

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

SA3E Long Form

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

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

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

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Section (202) 707-8151. Date: 2026.09.22 07:44:45 -04'00'

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. 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. ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 004794 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc. 00479420261 004794 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. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
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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 colspan="3">STATE</td></tr><tr><td>Minneapolis</td><td colspan="3">MN</td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><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			Minneapolis	MN			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
CITY OR TOWN	STATE																															
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		D Area Served
Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.			004794		
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.					First Community
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#	
Minneapolis	Hennepin	MN	AA	1	See instructions for additional information on alphabetization.
Afton	Washington	MN	AA	1	
Andover	Anoka	MN	AA	1	Add rows as necessary.
Anoka	Anoka	MN	AA	1	
Arden Hills	Ramsey	MN	AA	1	
Bayport	Washington	MN	AA	1	
Baytown	Washington	MN	AA	1	
Birchwood Village	Washington	MN	AA	1	
Blaine	Anoka	MN	AA	1	
Bloomington	Hennepin	MN	AA	1	
Branch	Manitowoc	WI	AF	1	
Brooklyn Center	Hennepin	MN	AA	1	
Brooklyn Park	Hennepin	MN	AA	1	
Burnsville	Dakota	MN	AA	1	
Carver	Carver	MN	AA	1	
Cato	Manitowoc	WI	AF	1	
Centerville	Anoka	MN	AA	1	
Champlin	Hennepin	MN	AA	1	
Chaska	Carver	MN	AA	1	
Circle Pines	Anoka	MN	AA	1	
Columbia Heights	Anoka	MN	AA	1	
Coon Rapids	Anoka	MN	AA	1	
Courtland	Nicollet	MN	AC	2	
Courtland Township	Nicollet	MN	AC	2	
Corcoran	Hennepin	MN	AA	1	
Cottage Grove	Washington	MN	AA	1	
Crystal	Hennepin	MN	AA	1	
Dellwood	Washington	MN	AA	1	
Denmark	Washington	MN	AA	1	
Eagan	Dakota	MN	AA	1	
Eden Prairie	Hennepin	MN	AA	1	
Edina	Hennepin	MN	AA	1	
Falcon Heights	Ramsey	MN	AA	1	
Fridley	Anoka	MN	AA	1	
Gem Lake	Ramsey	MN	AA	1	
Golden Valley	Hennepin	MN	AA	1	
Grant	Washington	MN	AA	1	
Grey Cloud Island	Washington	MN	AA	1	
Ham Lake	Anoka	MN	AA	1	
Hanover	Wright	MN	AA	1	
Hastings	Dakota	MN	AA	1	
Helena	Scott	MN	AA	1	
Hilltop	Anoka	MN	AA	1	
Hopkins	Hennepin	MN	AA	1	
Hudson	St. Croix	WI	AE	1	
Hugo	Washington	MN	AA	1	
Inver Grove Heights	Dakota	MN	AA	1	
Jackson	Jackson	MN	AA	1	
Jordan	Scott	MN	AA	1	
Lake Elmo	Washington	MN	AA	1	
Lake St. Croix Beach	Washington	MN	AA	1	
Lakeland	Washington	MN	AA	1	
Lakeland Shores	Washington	MN	AA	1	
Landfall	Washington	MN	AA	1	
Lanesburgh	Le Sueur	MN	AD	1	
Lauderdale	Ramsey	MN	AA	1	
Lexington	Anoka	MN	AA	1	
Lilydale	Dakota	MN	AA	1	
Lino Lakes	Anoka	MN	AA	1	
Little Canada	Ramsey	MN	AA	1	
Louisville	Scott	MN	AA	1	
Madelia	Watonswan	MN	AB	2	
Mahtomedi	Washington	MN	AA	1	
Manitowoc	Manitowoc	WI	AF	1	
Manitowoc Rapids	Manitowoc	WI	AF	1	

