

This form is effective beginning with the January 1 to June 30, 2026, accounting period (2026/1).
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

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For additional information,
contact the U.S. Copyright
Office Licensing & Securing
(202) 707-8150. Date: 2026.09.24
13:20:34 -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. 006768 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast Cable Communications Management, LLC See Attached 00676820261 006768 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)														
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>Pittsburgh</td><td>PA</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>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>				CITY OR TOWN	STATE	Pittsburgh	PA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
Pittsburgh	PA																							
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Alda	MD	A	1																					
Alliance	MD	B	2																					
Gering	MD	B	3																					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		
Comcast Cable Communications Management, LLC		006768		
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.				
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Pittsburgh	Allegheny	PA	AA	1
Accident	Garrett	MD	AL	1
Adams Township	Cambria	PA	AI	2
Adamsburg Borough	Westmoreland	PA	AD	1
Addison Township	Somerset	PA	AI	3
Adena	Jefferson	OH	AN	1
Aleppo Township	Allegheny	PA	AA	1
Aliquippa	Beaver	PA	AA	1
Allegany County	Allegany	MD	AG	6
Allegheny Township (Cambria Co)	Cambria	PA	AH	2
Allegheny Township (Somerset Co)	Somerset	PA	AH	7
Allegheny Township (Westmoreland Co) - East	Westmoreland	PA	AD	1
Allegheny Township (Westmoreland Co) - West	Westmoreland	PA	AF	3
Alum Bank Borough	Bedford	PA	AH	2
Ambridge Borough	Beaver	PA	AA	1
Amwell Township	Washington	PA	AA	1
Apollo Borough	Armstrong	PA	AD	1
Applewold Borough	Armstrong	PA	AF	3
Armagh Borough	Indiana	PA	AF	1
Armstrong Township (Indiana Co) - North	Indiana	PA	AD	1
Armstrong Township (Indiana Co) - South	Indiana	PA	AF	1
Arnold	Westmoreland	PA	AA	1
Arona Borough	Westmoreland	PA	AD	1
Ashville Borough	Cambria	PA	AH	2
Aspinwall Borough	Allegheny	PA	AA	1
Avalon Borough	Allegheny	PA	AA	1
Avonmore Borough	Westmoreland	PA	AD	1
Baden Borough	Beaver	PA	AA	1
Baldwin Borough	Allegheny	PA	AA	1
Baldwin Township	Allegheny	PA	AA	1
Banks Township	Indiana	PA	AF	2
Barnesville	Belmont	OH	AN	9
Barr Township	Cambria	PA	AI	2
Barton	Allegany	MD	AG	6
Beallsville Borough	Washington	PA	AA	1
Beaver Borough	Beaver	PA	AB	1
Beaver Falls	Beaver	PA	AB	1
Beaver Township	Mahoning	OH	AT	1
Beaver Township	Jefferson	PA	AI	2
Beccaria Township	Clearfield	PA	AI	2
Bedford Borough	Bedford	PA	AH	7
Bedford Township	Bedford	PA	AH	7
Beech Bottom	Brooke	WV	AU	5
Bell Acres Borough	Allegheny	PA	AA	1
Bell Township (Clearfield Co)	Clearfield	PA	AI	2
Bell Township (Jefferson Co)	Jefferson	PA	AI	2
Bell Township (Westmoreland Co) - North	Westmoreland	PA	AD	1
Bell Township (Westmoreland Co) - South	Westmoreland	PA	AD	1
Bellaire	Belmont	OH	AN	9
Belle Vernon Borough	Fayette	PA	AA	1
Bellevue Borough	Allegheny	PA	AA	1
Belmont	Belmont	OH	AN	9
Ben Avon Borough	Allegheny	PA	AA	1
Ben Avon Heights Borough	Allegheny	PA	AA	1
Benwood (DIST)	Marshall	WV	AU	9
Berlin Borough	Somerset	PA	AH	7
Bessemer Borough	Lawrence	PA	AA	1
Bethany	Brooke	WV	AU	5
Bethel Park	Allegheny	PA	AA	1
Bethel Township (Armstrong Co)	Armstrong	PA	AD	1
Bethesda	Belmont	OH	AN	9
Bethlehem	Ohio	WV	AU	9
Big Beaver Borough	Beaver	PA	AB	1
Big Run Borough	Jefferson	PA	AI	2
Black Lick Twp (Indiana Co)	Indiana	PA	AF	1
Black Township	Somerset	PA	AH	3
Blacklick Township (Cambria Co)	Cambria	PA	AI	1
Blain-Colerain Township	Belmont	OH	AN	9
Blairsville Borough	Indiana	PA	AF	1
Blawnox Borough	Allegheny	PA	AA	1
Boardman Township	Mahoning	OH	AT	1

D
Area
Served

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

Boggs Township (Armstrong Co)	Armstrong	PA	AD	1
Bolivar Borough	Westmoreland	PA	AF	3
Boswell Borough	Somerset	PA	AH	3
Brackenridge Borough	Allegheny	PA	AA	1
Braddock Borough	Allegheny	PA	AA	1
Braddock Hills Borough	Allegheny	PA	AA	1
Brady Township (Clearfield Co)	Clearfield	PA	AI	2
Brentwood Borough	Allegheny	PA	AA	1
Bridgeport	Belmont	OH	AN	9
Bridgeville Borough	Allegheny	PA	AA	1
Bridgewater Borough	Beaver	PA	AB	1
Brighton Township	Beaver	PA	AB	1
Brooke County	Brooke	WV	AU	5
Brookside	Belmont	OH	AN	9
Brookville and Rose	Jefferson	PA	AI	2
Brookville Borough	Jefferson	PA	AQ	2
Brothersvalley Township	Somerset	PA	AH	3
Bruceton Mills	Preston	WV	AL	1
Buffalo	PA	PA	AF	3
Buffalo Township (Butler Co)	Butler	PA	AA	1
Buffalo Township (Washington Co)	Washington	PA	AA	1
Buffington Township	Indiana	PA	AF	1
Burnside Borough	Clearfield	PA	AI	2
Burnside Township	Clearfield	PA	AI	2
Burrell Township (Armstrong Co)	Armstrong	PA	AD	1
Burrell Township (Indiana Co)	Indiana	PA	AF	1
Cadogan Township	Armstrong	PA	AF	3
Cambria Township	Cambria	PA	AI	2
Canoe Township	Indiana	PA	AA	1
Canonsburg Borough	Washington	PA	AA	1
Canton Township	Washington	PA	AA	1
Carnegie Borough	Allegheny	PA	AA	1
Carroll Township (Washington Co)	Washington	PA	AA	1
Carrolltown Borough	Cambria	PA	AI	2
Cassandra Borough	Cambria	PA	AH	2
Casselman Borough	Somerset	PA	AH	7
Castle Shannon Borough	Allegheny	PA	AA	1
Cecil Township	Washington	PA	AA	1
Center Township (Beaver Co)	Beaver	PA	AA	1
Center Township (Greene Co)	Greene	PA	AA	1
Center Township (Indiana Co)	Indiana	PA	AF	1
Central City Borough	Somerset	PA	AH	7
Chalfont Borough	Allegheny	PA	AA	1
Charleroi Borough	Washington	PA	AA	1
Chartiers Township	Washington	PA	AA	1
Cherry Tree Borough	Indiana	PA	AI	1
Cherryhill Township	Indiana	PA	AF	1
Chest Township	Cambria	PA	AI	2
Chester	Hancock	WV	AU	5
Cheswick Borough	Allegheny	PA	AA	1
Chippewa Township	Beaver	PA	AB	1
Churchill Borough	Allegheny	PA	AA	1
Clairton	Allegheny	PA	AA	1
Clarion Borough	Clarion	PA	AJ	2
Clarion Township	Clarion	PA	AJ	2
Claysville Borough	Washington	PA	AA	1
Clearfield Township (Cambria Co) - Central	Cambria	PA	AI	2
Clearfield Township (Cambria Co) - North	Cambria	PA	AI	1
Clearfield Township (Cambria Co) - South	Cambria	PA	AH	2
Clearview	Ohio	WV	AU	1
Clinton Township (Butler Co)	Butler	PA	AA	1
Clover Township	Jefferson	PA	AI	2
Clymer Borough	Indiana	PA	AF	1
Coalport	Clearfield	PA	AI	2
Colerain Township	Belmont	OH	AN	9
Colerain Township (Bedford Co)	Bedford	PA	AH	7
Collier Township	Allegheny	PA	AA	1
Columbiana	Columbiana	OH	AP	1
Conemaugh Township - West	Indiana	PA	AD	1
Conemaugh Township - North	Indiana	PA	AD	1
Conemaugh Township - South	Indiana	PA	AF	1
Confluence Borough	Somerset	PA	AI	3
Conway Borough	Beaver	PA	AA	1
Coraopolis Borough	Allegheny	PA	AA	1
Cornplanter Township	Venango	PA	AE	2
Corsica Borough	Jefferson	PA	AQ	2
Cowanshannock Township	Armstrong	PA	AD	1
Crafton Borough	Allegheny	PA	AA	1
Cranberry Township (Butler Co)	Butler	PA	AA	1
Cranberry Township (Venango Co)	Venango	PA	AE	2
Creekside Borough	Indiana	PA	AF	1
Crescent Township	Allegheny	PA	AA	1
Cresson Borough	Cambria	PA	AH	2
Cresson Township	Cambria	PA	AH	2
Cross Creek Township	Jefferson	OH	AV	1
Croyle Township	Cambria	PA	AI	2
Darlington Borough	Beaver	PA	AB	1
Darlington Township	Beaver	PA	AB	1
Daugherty Township	Beaver	PA	AB	1

