No		Indianapolis, IN
WTHR DT3	13	I-M	No		Indianapolis, IN
WTTV DT	48	N	No		Bloomington, IN
WTTV DTHD	48	N-M	No		Bloomington, IN
WTTV DT2	48	I-M	No		Bloomington, IN
WTTV DT3	48	I-M	No		Bloomington, IN
WXIN DT	45	I	No		Indianapolis, IN
WXIN DTHD	45	I-M	No		Indianapolis, IN
WXIN DT2	45	I-M	No		Indianapolis, IN
WXIN DT3	45	I-M	No		Indianapolis, IN

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP				SYSTEM ID# 023559			
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: 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. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • 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." • 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 HOURS			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS		
		DATE	FROM	TO		DATE	FROM	TO
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP		SYSTEM ID# 023559	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 65,711,873.58 (Amount of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 65,711,873.58 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 699,174.33		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ☐ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. \$ 48,825.48 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ 48,825.48		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 699,174.33 Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 3. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 699,899.33 EFT Trace # or TRANSACTION ID # 2852K8BH Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)		

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP	SYSTEM ID# 023559
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 224 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 927	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Julie Laine - Comcast Cable Communications, LLC Telephone (215)-286-2334 Address One Comcast Center (Number, street, rural route, apartment, or suite number) Philadelphia, PA 19103 (City, town, state, zip) Email licensing_office_inquiries@comcast.com Fax (optional) _____	
O Certification	CERTIFICATION (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.) ☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ☐ (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 ☒ (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. [18 U.S.C., Section 1001(1986)]  X /s/ Joseph Lance 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: Joseph Lance Title: Vice President - Regulatory Accounting (Title of official position held in corporation or partnership) Date: August 14, 2026	

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 Indianapolis, LP						023559		Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? ☒ NO ☐ YES. Enter the total here and list the satellite carrier(s) below. \$								P Special Statement Concerning Gross Receipts Exclusion			
Name						Name					
Mailing Address						Mailing Address					
INTEREST ASSESSMENTS											
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.											
Line 1 Enter the amount of late payment or underpayment											
						x -					
Line 2 Multiply line 1 by the interest rate* and enter the sum here											
						x days					
Line 3 Multiply line 2 by the number of days late and enter the sum here											
						x 0.00274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,											
space L (page 7)						\$ -					
						(interest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.											
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.											
Owner											
Address											
First community served											
Accounting period											
ID number											
Q Interest Assessment											

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.

Add rows as necessary.
Remember to copy all formula into new rows.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559
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3

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

Instructions: CAPACITY
Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).
Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.
Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.
Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.
Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."
Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.

CATEGORY LAC STATIONS: COMPUTATION OF DSEs					
1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=

SUM OF DSEs OF CATEGORY LAC STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 2 of part 5 of this schedule,▶ 0.00

4

Computation
of DSEs for
Substitute-
Basis Stations

Instructions:
Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).
Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.
Column 3: Enter the number of days in the calendar year: 365, except in a leap year.
Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 3 of part 5 of this schedule,▶ 0.00

5

Total Number
of DSEs

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

1. Number of DSEs from part 2 ●	▶	2.50
2. Number of DSEs from part 3 ●	▶	0.00
3. Number of DSEs from part 4 ●	▶	0.00

TOTAL NUMBER OF DSEs 2.50

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		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.										6
BLOCK A: TELEVISION MARKETS										
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? ☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. ☒ No—Complete blocks B and C below.										
BLOCK B: CARRIAGE OF PERMITTED DSEs										
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE Column 3: 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.) 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. 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		
WIPB DT	C	0.25	WCET DT	C	0.25					
WTIU DT	C	0.25	WFYI DTH	C	0.25					
WPTO DT	C	0.25	WFYI DT	C	0.25					
WNDU DT	D	0.25	WKON DT	C	0.25					
WFWA DT	C	0.25								
WTTW DT	C	0.25								
								2.50		
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										
								0.00		
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)										