Maple Grove	Hennepin	MN	AA	1
Maplewood	Ramsey	MN	AA	1
Medicine Lake	Hennepin	MN	AA	1
Mendota	Dakota	MN	AA	1
Mendota Heights	Dakota	MN	AA	1
Minnetonka	Hennepin	MN	AA	1
Montrose	Wright	MN	AA	1
Mounds View	Ramsey	MN	AA	1
New Brighton	Ramsey	MN	AA	1
New Hope	Hennepin	MN	AA	1
New Prague	Scott	MN	AD	1
New Ulm	Brown	MN	AC	2
Newport	Washington	MN	AA	1
North Hudson	St. Croix	WI	AE	1
North Oaks	Ramsey	MN	AA	1
North St. Paul	Ramsey	MN	AA	1
Oak Grove	Anoka	MN	AA	1
Oak Park Heights	Washington	MN	AA	1
Oakdale	Washington	MN	AA	1
Osseo	Hennepin	MN	AA	1
Pine Springs	Washington	MN	AA	1
Plymouth	Hennepin	MN	AA	1
Prescott	Pierce	WI	AE	1
Ramsey	Anoka	MN	AA	1
Richfield	Hennepin	MN	AA	1
River Falls	Pierce	WI	AE	1
Robbinsdale	Hennepin	MN	AA	1
Rogers	Hennepin	MN	AA	1
Roseville	Ramsey	MN	AA	1
Sand Creek	Scott	MN	AA	1
Shakopee	Scott	MN	AA	1
Shoreview	Ramsey	MN	AA	1
South St. Paul	Dakota	MN	AA	1
Spring Lake Park	Anoka	MN	AA	1
St. Anthony	Hennepin	MN	AA	1
St. Louis Park	Hennepin	MN	AA	1
St. Mary's Point	Washington	MN	AA	1
St. Paul	Ramsey	MN	AA	1
St. Paul's Park	Washington	MN	AA	1
Stillwater	Washington	MN	AA	1
Stillwater TWP	Washington	MN	AA	1
Sunfish Lake	Dakota	MN	AA	1
Town of Manitowoc	Manitowoc	WI	AF	1
Town of Newton	Manitowoc	WI	AF	1
Troy	St. Croix	WI	AE	1
University of Minnesota	Hennepin	MN	AA	1
Vadnais Heights	Ramsey	MN	AA	1
Waverly	Wright	MN	AA	1
West Lakeland	Washington	MN	AA	1
West St. Paul	Dakota	MN	AA	1
White Bear Lake	Ramsey	MN	AA	1
White Bear TWP	Ramsey	MN	AA	1
Whitelaw	Manitowoc	WI	AF	1
Willernie	Washington	MN	AA	1
Woodbury	Washington	MN	AA	1

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 Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.

004794

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AA

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCa-DT	34	E	No		St. Paul, MN
KTCa-DT-HD	34	E-M	No		St. Paul, MN
KTCa-DT2	34	E-M	No		St. Paul, MN
KTCa-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.

SYSTEM ID#
004794

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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 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
KARE-DT-HD	11	N	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KEYC-DT-HD	12	N-M	No		Mankato, MN
KEYC-DT2	12	I-M	No		Mankato, MN
KEYC-DT3	12	I-M	No		Mankato, MN
KEYC-DT-HD2	12	I-M	No		Mankato, MN
KEYC-DT4	12	I-M	No		Mankato, MN
KMNF-DT	7	N	No		Mankato, MN
KMNF-DTHD	7	N-M	No		Mankato, MN
KMNF-DT2HD	7	I-M	No		Mankato, MN
KMNF-DT3HD	7	I-M	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	Yes	O	St. Cloud, MN
KMWE-DTHD	17	I-M	Yes	E	St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KTCA-DT	34	E	Yes	O	St. Paul, MN
KTCA-DT-HD	34	E-M	Yes	E	St. Paul, MN
KTCA-DT2	34	E-M	Yes	E	St. Paul, MN
KTCA-DT3	34	E-M	Yes	E	St. Paul, MN
KTCI-DT	26	E	Yes	O	St. Paul, MN
KTCI-DT-HD	26	E-M	Yes	E	St. Paul, MN
KTCI-DT3	26	E-M	Yes	E	St. Paul, MN
KTCI-DT2	26	E-M	Yes	E	St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.