Dayton Borough	Armstrong	PA	AD	1
Dean Township - Northeast	Cambria	PA	AI	2
Dean Township - Southwest	Cambria	PA	AH	2
Deemston Borough	Washington	PA	AA	1
Delmont Borough	Westmoreland	PA	AF	3
Derry Borough	Westmoreland	PA	AF	3
Derry Township (Westmoreland Co)	Westmoreland	PA	AD	1
Derry Township (Westmoreland Co) - North	Westmoreland	PA	AD	1
Derry Township (Westmoreland Co) - Southeast	Westmoreland	PA	AF	1
Derry Township (Westmoreland Co) - Southwest	Westmoreland	PA	AF	3
Dillonvale	Jefferson	OH	AN	1
Donegal Township	Washington	PA	AA	1
Donora Borough	Washington	PA	AA	1
Dormont Borough	Allegheny	PA	AA	1
Dravosburg Borough	Allegheny	PA	AA	1
DuBois	Clearfield	PA	AI	2
Duquesne	Allegheny	PA	AA	1
East Carroll Township	Cambria	PA	AI	2
East Connemaugh Borough	Cambria	PA	AI	1
East Deer Township	Allegheny	PA	AA	1
East Franklin Township - North	Armstrong	PA	AD	1
East Franklin Township - South	Armstrong	PA	AF	1
East Huntingdon Township	Westmoreland	PA	AD	1
East Liverpool	Columbiana	OH	AC	1
East McKeesport Borough	Allegheny	PA	AA	1
East Palestine	Columbiana	OH	AP	1
East Pittsburgh Borough	Allegheny	PA	AA	1
East Providence Township	Bedford	PA	AH	7
East Rochester Borough	Beaver	PA	AB	1
East Saint Clair Township	Bedford	PA	AH	2
East Vandergrift Borough	Westmoreland	PA	AD	1
East Washington Borough	Washington	PA	AA	1
East Wheatfield Township	Indiana	PA	AF	1
Eastvale Borough	Beaver	PA	AB	1
Ebensburg Borough	Cambria	PA	AI	2
Economy Borough	Beaver	PA	AA	1
Edgewood Borough	Allegheny	PA	AA	1
Edgeworth Borough	Allegheny	PA	AA	1
Ehrenfeld Borough	Cambria	PA	AI	2
Elder Township	Cambria	PA	AI	2
Elderton Borough	Armstrong	PA	AD	1
Eldred Township (Jefferson Co)	Jefferson	PA	AQ	2
Eldred Township (McKean Co)	McKean	PA	AR	4
Elizabeth Borough	Allegheny	PA	AA	1
Elizabeth Township (Allegheny Co)	Allegheny	PA	AA	1
Elkrun Township	Columbiana	OH	AP	1
Emlenton Borough	Venango	PA	AJ	3
Empire	Jefferson	OH	AV	1
Emsworth Borough	Allegheny	PA	AA	1
Enon Valley Borough	Lawrence	PA	AB	1
Ernest Borough	Indiana	PA	AF	1
Etna Borough	Allegheny	PA	AA	1
Everett Borough	Bedford	PA	AH	7
Export Borough	Westmoreland	PA	AF	3
Fairfield Township	Columbiana	OH	AP	1
Fairfield Township (Westmoreland Co) - East	Westmoreland	PA	AF	1
Fairfield Township (Westmoreland Co) - West	Westmoreland	PA	AF	1
Fairmont	Marion	WV	AO	2
Fallowfield Township	Washington	PA	AA	1
Falls Creek Borough	Clearfield	PA	AI	2
Fallston Borough	Beaver	PA	AB	1
Fawn Township	Allegheny	PA	AA	1
Findlay Township	Allegheny	PA	AA	1
Finleyville Borough	Washington	PA	AA	1
Florence	Washington	PA	AA	1
Flushing	Belmont	OH	AN	8
Follansbee	Brooke	WV	AV	1
Ford City Borough	Armstrong	PA	AF	3
Ford Cliff Borough	Armstrong	PA	AF	3
Forest Hills Borough	Allegheny	PA	AA	1
Forward Township	Allegheny	PA	AA	1
Foster Township	McKean	PA	AR	4
Fox Chapel - East	Allegheny	PA	AA	1
Fox Chapel - West	Allegheny	PA	AA	1
Fox Township	Elk	PA	AI	2
Foxburg Borough	Clarion	PA	AJ	3
Frankfort Springs Borough	Beaver	PA	AA	1
Franklin Park Borough	Allegheny	PA	AA	1
Franklin Township (Greene Co)	Greene	PA	AA	1
Frazer Township	Allegheny	PA	AA	1
Freedom Borough	Beaver	PA	AB	1
Freeport Borough	Armstrong	PA	AF	3
Friendsville	Garrett	MD	AL	1
Frostburg	Allegany	MD	AG	6
Gallitzin Borough	Cambria	PA	AH	2
Gallitzin Township	Cambria	PA	AH	2
Garrett (Somerset Co)	Somerset	PA	AI	3
Garrett County	Garrett	MD	AK	2
Gaskill Township	Jefferson	PA	AI	2

Georgetown Borough	Beaver	PA	AA	1
Gilpin Township - East	Armstrong	PA	AD	1
Gilpin Township - West	Armstrong	PA	AD	1
Glasgow Borough	Beaver	PA	AB	1
Glassport Borough	Allegheny	PA	AA	1
Glen Campbell	Indiana	PA	AF	2
Glen Dale	Marshall	WV	AU	1
Glen Hope	Clearfield	PA	AI	2
Glen Osborne Borough	Allegheny	PA	AA	1
Glen Robbins	Jefferson	OH	AN	9
Glenfield Borough	Allegheny	PA	AA	1
Goshen Township	Belmont	OH	AN	9
Grafton	Taylor	WV	AO	2
Grantsville	Garrett	MD	AK	2
Granville	Monongalia	WV	AM	1
Green Township	Indiana	PA	AF	1
Green Tree Borough	Allegheny	PA	AA	1
Greene Township (Beaver Co) - East	Beaver	PA	AA	1
Greene Township (Beaver Co) - West	Beaver	PA	AA	1
Greensburg	Westmoreland	PA	AD	1
Hamlin Township	McKean	PA	AR	4
Hampton Township	Allegheny	PA	AA	1
Hancock County	Hancock	WV	AU	5
Hanover Township (Beaver Co) - North	Beaver	PA	AA	1
Hanover Township (Beaver Co) - South	Beaver	PA	AA	1
Hanover Township (Washington Co)	Washington	PA	AA	1
Harmar Township	Allegheny	PA	AA	1
Harmony Township	Beaver	PA	AA	1
Harrison Township (Allegheny Co)	Allegheny	PA	AA	1
Harrison Township (Bedford Co)	Bedford	PA	AH	7
Harrisville	Harrison	OH	AN	1
Hastings Borough	Cambria	PA	AI	2
Hawthorn Borough	Clarion	PA	AA	1
Haysville Borough	Allegheny	PA	AA	1
Heidelberg Borough	Allegheny	PA	AA	1
Hempfield Township	Westmoreland	PA	AD	1
Henderson Township (Jefferson Co)	Jefferson	PA	AI	2
Henry Clay Township	Fayette	PA	AL	1
Hickory Township	Lawrence	PA	AA	1
Highland Township (Elk Co)	Elk	PA	AS	1
Holloway	Belmont	OH	AN	8
Homer City Borough	Indiana	PA	AF	1
Homestead Borough	Allegheny	PA	AA	1
Hookstown Borough	Beaver	PA	AA	1
Hooversville Borough	Somerset	PA	AH	3
Hopewell Township (Beaver Co) - North	Beaver	PA	AA	1
Hopewell Township (Beaver Co) - South	Beaver	PA	AA	1
Hopewell Township (Bedford Co)	Bedford	PA	AH	2
Horton Township	Elk	PA	AI	2
Houston Borough	Washington	PA	AA	1
Hovey Township	Armstrong	PA	AJ	3
Hunker Borough	Westmoreland	PA	AD	1
Hyde Park Borough	Westmoreland	PA	AD	1
Hyndman Borough	Bedford	PA	AH	7
Independence Township	Beaver	PA	AA	1
Indian Lake Borough	Somerset	PA	AH	7
Indiana Borough	Indiana	PA	AF	1
Indiana Township	Allegheny	PA	AA	1
Industry Borough	Beaver	PA	AB	1
Ingram Borough	Allegheny	PA	AA	1
Irondale	Jefferson	OH	AV	1
Irvona	Clearfield	PA	AI	2
Irwin Borough	Westmoreland	PA	AD	1
Island Creek Township	Jefferson	OH	AV	1
Jackson Township (Cambria Co)	Cambria	PA	AI	1
Jeannette	Westmoreland	PA	AD	1
Jefferson Hills Borough	Allegheny	PA	AA	1
Jenner Township	Somerset	PA	AH	3
Jennerstown Borough	Somerset	PA	AH	3
Juniata Township (Bedford Co)	Bedford	PA	AH	2
Kane Borough	McKean	PA	AR	4
Keating Township	McKean	PA	AR	4
Kennedy Township	Allegheny	PA	AA	1
Keyser	Mineral	WV	AG	6
Kilbuck Township	Allegheny	PA	AA	1
Kiskiminetas Township - East	Armstrong	PA	AD	1
Kiskiminetas Township - West	Armstrong	PA	AD	1
Kittanning Borough	Armstrong	PA	AF	3
Kittanning Township	Armstrong	PA	AF	3
Knox Township	Jefferson	OH	AV	1
Knox Township - North	Jefferson	PA	AQ	2
Knox Township - South	Jefferson	PA	AI	2
Koppel Borough	Beaver	PA	AB	1
Lafferty	Belmont	OH	AN	9
Lansing-Pease Township	Belmont	OH	AN	9
Latrobe	Westmoreland	PA	AF	3
Laurel Mountain Park Borough	Westmoreland	PA	AF	3
Lawrenceville Township	Hancock	WV	AU	5
Leechburg Borough	Armstrong	PA	AD	1