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: Comcast of Indianapolis, LP	SYSTEM ID# 023559	
7 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.		
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 8 of this schedule. ☐ No—Complete the following sections.		
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
	Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶	
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ - D. Multiply line B by line C and enter here. ▶ \$ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. ▶ \$0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Comcast of Indianapolis, LP		023559	

Section 4	If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank. A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	7 Computation of Base Rate Fee
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IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. 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. How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.) Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide. Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section: • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.	8 Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										8 Computation of Base Rate Fee for Partially Distant Stations
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2					
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE		
						WIPB DT [C]		0.25		
Total DSEs					0.00					
Gross Receipts First Group					\$ 50,172,375.10					
Base Rate Fee First Group					\$ 0.00					
Total DSEs					0.25					
Gross Receipts Second Group					\$ 5,337,394.90					
Base Rate Fee Second Group					\$ 14,197.47					
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4					
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE		
WTIU DT [C]		0.25				WKON DT [C]		0.25		
Total DSEs					0.25					
Gross Receipts Third Group					\$ 286,785.69					
Base Rate Fee Third Group					\$ 762.85					
Total DSEs					0.25					
Gross Receipts Fourth Group					\$ 688,246.21					
Base Rate Fee Fourth Group					\$ 1,830.73					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)										
\$ 48,825.48										

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
WFYI DT [C]	0.25			WFYI DT [C]	0.25						
				WTTW DT [C]	0.25						
Total DSEs				0.25		Total DSEs				0.50	
Gross Receipts First Group				\$ 1,313,332.04		Gross Receipts Second Group				\$ 703,577.16	
Base Rate Fee First Group				\$ 3,493.46		Base Rate Fee Second Group				\$ 3,743.03	
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
WFWA DT [C]	0.25			WCET DT [C]	0.25						
WFYI DT [C]	0.25										
Total DSEs				0.50		Total DSEs				0.25	
Gross Receipts Third Group				\$ 781,014.31		Gross Receipts Fourth Group				\$ 30,703.75	
Base Rate Fee Third Group				\$ 4,155.00		Base Rate Fee Fourth Group				\$ 81.67	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)										\$	

8

Computation
of
Base Rate Fee
for
Partially
Distant
Stations

U.S. Copyright Office

[illegible]

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of 3.75 Fee for Partially Distant Stations	
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 1				COMMUNITY/ AREA Subgroup 2					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts First Group	\$	50,172,375.10			Gross Receipts Second Group	\$	5,337,394.90		
Base Rate Fee First Group	\$	0.00			Base Rate Fee Second Group	\$	0.00		
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 3				COMMUNITY/ AREA Subgroup 4					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00	Total DSEs				0.00
Gross Receipts Third Group	\$	286,785.69			Gross Receipts Fourth Group	\$	688,246.21		
Base Rate Fee Third Group	\$	0.00			Base Rate Fee Fourth Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$		0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 5					COMMUNITY/ AREA Subgroup 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts First Group		\$ 1,313,332.04		Gross Receipts Second Group		\$ 703,577.16			
Base Rate Fee First Group		\$ 0.00		Base Rate Fee Second Group		\$ 0.00			
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 7					COMMUNITY/ AREA Subgroup 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts Third Group		\$ 781,014.31		Gross Receipts Fourth Group		\$ 30,703.75			
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$									

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 9					COMMUNITY/ AREA Subgroup 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts First Group		\$ 2,731,519.42			Gross Receipts Second Group		\$ 172,769.81		
Base Rate Fee First Group		\$ 0.00			Base Rate Fee Second Group		\$ 0.00		
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 11					COMMUNITY/ AREA Subgroup 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00			Total DSEs		0.00		
Gross Receipts Third Group		\$ 95,796.32			Gross Receipts Fourth Group		\$ 1,062,786.61		
Base Rate Fee Third Group		\$ 0.00			Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									
\$ 									

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Indianapolis, LP						SYSTEM ID# 023559		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 13					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts First Group		\$ 2,335,572.26		Gross Receipts Second Group		\$ 0.00			
Base Rate Fee First Group		\$ 0.00		Base Rate Fee Second Group		\$ 0.00			
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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			
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)								\$	