SYSTEM ID#
004794

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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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 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
KARE-DT-HD	11	N	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KEYC-DT-HD	12	N-M	No		Mankato, MN
KEYC-DT2	12	I-M	No		Mankato, MN
KEYC-DT3	12	I-M	No		Mankato, MN
KEYC-DT4	12	I-M	No		Mankato, MN
KEYC-DT-HD2	12	I-M	No		Mankato, MN
KMNF-DT	7	N	No		Mankato, MN
KMNF-DTHD	7	N-M	No		Mankato, MN
KMNF-DT2HD	7	I-M	No		Mankato, MN
KMNF-DT3HD	7	I-M	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	Yes	O	St. Cloud, MN
KMWE-DTHD	17	I-M	Yes	E	St. Cloud, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KTCA-DT	34	E	Yes	O	St. Paul, MN
KTCA-DT-HD	34	E-M	Yes	E	St. Paul, MN
KTCA-DT2	34	E-M	Yes	E	St. Paul, MN
KTCA-DT3	34	E-M	Yes	E	St. Paul, MN
KTCI-DT	26	E	Yes	O	St. Paul, MN
KTCI-DT-HD	26	E-M	Yes	E	St. Paul, MN
KTCI-DT2	26	E-M	Yes	E	St. Paul, MN
KTCI-DT3	26	E-M	Yes	E	St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.	SYSTEM ID# 004794	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP AD					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KEYC-DT	12	N	No		Mankato, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCA-DT	34	E	No		St. Paul, MN
KTCA-DT-HD	34	E-M	No		St. Paul, MN
KTCA-DT2	34	E-M	No		St. Paul, MN
KTCA-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.

004794

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
KARE-DT	11	N	No		Minneapolis, MN
KARE-DT-HD	11	N-M	No		Minneapolis, MN
KARE-DT2	11	I-M	No		Minneapolis, MN
KARE-DT3	11	I-M	No		Minneapolis, MN
KMSP-DT	9	I	No		Minneapolis, MN
KMSP-DT2	9	I-M	No		Minneapolis, MN
KMSP-DT3	9	I-M	No		Minneapolis, MN
KMSP-DT4	9	I-M	No		Minneapolis, MN
KMSP-DT-HD	9	I-M	No		Minneapolis, MN
KMWE-DT	17	I	No		St. Cloud, MN
KMWE-DTHD	17	I-M	No		St. Cloud, MN
KPXM-DT	40	I	No		St. Cloud, MN
KPXM-DT-HD	40	I-M	No		St. Cloud, MN
KONC-DT	7	I	No		Minneapolis, MN
KONC-DTHD	7	I-M	No		Minneapolis, MN
KSTC-DT	45	I	No		Minneapolis, MN
KSTC-DT-HD	45	I-M	No		Minneapolis, MN
KSTC-DT2	45	I-M	No		Minneapolis, MN
KSTC-DT3	45	I-M	No		Minneapolis, MN
KSTC-DT4	45	I-M	No		Minneapolis, MN
KSTP-DT	35	N	No		St. Paul, MN
KSTP-DT-HD	35	N-M	No		St. Paul, MN
KSTP-DT2	35	I-M	No		St. Paul, MN
KTCA-DT	34	E	No		St. Paul, MN
KTCA-DT-HD	34	E-M	No		St. Paul, MN
KTCA-DT2	34	E-M	No		St. Paul, MN
KTCA-DT3	34	E-M	No		St. Paul, MN
KTCI-DT	26	E	No		St. Paul, MN
KTCI-DT2	26	E-M	No		St. Paul, MN
KTCI-DT3	26	E-M	No		St. Paul, MN
KTCI-DT-HD	26	E-M	No		St. Paul, MN
WCCO-DT	32	N	No		Minneapolis, MN
WCCO-DT-HD	32	N-M	No		Minneapolis, MN
WCCO-DT2	32	I-M	No		Minneapolis, MN
WCCO-DT3	32	I-M	No		Minneapolis, MN
WFTC-DT	29	I	No		Minneapolis, MN
WFTC-DT-HD	29	I-M	No		Minneapolis, MN
WFTC-DT3	29	I-M	No		Minneapolis, MN
WHWC-DT	27	E	No		Menomonie, WI
WHWC-HD	27	E-M	No		Menomonie, WI
WHWC-DT2	27	E-M	No		Menomonie, WI
WHWC-DT3	27	E-M	No		Menomonie, WI
WUCW-DT	22	I	No		Minneapolis, MN
WUCW-DT-HD	22	I-M	No		Minneapolis, MN
WUCW-DT2	22	I-M	No		Minneapolis, MN
WUCW-DT3	22	I-M	No		Minneapolis, MN

FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.

004794

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 AF

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WACY-DT	27	I	No		Green Bay, WI
WACY-DT-HD	27	I-M	No		Green Bay, WI
WACY-DT2	27	I-M	No		Green Bay, WI
WACY-DT3	27	I-M	No		Green Bay, WI
WBAY-DT	23	N	No		Green Bay, WI
WBAY-DT-HD	23	N-M	No		Green Bay, WI
WBAY-DT2	23	I-M	No		Green Bay, WI
WBAY-DT3	23	I-M	No		Green Bay, WI
WCWF-DT	21	I	No		Suring, WI
WCWF-DT-HD	21	I-M	No		Suring, WI
WCWF-DT2	21	I-M	No		Suring, WI
WCWF-DT3	21	I-M	No		Suring, WI
WFRV-DT	39	N	No		Green Bay, WI
WFRV-DT-HD	39	N-M	No		Green Bay, WI
WFRV-DT2	39	I-M	No		Green Bay, WI
WFRV-DT3	39	I-M	No		Green Bay, WI
WGBA-DT	41	N	No		Green Bay, WI
WGBA-DT-HD	41	N-M	No		Green Bay, WI
WGBA-DT2	41	N-M	No		Green Bay, WI
WGBA-DT3	41	N-M	No		Green Bay, WI
WLUK-DT	11	I	No		Green Bay, WI
WLUK-DT-HD	11	I-M	No		Green Bay, WI
WLUK-DT2	11	I-M	No		Green Bay, WI
WPNE-DT	42	E	No		Green Bay, WI
WPNE-DT-HD	42	E-M	No		Green Bay, WI
WPNE-DT2	42	E-M	No		Green Bay, WI
WPNE-DT3	42	E-M	No		Green Bay, WI
WPNE-DT4	42	E-M	No		Green Bay, WI

[illegible]

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.				SYSTEM ID# 004794			
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 Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	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. IMPORTANT: You must complete a statement in space P concerning gross receipts.			K 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. \$ 66,279,871.30 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 705,217.83 This is your minimum fee.		
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. \$ 2,902.39 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. \$ 20,458.60 Line 3. Add lines 1 and 2 and enter here. \$ 23,360.99		
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. \$ 705,217.83 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 \$ 705,942.83 EFT Trace # or TRANSACTION ID # 2852JI2P 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.	004794
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 85 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,035	
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: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		SYSTEM ID# 004794	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	
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.	SYSTEM ID# 004794						
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	=			
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 ●		_____▶		1.50			
	2. Number of DSEs from part 3 ●		_____▶		0.00			
	3. Number of DSEs from part 4 ●		_____▶		0.00			
	TOTAL NUMBER OF DSEs _____▶					1.50		

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.					SYSTEM ID# 004794
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Section.					
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS					
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.	SYSTEM ID# 004794	
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 Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.		004794	

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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[illegible]

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, Inc.						SYSTEM ID# 004794		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 1				COMMUNITY/ AREA 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				KMWE-DT	1.00			
Total DSEs							1.00	
Gross Receipts First Group	\$	65,734,308.60		Gross Receipts Second Group	\$	545,562.69		
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	20,458.60		
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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)						\$ 20,458.60		