Leet Township	Allegheny	PA	AA	1
Leetonia	Columbiana	OH	AP	1
Leetsdale Borough	Allegheny	PA	AA	1
Liberty Borough	Allegheny	PA	AA	1
Ligonier Borough	Westmoreland	PA	AF	3
Ligonier Township	Westmoreland	PA	AF	3
Lilly Borough	Cambria	PA	AH	2
Limestone Township (Clarion Co)	Clarion	PA	AI	10
Lincoln Borough	Allegheny	PA	AA	1
Lincoln Township (Bedford Co)	Bedford	PA	AH	2
Lincoln Township (Somerset Co)	Somerset	PA	AH	3
Little Beaver Township	Lawrence	PA	AB	1
Liverpool Township	Columbiana	OH	AC	1
Lonaconing	Alleghany	MD	AG	6
Londonderry Township (Bedford Co)	Bedford	PA	AH	7
Loretto Borough	Cambria	PA	AH	2
Lowber	Westmoreland	PA	AA	1
Lower Burrell	Westmoreland	PA	AA	1
Lower Turkeyfoot Township	Somerset	PA	AI	3
Loyalhanna Township	Westmoreland	PA	AD	1
Loyalhanna Township - North	Westmoreland	PA	AD	1
Loyalhanna Township - South	Westmoreland	PA	AF	3
Luke	Alleghany	MD	AG	6
Madison Borough	Westmoreland	PA	AD	1
Madison Township	Columbiana	OH	AC	1
Madison Township (Armstrong Co)	Armstrong	PA	AD	1
Madison Township (Clarion Co)	Clarion	PA	AJ	1
Mahaffey Borough	Clearfield	PA	AI	2
Mahoning Township (Armstrong Co)	Armstrong	PA	AD	1
Mahoning Township (Lawrence Co)	Lawrence	PA	AA	1
Mahoning Township (Lawrence Co)	Lawrence	PA	AA	1
Mannington	Marion	WV	AO	2
Manns Choice Borough	Bedford	PA	AH	7
Manor Borough	Westmoreland	PA	AD	1
Manor Township (Armstrong Co) - North	Armstrong	PA	AD	1
Manor Township (Armstrong Co) - South	Armstrong	PA	AF	1
Manorville Borough	Armstrong	PA	AF	3
Marion Center	Indiana	PA	AF	1
Marion County (East)	Marion	WV	AO	2
Marion County (West)	Marion	WV	AO	2
Markleysburg Borough	Fayette	PA	AL	1
Marshall County	Marshall	WV	AU	9
Marshall Township	Allegheny	PA	AA	1
Martins Ferry	Belmont	OH	AN	9
McCalmont Township	Jefferson	PA	AI	2
McCandless	Allegheny	PA	AA	1
McDonald Borough	Allegheny	PA	AA	1
McHenry	Garrett	MD	AL	1
McKees Rocks Borough	Allegheny	PA	AA	1
McKeesport	Allegheny	PA	AA	1
McMechen	Marshall	WV	AU	9
Mead Township	Belmont	OH	AN	9
Meyersdale Borough	Somerset	PA	AI	7
Middleton Township	Columbiana	OH	AP	1
Midland Borough	Beaver	PA	AB	1
Midland	Alleghany	MD	AG	6
Midway Borough	Washington	PA	AA	1
Milford Township (Somerset Co)	Somerset	PA	AH	3
Millvale Borough	Allegheny	PA	AA	1
Mineral County	Mineral	WV	AG	6
Mingo Junction	Jefferson	OH	AV	1
Monaca Borough	Beaver	PA	AB	1
Monessen	Westmoreland	PA	AA	1
Monongah	Marion	WV	AO	2
Monongahela	Washington	PA	AA	1
Monongalia County	Monongalia	WV	AM	1
Monroe Township (Clarion Co)	Clarion	PA	AJ	1
Monroeville - East	Allegheny	PA	AF	3
Monroeville - West	Allegheny	PA	AA	1
Montgomery Township (Indiana Co)	Indiana	PA	AF	2
Montgomery Township (Indiana Co) - Carrolltown	Indiana	PA	AF	2
Moon Township	Allegheny	PA	AA	1
Morgantown	Monongalia	WV	AM	1
Morris Township	Washington	PA	AA	1
Morristown	Belmont	OH	AN	8
Moundsville	Marshall	WV	AU	9
Mount Jewett Borough	McKean	PA	AR	4
Mount Lebanon	Allegheny	PA	AA	1
Mount Oliver Borough	Allegheny	PA	AA	1
Mount Pleasant	Jefferson	OH	AN	9
Mount Pleasant Township	Jefferson	OH	AN	9
Mount Pleasant Township (Washington Co)	Washington	PA	AA	1
Mount Summit	Somerset	PA	AI	3
Mt. Pleasant Township	Washington	PA	AA	1
Munhall Borough	Allegheny	PA	AA	1
Munster Township	Cambria	PA	AH	1
Murrysville	Westmoreland	PA	AF	3
Nanty Glo Borough	Cambria	PA	AI	2
Napier Township	Bedford	PA	AH	2

Neffs	Belmont	OH	AN	9
Neshannock Township	Lawrence	PA	AA	1
Neville Township	Allegheny	PA	AA	1
New Alexandria Borough	Westmoreland	PA	AD	1
New Alexandria	Jefferson	OH	AV	1
New Baltimore Borough	Somerset	PA	AH	7
New Beaver Borough	Beaver	PA	AB	1
New Bethlehem Borough	Clarion	PA	AA	1
New Brighton Borough	Beaver	PA	AB	1
New Castle	Lawrence	PA	AA	1
New Cumberland	Hancock	WV	AU	5
New Eagle Borough	Washington	PA	AA	1
New Florence Borough	Westmoreland	PA	AF	1
New Galilee Borough	Beaver	PA	AB	1
New Kensington	Westmoreland	PA	AA	1
New Manchester	Hancock	WV	AU	5
New Middletown	Mahoning	OH	AT	1
New Paris Borough	Bedford	PA	AH	7
New Sewickley Township	Beaver	PA	AA	1
New Stanton Borough	Westmoreland	PA	AD	1
New Waterford	Columbiana	OH	AP	1
Newell	Hancock	WV	AU	5
North Apollo Borough	Armstrong	PA	AD	1
North Beaver Township	Lawrence	PA	AA	1
North Belle Vernon Borough	Westmoreland	PA	AA	1
North Bethlehem Township PA	Washington	PA	AA	1
North Braddock Borough	Allegheny	PA	AA	1
North Buffalo Township - West	Armstrong	PA	AA	1
North Buffalo Township - East	Armstrong	PA	AF	3
North Charleroi Borough	Washington	PA	AA	1
North Fayette Township	Allegheny	PA	AA	1
North Franklin Township	Washington	PA	AA	1
North Huntingdon Township - West	Westmoreland	PA	AA	1
North Huntingdon Township - East	Westmoreland	PA	AD	1
North Irwin Borough	Westmoreland	PA	AD	1
North Strabane Township	Washington	PA	AA	1
North Union Township	Fayette	PA	AL	1
North Versailles Township	Allegheny	PA	AA	1
Northern Cambria Borough	Cambria	PA	AI	2
Nottingham Township - East	Washington	PA	AA	1
Nottingham Township - West	Washington	PA	AA	1
Oakdale Borough	Allegheny	PA	AA	1
Oakland (Blakeslee)	Garrett	MD	AL	1
Oakland Township	Venango	PA	AE	2
Oakmont Borough	Allegheny	PA	AA	1
Ogle Township	Somerset	PA	AI	2
O'Hara Township - North	Allegheny	PA	AA	1
O'Hara Township - South	Allegheny	PA	AA	1
Ohio County	Ohio	WV	AU	1
Ohio Township	Allegheny	PA	AA	1
Ohiopyle Borough	Fayette	PA	AL	1
Ohioville Borough	Beaver	PA	AB	1
Oil City	Venango	PA	AE	2
Oklahoma Borough	Westmoreland	PA	AD	1
Oliver Township (Jefferson Co)	Jefferson	PA	AI	2
Osage	Monongalia	WV	AM	1
Otto Township	McKean	PA	AR	4
Paint Borough	Somerset	PA	AI	2
Paint Township - North	Somerset	PA	AI	1
Paint Township - South	Somerset	PA	AH	1
Parker City	Armstrong	PA	AJ	3
Parker Township	Butler	PA	AJ	3
Parks Township - East	Armstrong	PA	AD	1
Parks Township - West	Armstrong	PA	AD	1
Patterson Heights Borough	Beaver	PA	AB	1
Patterson Township	Beaver	PA	AB	1
Patton Borough	Cambria	PA	AI	2
Pease Township	Belmont	OH	AN	9
Penn Borough	Westmoreland	PA	AD	1
Penn Hills	Allegheny	PA	AA	1
Penn Township (Westmoreland Co) - West	Westmoreland	PA	AD	1
Penn Township (Westmoreland Co) - East	Westmoreland	PA	AF	3
Pennsbury Village Borough	Allegheny	PA	AA	1
Perry Township (Clarion Co)	Clarion	PA	AJ	1
Perry Township (Greene Co)	Greene	PA	AA	1
Perry Township (Jefferson Co)	Jefferson	PA	AI	2
Peters Township (Washington Co)	Washington	PA	AA	1
Piedmont	Mineral	WV	AG	6
Pine Creek Township (Jefferson Co) - NW	Jefferson	PA	AQ	2
Pine Creek Township (Jefferson Co) - SE	Jefferson	PA	AI	2
Pine Township (Allegheny Co)	Allegheny	PA	AA	1
Pine Township (Armstrong Co)	Armstrong	PA	AD	1
Pine Township (Indiana Co) - North	Indiana	PA	AF	1
Pine Township (Indiana Co) - South	Indiana	PA	AF	3
Piney Township	Clarion	PA	AJ	1
Pitcairn Borough	Allegheny	PA	AA	1
Plain Grove Township	Lawrence	PA	AA	1
Pleasant Hills Borough	Allegheny	PA	AA	1
Pleasant Valley	Marion	WV	AO	2

Plum Borough	Allegheny	PA	AF	3
Plumcreek Township	Armstrong	PA	AD	1
Plumville Borough	Indiana	PA	AD	1
Poland	Mahoning	OH	AT	1
Poland Township	Mahoning	OH	AT	1
Port Vue Borough	Allegheny	PA	AA	1
Portage Borough	Cambria	PA	AI	2
Portage Township	Cambria	PA	AI	2
Porter Township (Clarion Co)	Clarion	PA	AA	1
Potter Township (Beaver Co) - East	Beaver	PA	AA	1
Potter Township (Beaver Co) - West	Beaver	PA	AA	1
Preston County	Preston	WV	AL	1
Pulaski Township (Beaver Co)	Beaver	PA	AB	1
Pulaski Township (Lawrence Co)	Lawrence	PA	AA	1
Pultney	Belmont	OH	AN	9
Pultney Township	Belmont	OH	AN	9
Punxsutawney Borough	Jefferson	PA	AI	2
Quemahoning Township	Somerset	PA	AH	3
Raccoon Township	Beaver	PA	AA	1
Rainsburg Borough	Bedford	PA	AH	7
Rankin Borough	Allegheny	PA	AA	1
Rayburn Township - North	Armstrong	PA	AD	1
Rayburn Township - South	Armstrong	PA	AF	1
Rayland	Jefferson	OH	AN	9
Rayne Township	Indiana	PA	AF	1
Reade Township	Cambria	PA	AI	2
Redbank Township (Armstrong Co)	Armstrong	PA	AA	1
Redbank Township (Clarion Co)	Clarion	PA	AI	10
Reserve Township	Allegheny	PA	AA	1
Reynoldsville Borough	Jefferson	PA	AI	2
Richland	Belmont	OH	AN	9
Richland Township	Belmont	OH	AN	9
Richland Township (Allegheny Co)	Allegheny	PA	AA	1
Richland Township (Cambria Co)	Cambria	PA	AI	1
Richland Township (Clarion Co)	Clarion	PA	AJ	1
Richland Township (Venango Co)	Venango	PA	AJ	1
Richmond	Jefferson	OH	AV	1
Ridgway Borough	Elk	PA	AI	2
Ridgway Township	Elk	PA	AI	2
Rimersburg Borough	Clarion	PA	AJ	1
Ringgold Township	Jefferson	PA	AI	2
Rivesville	Marion	WV	AO	2
Robinson Township (Allegheny Co)	Allegheny	PA	AA	1
Robinson Township (Washington Co)	Washington	PA	AA	1
Rochester Borough	Beaver	PA	AB	1
Rochester Township	Beaver	PA	AB	1
Rockwood Borough	Somerset	PA	AH	7
Rogers	Columbiana	OH	AP	1
Rose Township	Jefferson	PA	AQ	2
Ross Township	Allegheny	PA	AA	1
Rosslyn Farms Borough	Allegheny	PA	AA	1
Rostraver Township - East	Westmoreland	PA	AA	1
Rostraver Township - West	Westmoreland	PA	AA	1
Rouseville Borough	Venango	PA	AE	2
Rowlesburg	Preston	WV	AL	1
Rural Valley Borough	Armstrong	PA	AD	1
Salem Township (Jefferson Co)	Jefferson	OH	AV	1
Salem Township (Columbiana Co)	Columbiana	OH	AP	1
Salem Township (Westmoreland Co) - West	Westmoreland	PA	AD	1
Salem Township (Westmoreland Co) - East	Westmoreland	PA	AF	3
Saline Township	Jefferson	OH	AV	1
Salisbury Borough	Somerset	PA	AI	7
Saltsburg Borough	Indiana	PA	AD	1
Sandy Township	Clearfield	PA	AI	2
Sankertown Borough	Cambria	PA	AH	2
Scalp Level Borough	Cambria	PA	AI	2
Schellsburg Borough	Bedford	PA	AH	7
Scott Township (Allegheny Co)	Allegheny	PA	AA	1
Scott Township (Lawrence Co)	Lawrence	PA	AA	1
Seward Borough	Westmoreland	PA	AF	1
Sewickley Borough	Allegheny	PA	AA	1
Sewickley Heights Borough	Allegheny	PA	AA	1
Sewickley Hillis Borough	Allegheny	PA	AA	1
Sewickley Township	Westmoreland	PA	AD	1
Shade Township	Somerset	PA	AH	2
Shadyside	Belmont	OH	AN	9
Shaler Township	Allegheny	PA	AA	1
Shanksville Borough	Somerset	PA	AH	7
Sharpsburg Borough	Allegheny	PA	AA	1
Shelocta Borough	Indiana	PA	AD	1
Shenango Township	Lawrence	PA	AA	1
Shippingport Borough	Beaver	PA	AB	1
Short Creek Township	Harrison	OH	AN	1
Sligo Borough	Clarion	PA	AJ	1
Smethport Borough	McKean	PA	AR	4
Smith Township	Washington	PA	AA	1
Smith Township	Belmont	OH	AN	9
Smithfield Township	Jefferson	OH	AN	1
Snake Spring Township	Bedford	PA	AH	7

Snyder Township (Jefferson Co)	Jefferson	PA	AI	2
Somerset Borough	Somerset	PA	AH	3
Somerset Township (Somerset Co)	Somerset	PA	AH	3
Somerset Township (Washington Co)	Washington	PA	AA	1
South Beaver Township - North	Beaver	PA	AB	1
South Beaver Township - South	Beaver	PA	AB	1
South Bend Township	Armstrong	PA	AD	1
South Bethlehem Borough	Armstrong	PA	AA	1
South Buffalo Township - West	Armstrong	PA	AA	1
South Buffalo Township - East	Armstrong	PA	AF	3
South Fayette Township	Allegheny	PA	AA	1
South Fork Borough	Cambria	PA	AI	2
South Franklin Township	Washington	PA	AA	1
South Greensburg Borough	Westmoreland	PA	AD	1
South Heights Borough	Beaver	PA	AA	1
South Huntingdon Township - West	Westmoreland	PA	AA	1
South Huntingdon Township - East	Westmoreland	PA	AD	1
South Mahoning Township	Indiana	PA	AD	1
South New Castle Borough	Lawrence	PA	AA	1
South Park Township	Allegheny	PA	AA	1
South Strabane Township	Washington	PA	AA	1
South Versailles Township	Allegheny	PA	AD	1
Southwest Greensburg Borough	Westmoreland	PA	AD	1
Speers Borough	Washington	PA	AA	1
Springdale Borough	Allegheny	PA	AA	1
Springdale Township	Allegheny	PA	AA	1
Springfield Township	Mahoning	OH	AT	1
St Clair Township	Westmoreland	PA	AF	1
St. Clair Township	Columbiana	OH	AC	1
St. Clairsville	Belmont	OH	AN	9
St. Mary's	Elk	PA	AI	2
St. Petersburg Borough	Clarion	PA	AJ	3
Star City	Monongalia	WV	AM	1
Steubenville City	Jefferson	OH	AV	1
Steubenville Township	Jefferson	OH	AV	1
Stewart Township	Fayette	PA	AL	1
Stonycreek Township	Somerset	PA	AH	7
Stowe Township	Allegheny	PA	AA	1
Stoystown Borough	Somerset	PA	AH	3
Strattan	Jefferson	OH	AV	1
Strattanville Borough	Clarion	PA	AJ	2
Struthers	Mahoning	OH	AT	1
Sugarcreek Borough	Venango	PA	AE	2
Sugarcreek Township	Armstrong	PA	AD	1
Summerhill Borough	Cambria	PA	AI	2
Summerhill Township	Cambria	PA	AI	2
Summerville Borough	Jefferson	PA	AI	2
Summit Township	Somerset	PA	AI	3
Susquehanna Township (Cambria Co)	Cambria	PA	AI	2
Sutersville Borough	Westmoreland	PA	AA	1
Swissvale Borough	Allegheny	PA	AA	1
Sykesville Borough	Jefferson	PA	AI	2
Tarentum Borough	Allegheny	PA	AA	1
Taylor County	Taylor	WV	AO	2
Thornburg Borough	Allegheny	PA	AA	1
Tiltonsville	Jefferson	OH	AN	9
Timblin Borough	Jefferson	PA	AI	2
Toby Township	Clarion	PA	AJ	1
Trafford Borough	Westmoreland	PA	AA	1
Triadelphia	Ohio	WV	AU	9
Troutville Borough	Clearfield	PA	AI	2
Tunnelhill Borough	Cambria	PA	AH	2
Turtle Creek Borough	Allegheny	PA	AA	1
Twilight Borough	Washington	PA	AA	1
Union Township	Belmont	OH	AN	8
Union Township (Clearfield Co)	Clearfield	PA	AI	2
Union Township (Jefferson Co)	Jefferson	PA	AQ	2
Union Township (Lawrence Co)	Lawrence	PA	AA	1
Union Township (Washington Co)	Washington	PA	AA	1
Unity Township	Columbiana	OH	AP	1
Unity Township - West	Westmoreland	PA	AD	1
Unity Township - East	Westmoreland	PA	AF	3
Upper Burrell Township	Westmoreland	PA	AF	3
Upper Saint Clair Township	Allegheny	PA	AA	1
Upper Turkeyfoot Township	Somerset	PA	AH	3
Ursina Borough	Somerset	PA	AI	3
Valley Grove	Ohio	WV	AU	9
Valley Township (Armstrong Co) - North	Armstrong	PA	AD	1
Valley Township (Armstrong Co) - South	Armstrong	PA	AF	1
Vandergrift Borough	Westmoreland	PA	AD	1
Vanport Township	Beaver	PA	AB	1
Verona Borough	Allegheny	PA	AA	1
Versailles Borough	Allegheny	PA	AA	1
Vintondale Borough	Cambria	PA	AI	1
Wall Borough	Allegheny	PA	AA	1
Warren Township (Belmont County)	Belmont	OH	AN	9
Warren Township (Jefferson County)	Jefferson	OH	AN	9
Warwood	Ohio	WV	AU	9
Washington	Washington	PA	AA	1

Washington Township	Columbiana	OH	AP	1
Washington Township (Armstrong Co)	Armstrong	PA	AD	1
Washington Township (Cambria Co) - East	Cambria	PA	AH	2
Washington Township (Cambria Co) - West	Cambria	PA	AI	2
Washington Township (Fayette Co)	Fayette	PA	AA	1
Washington Township (Jefferson Co)	Jefferson	PA	AI	2
Washington Township (Lawrence Co)	Lawrence	PA	AA	1
Washington Township (Westmoreland Co)	Westmoreland	PA	AD	1
Washington Township (Westmoreland Co) - East	Westmoreland	PA	AF	3
Washington Township (Westmoreland Co) - West	Westmoreland	PA	AF	3
Washingtonville	Columbiana	OH	AP	1
Wayne Township	Jefferson	OH	AV	1
Wayne Township (Lawrence Co)	Lawrence	PA	AA	1
Waynesburg Borough	Greene	PA	AA	1
Weirton	Hancock	WV	AU	5
Wells Township (fka Brilliant)	Jefferson	OH	AV	1
Wellsburg	Brooke	WV	AV	1
Wellsville	Columbiana	OH	AC	1
West Alexander	Washington	PA	AA	1
West Carroll Township	Cambria	PA	AI	2
West Bethlehem Township PA	Washington	PA	AA	1
West Deer Township	Allegheny	PA	AA	1
West Elizabeth Borough	Allegheny	PA	AA	1
West Franklin Township	Armstrong	PA	AF	3
West Homestead Borough	Allegheny	PA	AA	1
West Kittanning Borough	Armstrong	PA	AF	3
West Leechburg Borough	Westmoreland	PA	AD	1
West Liberty	Ohio	WV	AU	9
West Mayfield Borough	Beaver	PA	AB	1
West Mifflin Borough	Allegheny	PA	AA	1
West Newton Borough	Westmoreland	PA	AA	1
West Providence Township	Bedford	PA	AH	7
West Saint Clair Township	Bedford	PA	AH	2
West View Borough	Allegheny	PA	AA	1
West Wheatfield Township - East	Indiana	PA	AF	1
West Wheatfield Township - West	Indiana	PA	AF	1
Westernport	Allegany	MD	AG	6
Westover	Monongalia	WV	AM	1
Westover Borough	Clearfield	PA	AI	2
Wetmore Township	McKean	PA	AR	4
Wharton Township	Fayette	PA	AL	1
Wheeling (AML)	Ohio	WV	AU	9
Wheeling Township	Belmont	OH	AN	9
Whitaker Borough	Allegheny	PA	AA	1
White Hall	Marion	WV	AO	2
White Oak - West	Allegheny	PA	AA	1
White Oak - East	Allegheny	PA	AD	1
White Township (Beaver Co)	Beaver	PA	AB	1
White Township (Cambria Co)	Cambria	PA	AI	1
White Township (Indiana Co)	Indiana	PA	AF	1
Whitehall Borough	Allegheny	PA	AA	1
Wilkins Township	Allegheny	PA	AA	1
Wilkinsburg Borough	Allegheny	PA	AA	1
Wilmerding Borough	Allegheny	PA	AA	1
Wilmington Township	Lawrence	PA	AA	1
Wilmore Borough	Cambria	PA	AI	2
Windber Borough	Somerset	PA	AI	2
Windsor Heights	Brooke	WV	AU	5
Winslow Township	Jefferson	PA	AI	2
Wintersville	Jefferson	OH	AV	1
Worthington Borough	Armstrong	PA	AF	3
Worthington	Marion	WV	AO	2
Worthville Borough	Jefferson	PA	AI	2
Yellow Creek Township	Columbiana	OH	AC	1
Yorkville	Jefferson	OH	AN	9
Young Township (Indiana Co) - North	Indiana	PA	AD	1
Young Township (Indiana Co) - South	Indiana	PA	AF	1
Young Township (Jefferson Co)	Jefferson	PA	AI	2
Youngstown Borough	Westmoreland	PA	AF	3
Youngwood Borough	Westmoreland	PA	AD	1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	
E Secondary Transmission Service: Subscribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. Categories of service shall not be left blank. If a cable operator does not serve a specific category a "zero" or a "N/A" (not applicable) must be reported in the appropriate space.						
	BLOCK 1			BLOCK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	284,660	\$10.25 - 23.99	HDTV Converters	628,430	\$0.50-\$11.95	
	Motel, hotel			DTA Converters	138,418	\$0.50-\$11.95	
	Commercial	21,599	\$10.25 - 100.95	Digital Converters	13,850	\$0.50-\$11.95	
	Equipment • Residential • Non-residential						
	Broadcast Fees	306,259	\$31.35 - 43.85				

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast Cable Communications Management, LLC

006768

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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

FORM SA3E, PAGE 4.

SYSTEM ID# 006768					Name
LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					
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 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WNEO-DT	45	E	No		Alliance, OH
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA
WTOV-DT	9	N	No		Steubenville, OH

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	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 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		
KDKA-DT	25	N	No		Pittsburgh, PA		
WFMJ-DT	20	N	No		YOUNGSTOWN, OH		
WFMJ-DT2	20	I-M	No		YOUNGSTOWN, OH		
WFMJ-DT2HD	20	I-M	No		YOUNGSTOWN, OH		
WFMJ-DTHD	20	N-M	No		YOUNGSTOWN, OH		
WKBN-DT	36	N	No		YOUNGSTOWN, OH		
WKBN-DTHD	36	N-M	No		YOUNGSTOWN, OH		
WNEO-DT	45	E	No		Alliance, OH		
WNEO-DT2	45	E-M	No		Alliance, OH		
WNEO-DTHD	45	E-M	No		Alliance, OH		
WNEO-DT3	45	E-M	No		Alliance, OH		
WPGH-DT	43	I	No		Pittsburgh, PA		
WQED-DT	13	E	No		Pittsburgh, PA		
WQED-DTHD	13	E-M	No		Pittsburgh, PA		
WQED-DT2	13	E-M	No		Pittsburgh, PA		
WQED-DT5	13	E-M	No		Pittsburgh, PA		
WQED-DT4	13	E-M	No		Pittsburgh, PA		
WTAE-DT	51	N	No		Pittsburgh, PA		
WTOV-DT	9	N	No		Steubenville, OH		
WYFX-DT	19	I	No		YOUNGSTOWN, OH		
WYFX-DTHD	19	I-M	No		YOUNGSTOWN, OH		
WYFX-DT5	19	I-M	No		YOUNGSTOWN, OH		
WYFX-DT6	19	I-M	No		YOUNGSTOWN, OH		
WYTV-DT	36	N	No		Youngstown, OH		
WYTV-DTHD	36	N-M	No		YOUNGSTOWN, OH		
WYTV-DT2	36	I-M	No		YOUNGSTOWN, OH		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast Cable Communications Management, LLC

006768

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WJAC-DT	34	N	No		Johnstown, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
006768

Name

Comcast Cable Communications Management, LLC

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

G

Primary
Transmitters:
Television

CHANNEL LINE-UP 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WICU-DT	12	N	No		ERIE, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	Yes	O	Pittsburgh, PA
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA
WQLN-DT	50	E	No		ERIE, PA
WSEE-DT	16	N	No		ERIE, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

FORM SA3E, PAGE 4.

SYSTEM ID# 006768					Name
LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					
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 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WJAC-DT	34	N	No		Johnstown, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	Yes	O	Pittsburgh, PA
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

G

 Primary
Transmitters:
Television

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#	Name
Comcast Cable Communications Management, LLC					006768	
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" (excerpt). 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 AG						
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION	
KDKA-DT	25	N	Yes	O	Pittsburgh, PA	
WDCA-DT	35	I	No		WASHINGTON, DC	
WDCA-DT2	35	I-M	No		WASHINGTON, DC	
WDCA-DT3	35	I-M	No		WASHINGTON, DC	
WDCA-DTHD	35	I-M	No		WASHINGTON, DC	
WDCW-DT	15	I	No		WASHINGTON, DC	
WDCW-DT2	15	I-M	No		WASHINGTON, DC	
WDCW-DTHD	15	I-M	No		WASHINGTON, DC	
WDME-DTHD	48	I	No		WASHINGTON, DC	
WDME-DT2	48	I-M	No		WASHINGTON, DC	
WDME-DT3	48	I-M	No		WASHINGTON, DC	
WDME-DT4	48	I-M	No		WASHINGTON, DC	
WDVM-DT	26	N	No		HAGERSTOWN, MD	
WDVM-DT2	26	I-M	No		HAGERSTOWN, MD	
WDVM-DT3	26	I-M	No		HAGERSTOWN, MD	
WDVM-DTHD	26	N-M	No		HAGERSTOWN, MD	
WGPT-DT	36	E	No		OAKLAND, MD	
WGPT-DT2	36	E-M	No		OAKLAND, MD	
WGPT-DT3	36	E-M	No		OAKLAND, MD	
WGPT-DTHD	36	E-M	No		OAKLAND, MD	
WGPT-DT2HD	36	E-M	No		OAKLAND, MD	
WJAL-DT	9	I	No		SILVER SPRING, MD	
WJLA-DT	7	N	No		WASHINGTON, DC	
WJLA-DT2	7	I-M	No		WASHINGTON, DC	
WJLA-DT3	7	I-M	No		WASHINGTON, DC	
WJLA-DTHD	7	N-M	No		WASHINGTON, DC	
WJZ-DT	13	N	Yes	O	BALTIMORE, MD	
WMDE-DT	5	I	No		DOVER, DE	
WMDE-DTHD	5	I-M	No		DOVER, DE	
WNPB-DT	33	E	No		MORGANTOWN, WV	
WNPB-DT2	33	E-M	No		MORGANTOWN, WV	
WNPB-DT3	33	E-M	No		MORGANTOWN, WV	
WNPB-DTHD	33	E-M	No		MORGANTOWN, WV	
WRC-DT	48	N	No		WASHINGTON, DC	
WRC-DT2	48	I-M	No		WASHINGTON, DC	
WRC-DT3	48	I-M	No		WASHINGTON, DC	
WRC-DTHD	48	N-M	No		WASHINGTON, DC	
WTTG-DT	36	I	No		WASHINGTON, DC	
WTTG-DT2	36	I-M	No		WASHINGTON, DC	
WTTG-DT3	36	I-M	No		WASHINGTON, DC	
WTTG-DTHD	36	I-M	No		WASHINGTON, DC	
WUSA-DT	9	N	No		WASHINGTON, DC	
WUSA-DT2	9	I-M	No		WASHINGTON, DC	
WUSA-DT3	9	I-M	No		WASHINGTON, DC	
WUSA-DTHD	9	N-M	No		WASHINGTON, DC	
WWPX-DT	60	I	No		MARTINSBURG, WV	
WWPX-DTHD	60	I-M	No		MARTINSBURG, WV	
WWPX-DT2HD	60	I-M	No		MARTINSBURG, WV	

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC	SYSTEM ID# 006768	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.					
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
WATM-DT	24	N	No		ALTOONA, PA
WATM-DTHD	24	N-M	No		ALTOONA, PA
WATM-DT3	24	I-M	No		ALTOONA, PA
WATM-DT4	24	I-M	No		ALTOONA, PA
WHVL-DT	23	I	No		STATE COLLEGE, PA
WJAC-DT	34	N	No		Johnstown, PA
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA
WKBS-DT	46	I	No		ALTOONA, PA
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DTHD	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA
WQED-DT	13	E	Yes	O	Pittsburgh, PA
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA
WTAJ-DT	32	N	No		ALTOONA, PA
WTAJ-DTHD	32	N-M	No		ALTOONA, PA
WTAJ-DT2	32	I-M	No		ALTOONA, PA
WTAJ-DT3	32	I-M	No		ALTOONA, PA
WWCP-DT	8	I	No		JOHNSTOWN, PA
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA

G

**Primary
Transmitters:
Television**

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#	Name
Comcast Cable Communications Management, LLC					006768	
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	
WATM-DT	24	N	Yes	O	ALTOONA, PA	
WATM-DTHD	24	N-M	Yes	E	ALTOONA, PA	
WATM-DT3	24	I-M	Yes	O	ALTOONA, PA	
WATM-DT4	24	I-M	Yes	O	ALTOONA, PA	
WHVL-DT	23	I	No		STATE COLLEGE, PA	
WHVL-DTHD	23	I-M	No		STATE COLLEGE, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA	
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA	
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA	
WKBS-DT	46	I	No		ALTOONA, PA	
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA	
WPSU-DT2	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DTHD	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT3	15	E-M	Yes	E	CLEARFIELD, PA	
WPSU-DT4	15	E-M	Yes	E	CLEARFIELD, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAJ-DT	32	N	No		ALTOONA, PA	
WTAJ-DTHD	32	N-M	No		ALTOONA, PA	
WTAJ-DT2	32	I-M	No		ALTOONA, PA	
WTAJ-DT3	32	I-M	No		ALTOONA, PA	
WWCP-DT	8	I	No		JOHNSTOWN, PA	
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA	
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA	

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	Name
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 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	
KDKA-DT	25	N	No		Pittsburgh, PA	
KDKA-DTHD	25	N-M	No		Pittsburgh, PA	
KDKA-DT2	25	I-M	No		Pittsburgh, PA	
KDKA-DT3	25	I-M	No		Pittsburgh, PA	
WINP-DT	38	I	No		Pittsburgh, PA	
WINP-DTHD	38	I-M	No		Pittsburgh, PA	
WJAC-DT	34	N	No		Johnstown, PA	
WPCB-DT	40	I	No		Greensburg, PA	
WPCB-DTHD	40	I-M	No		Greensburg, PA	
WPCB-DT6	40	I-M	No		Greensburg, PA	
WPGH-DT	43	I	No		Pittsburgh, PA	
WPGH-DTHD	43	I-M	No		Pittsburgh, PA	
WPGH-DT2	43	I-M	No		Pittsburgh, PA	
WPGH-DT3	43	I-M	No		Pittsburgh, PA	
WPKD-DT	11	I	No		Jeannette, PA	
WPKD-DTHD	11	I-M	No		Jeannette, PA	
WPNT-DT	42	I	No		Pittsburgh, PA	
WPNT-DTHD	42	I-M	No		Pittsburgh, PA	
WPNT-DT2	42	I-M	No		Pittsburgh, PA	
WPNT-DT4	42	I-M	No		Pittsburgh, PA	
WPSU-DT	15	E	Yes	O	CLEARFIELD, PA	
WPXI-DT	48	N	No		Pittsburgh, PA	
WPXI-DTHD	48	N-M	No		Pittsburgh, PA	
WPXI-DT2	48	I-M	No		Pittsburgh, PA	
WPXI-DT3	48	I-M	No		Pittsburgh, PA	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTAE-DT	51	N	No		Pittsburgh, PA	
WTAE-DTHD	51	N-M	No		Pittsburgh, PA	
WTAE-DT2	51	I-M	No		Pittsburgh, PA	
WTAE-DT3	51	I-M	No		Pittsburgh, PA	

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC				SYSTEM ID# 006768	Name
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 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WGPT-DT	36	E	No		OAKLAND, MD
WGPT-DT2	36	E-M	No		OAKLAND, MD
WGPT-DTHD	36	E-M	No		OAKLAND, MD
WGPT-DT3	36	E-M	No		OAKLAND, MD
WGPT-DTHD2	36	E-M	No		OAKLAND, MD
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WJAC-DT	34	N	No		Johnstown, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	Yes	O	Pittsburgh, PA
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC	SYSTEM ID# 006768	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 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 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
KDKA-DT	25	N	No		Pittsburgh, PA
KDKA-DTHD	25	N-M	No		Pittsburgh, PA
KDKA-DT2	25	I-M	No		Pittsburgh, PA
KDKA-DT3	25	I-M	No		Pittsburgh, PA
WGPT-DT	36	E	No		OAKLAND, MD
WGPT-DTHD	36	E-M	No		OAKLAND, MD
WGPT-DT2	36	E-M	No		OAKLAND, MD
WGPT-DT3	36	E-M	No		OAKLAND, MD
WGPT-DTHD2	36	E-M	No		OAKLAND, MD
WINP-DT	38	I	No		Pittsburgh, PA
WINP-DTHD	38	I-M	No		Pittsburgh, PA
WPCB-DT	40	I	No		Greensburg, PA
WPCB-DTHD	40	I-M	No		Greensburg, PA
WPCB-DT6	40	I-M	No		Greensburg, PA
WPGH-DT	43	I	No		Pittsburgh, PA
WPGH-DTHD	43	I-M	No		Pittsburgh, PA
WPGH-DT2	43	I-M	No		Pittsburgh, PA
WPGH-DT3	43	I-M	No		Pittsburgh, PA
WPKD-DT	11	I	No		Jeannette, PA
WPKD-DTHD	11	I-M	No		Jeannette, PA
WPNT-DT	42	I	No		Pittsburgh, PA
WPNT-DTHD	42	I-M	No		Pittsburgh, PA
WPNT-DT2	42	I-M	No		Pittsburgh, PA
WPNT-DT4	42	I-M	No		Pittsburgh, PA
WPXI-DT	48	N	No		Pittsburgh, PA
WPXI-DTHD	48	N-M	No		Pittsburgh, PA
WPXI-DT2	48	I-M	No		Pittsburgh, PA
WPXI-DT3	48	I-M	No		Pittsburgh, PA
WQED-DT	13	E	No		Pittsburgh, PA
WQED-DT2	13	E-M	No		Pittsburgh, PA
WQED-DT5	13	E-M	No		Pittsburgh, PA
WQED-DTHD	13	E-M	No		Pittsburgh, PA
WQED-DT4	13	E-M	No		Pittsburgh, PA
WTAE-DT	51	N	No		Pittsburgh, PA
WTAE-DTHD	51	N-M	No		Pittsburgh, PA
WTAE-DT2	51	I-M	No		Pittsburgh, PA
WTAE-DT3	51	I-M	No		Pittsburgh, PA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	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 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		
KDKA-DT	25	N	No		Pittsburgh, PA		
KDKA-DTHD	25	N-M	No		Pittsburgh, PA		
KDKA-DT2	25	I-M	No		Pittsburgh, PA		
KDKA-DT3	25	I-M	No		Pittsburgh, PA		
WDTV-DTHD	5	N	No		WESTON, WV		
WINP-DT	38	I	No		Pittsburgh, PA		
WINP-DTHD	38	I-M	No		Pittsburgh, PA		
WNPB-DT	33	E	No		MORGANTOWN, WV		
WNPB-DTHD	33	E-M	No		MORGANTOWN, WV		
WNPB-DT2	33	E-M	No		MORGANTOWN, WV		
WNPB-DT3	33	E-M	No		MORGANTOWN, WV		
WPCB-DT	40	I	No		Greensburg, PA		
WPCB-DTHD	40	I-M	No		Greensburg, PA		
WPCB-DT6	40	I-M	No		Greensburg, PA		
WPGH-DT	43	I	No		Pittsburgh, PA		
WPGH-DTHD	43	I-M	No		Pittsburgh, PA		
WPGH-DT2	43	I-M	No		Pittsburgh, PA		
WPGH-DT3	43	I-M	No		Pittsburgh, PA		
WPKD-DT	11	I	No		Jeannette, PA		
WPKD-DTHD	11	I-M	No		Jeannette, PA		
WPNT-DT	42	I	No		Pittsburgh, PA		
WPNT-DTHD	42	I-M	No		Pittsburgh, PA		
WPNT-DT2	42	I-M	No		Pittsburgh, PA		
WPNT-DT4	42	I-M	No		Pittsburgh, PA		
WPXI-DT	48	N	No		Pittsburgh, PA		
WPXI-DTHD	48	N-M	No		Pittsburgh, PA		
WPXI-DT2	48	I-M	No		Pittsburgh, PA		
WPXI-DT3	48	I-M	No		Pittsburgh, PA		
WQED-DT	13	E	No		Pittsburgh, PA		
WQED-DT2	13	E-M	No		Pittsburgh, PA		
WQED-DT5	13	E-M	No		Pittsburgh, PA		
WQED-DTHD	13	E-M	No		Pittsburgh, PA		
WQED-DT4	13	E-M	No		Pittsburgh, PA		
WTAE-DT	51	N	No		Pittsburgh, PA		
WTAE-DTHD	51	N-M	No		Pittsburgh, PA		
WTAE-DT2	51	I-M	No		Pittsburgh, PA		
WTAE-DT3	51	I-M	No		Pittsburgh, PA		
WVFX-DTHD	10	I	No		CLARKSBURG, WV		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	Name
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 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	
WNEO-DT	45	E	Yes	O	Alliance, OH	
WNEO-DTHD	45	E-M	Yes	E	Alliance, OH	
WNEO-DT2	45	E-M	Yes	E	Alliance, OH	
WNEO-DT3	45	E-M	Yes	E	Alliance, OH	
WOUC-DT	35	E	No		Cambridge, OH	
WOUC-DT2	35	E-M	No		Cambridge, OH	
WOUC-DT3	35	E-M	No		Cambridge, OH	
WOUC-DTHD	35	E-M	No		Cambridge, OH	
WQED-DT	13	E	Yes	O	Pittsburgh, PA	
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA	
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA	
WTOV-DT	9	N	No		Steubenville, OH	
WTOV-DT2	9	I-M	No		Steubenville, OH	
WTOV-DT3	9	I-M	No		Steubenville, OH	
WTOV-DTHD	9	N-M	No		Steubenville, OH	
WTOV-DT2HD	9	I-M	No		Steubenville, OH	
WTRF-DT	7	N	No		Wheeling, WV	
WTRF-DT3	7	N-M	No		Wheeling, WV	
WTRF-DTHD	7	N-M	No		Wheeling, WV	
WTRF-DT2HD	7	I-M	No		Wheeling, WV	
WTRF-DT3HD	7	N-M	No		Wheeling, WV	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC	SYSTEM ID# 006768	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 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
WBOY-DT	12	N	No		CLARKSBURG, WV
WBOY-DTHD	12	N-M	No		CLARKSBURG, WV
WBOY-DT2	12	N-M	No		CLARKSBURG, WV
WBOY-DT2HD	12	N-M	No		CLARKSBURG, WV
WBOY-DT3	12	I-M	No		CLARKSBURG, WV
WBOY-DT4	12	I-M	No		CLARKSBURG, WV
WDTV-DT	5	N	No		WESTON, WV
WDTV-DT2	5	I-M	No		WESTON, WV
WDTV-DT3	5	I-M	No		WESTON, WV
WDTV-DTHD	5	N-M	No		WESTON, WV
WNPB-DT	33	E	No		MORGANTOWN, WV
WNPB-DT2	33	E-M	No		MORGANTOWN, WV
WNPB-DT3	33	E-M	No		MORGANTOWN, WV
WNPB-DTHD	33	E-M	No		MORGANTOWN, WV
WQED-DT	13	E	Yes	O	Pittsburgh, PA
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT2	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT4	13	E-M	Yes	E	Pittsburgh, PA
WQED-DT5	13	E-M	Yes	E	Pittsburgh, PA
WVFX-DT	10	I	No		CLARKSBURG, WV
WVFX-DTHD	10	I-M	No		CLARKSBURG, WV
WVFX-DT2HD	10	I-M	No		CLARKSBURG, WV
WVFX-DT3	10	I-M	No		CLARKSBURG, WV
WVUX-DT	13	I	No		CLARKSBURG, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	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 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		
WATM-DT	24	N	No		ALTOONA, PA		
WATM-DTHD	24	N-M	No		ALTOONA, PA		
WATM-DT3	24	I-M	No		ALTOONA, PA		
WATM-DT4	24	I-M	No		ALTOONA, PA		
WHVL-DT	23	I	No		STATE COLLEGE, PA		
WJAC-DT	34	N	No		Johnstown, PA		
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA		
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA		
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA		
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA		
WKBS-DT	46	I	No		ALTOONA, PA		
WPSU-DT	15	E	No		CLEARFIELD, PA		
WPSU-DT2	15	E-M	No		CLEARFIELD, PA		
WPSU-DTHD	15	E-M	No		CLEARFIELD, PA		
WPSU-DT3	15	E-M	No		CLEARFIELD, PA		
WPSU-DT4	15	E-M	No		CLEARFIELD, PA		
WQED-DT	13	E	Yes	O	Pittsburgh, PA		
WQED-DTHD	13	E-M	Yes	E	Pittsburgh, PA		
WTAJ-DT	32	N	No		ALTOONA, PA		
WTAJ-DTHD	32	N-M	No		ALTOONA, PA		
WTAJ-DT2	32	I-M	No		ALTOONA, PA		
WTAJ-DT3	32	I-M	No		ALTOONA, PA		
WWCP-DT	8	I	No		JOHNSTOWN, PA		
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA		
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA		
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
006768

Name

Comcast Cable Communications Management, LLC

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 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
WGRZ-DT	33	N	No		BUFFALO, NY
WGRZ-DTHD	33	N-M	No		BUFFALO, NY
WGRZ-DT2	33	I-M	No		BUFFALO, NY
WGRZ-DT3	33	I-M	No		BUFFALO, NY
WIVB-DT	32	N	No		BUFFALO, NY
WIVB-DTHD	32	N-M	No		BUFFALO, NY
WKBW-DT	38	N	No		BUFFALO, NY
WKBW-DTHD	38	N-M	No		BUFFALO, NY
WKBW-DT2	38	I-M	No		BUFFALO, NY
WKBW-DT3	38	I-M	No		BUFFALO, NY
WNED-DT	43	E	Yes	O	BUFFALO, NY
WNED-DTHD	43	E-M	Yes	E	BUFFALO, NY
WNED-DT2	43	E-M	Yes	E	BUFFALO, NY
WNED-DT3	43	E-M	Yes	E	BUFFALO, NY
WNLO-DT	32	I	No		BUFFALO, NY
WNLO-DTHD	32	I-M	No		BUFFALO, NY
WNLO-DT2	32	I-M	No		BUFFALO, NY
WNYB-DT	26	I	No		JAMESTOWN, NY
WNYO-DT	49	I	No		BUFFALO, NY
WNYO-DTHD	49	I-M	No		BUFFALO, NY
WNYO-DT2	49	I-M	No		BUFFALO, NY
WNYO-DT3	49	I-M	No		BUFFALO, NY
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DTHD	15	E-M	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA
WPXJ-DT	51	I	No		BATAVIA, NY
WPXJ-DTHD	51	I-M	No		BATAVIA, NY
WPXJ-DT2	51	I-M	No		BATAVIA, NY
WPXJ-DT3	51	I-M	No		BATAVIA, NY
WUTV-DT	14	I	No		BUFFALO, NY
WUTV-DTHD	14	I-M	No		BUFFALO, NY
WUTV-DT2	14	I-M	No		BUFFALO, NY
WUTV-DT3	14	I-M	No		BUFFALO, NY

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Comcast Cable Communications Management, LLC

006768

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.

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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 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
WATM-DT	24	N	No		ALTOONA, PA
WATM-DTHD	24	N-M	No		ALTOONA, PA
WATM-DT3	24	I-M	No		ALTOONA, PA
WATM-DT4	24	I-M	No		ALTOONA, PA
WHVL-DT	23	I	No		STATE COLLEGE, PA
WHVL-DTHD	23	I-M	No		STATE COLLEGE, PA
WJAC-DT	34	N	No		Johnstown, PA
WJAC-DTHD	34	N-M	No		JOHNSTOWN, PA
WJAC-DT2	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4	34	I-M	No		JOHNSTOWN, PA
WJAC-DT4HD	34	I-M	No		JOHNSTOWN, PA
WKBS-DT	46	I	No		ALTOONA, PA
WPSU-DT	15	E	No		CLEARFIELD, PA
WPSU-DTHD	15	E-M	No		CLEARFIELD, PA
WPSU-DT2	15	E-M	No		CLEARFIELD, PA
WPSU-DT3	15	E-M	No		CLEARFIELD, PA
WPSU-DT4	15	E-M	No		CLEARFIELD, PA
WTAJ-DT	32	N	No		ALTOONA, PA
WTAJ-DTHD	32	N-M	No		ALTOONA, PA
WTAJ-DT2	32	I-M	No		ALTOONA, PA
WTAJ-DT3	32	I-M	No		ALTOONA, PA
WWCP-DT	8	I	No		JOHNSTOWN, PA
WWCP-DTHD	8	I-M	No		JOHNSTOWN, PA
WWCP-DT4	8	I-M	No		JOHNSTOWN, PA
WWCP-DT3	8	I-M	No		JOHNSTOWN, PA

[illegible]

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768	Name
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 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	
WNEO-DT	45	E	Yes	O	Alliance, OH	
WNEO-DTHD	45	E-M	Yes	E	Alliance, OH	
WNEO-DT2	45	E-M	Yes	E	Alliance, OH	
WNEO-DT3	45	E-M	Yes	E	Alliance, OH	
WNPB-DT	33	E	Yes	O	MORGANTOWN, WV	
WNPB-DT2-HD	33	E-M	Yes	E	MORGANTOWN, WV	
WNPB-DT3	33	E-M	Yes	E	MORGANTOWN, WV	
WNPB-DTHD	33	E-M	Yes	E	MORGANTOWN, WV	
WOUC-DT	35	E	No		Cambridge, OH	
WOUC-DTHD	35	E-M	No		Cambridge, OH	
WOUC-DT2	35	E-M	No		Cambridge, OH	
WOUC-DT3	35	E-M	No		Cambridge, OH	
WQED-DT	13	E	No		Pittsburgh, PA	
WQED-DT2	13	E-M	No		Pittsburgh, PA	
WQED-DTHD	13	E-M	No		Pittsburgh, PA	
WQED-DT5	13	E-M	No		Pittsburgh, PA	
WQED-DT4	13	E-M	No		Pittsburgh, PA	
WTOV-DT	9	N	No		Steubenville, OH	
WTOV-DT2	9	I-M	No		Steubenville, OH	
WTOV-DT3	9	I-M	No		Steubenville, OH	
WTOV-DTHD	9	N-M	No		Steubenville, OH	
WTOV-DT2HD	9	I-M	No		Steubenville, OH	
WTRF-DT	7	N	No		Wheeling, WV	
WTRF-DT3	7	N-M	No		Wheeling, WV	
WTRF-DTHD	7	N-M	No		Wheeling, WV	
WTRF-DT2HD	7	I-M	No		Wheeling, WV	
WTRF-DT3HD	7	N-M	No		Wheeling, WV	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 006768		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 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		
WNEO-DT	45	E	No		Alliance, OH		
WNEO-DT2	45	E-M	No		Alliance, OH		
WNEO-DTHD	45	E-M	No		Alliance, OH		
WNEO-DT3	45	E-M	No		Alliance, OH		
WOUC-DT	35	E	No		Cambridge, OH		
WOUC-DT2	35	E-M	No		Cambridge, OH		
WOUC-DT3	35	E-M	No		Cambridge, OH		
WOUC-DTHD	35	E-M	No		Cambridge, OH		
WQED-DT	13	E	No		Pittsburgh, PA		
WQED-DT2	13	E-M	No		Pittsburgh, PA		
WQED-DTHD	13	E-M	No		Pittsburgh, PA		
WQED-DT5	13	E-M	No		Pittsburgh, PA		
WQED-DT4	13	E-M	No		Pittsburgh, PA		
WTOV-DT	9	N	No		Steubenville, OH		
WTOV-DT2	9	I-M	No		Steubenville, OH		
WTOV-DT3	9	I-M	No		Steubenville, OH		
WTOV-DTHD	9	N-M	No		Steubenville, OH		
WTOV-DT2HD	9	I-M	No		Steubenville, OH		
WTRF-DT	7	N	No		Wheeling, WV		
WTRF-DT3	7	N-M	No		Wheeling, WV		
WTRF-DTHD	7	N-M	No		Wheeling, WV		
WTRF-DT2HD	7	I-M	No		Wheeling, WV		
WTRF-DT3HD	7	N-M	No		Wheeling, WV		

Form SA3E Long Form (F

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC		SYSTEM ID# 006768	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. \$ 110,588,226.16 (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. \$ 110,588,226.16 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 1,176,658.73		
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. \$ 79,085.68 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. \$ 79,085.68		
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. \$ 1,176,658.73 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 \$ 1,177,383.73 EFT Trace # or TRANSACTION ID # 28520Q7M 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 Cable Communications Management, LLC		SYSTEM ID# 006768
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	185	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	988	
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: 08/14/2026		

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 Cable Communications Management, LLC		SYSTEM ID# 006768	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 Cable Communications Management, LLC					SYSTEM ID# 006768
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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	=
	÷	=		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 ●	➤	<u>4.00</u>
2. Number of DSEs from part 3 ●	➤	<u>0.00</u>
3. Number of DSEs from part 4 ●	➤	<u>0.00</u>

TOTAL NUMBER OF DSEs **4.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC						SYSTEM ID# 006768		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		
WQED-DT	C	0.25	WATM-DT	A	0.25					
WPSU-DT	C	0.25	WATM-DT3	M	1.00					
WNED-DT	C	0.25	WATM-DT4	M	1.00					
KDKA-DT	A,D	0.25	WNEO-DT	C	0.25					
WJZ-DT	A	0.25								
WNPB-DT	C	0.25								
								4.00		
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]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC					SYSTEM ID# 006768
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 Cable Communications Management, LLC	SYSTEM ID# 006768	
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 Cable Communications Management, LLC	006768	

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 Cable Communications Management, LLC						SYSTEM ID# 006768		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		
Total DSEs					Total DSEs					
Gross Receipts First Group					Gross Receipts Second Group					
Base Rate Fee First Group					Base Rate Fee Second Group					
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4					
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE		
Total DSEs					Total DSEs					
Gross Receipts Third Group					Gross Receipts Fourth Group					
Base Rate Fee Third Group					Base Rate Fee Fourth Group					
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)										

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC							SYSTEM ID# 006768		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									8 Computation of Base Rate Fee for Partially Distant Stations
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 5				COMMUNITY/ AREA Subgroup 6					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE		
WNPB-DT [C]		0.25			KDKA-DT [A]		0.25		
					WJZ-DT [A]		0.25		
Total DSEs 0.25				Total DSEs 0.50					
Gross Receipts First Group \$ 1,921,949.74				Gross Receipts Second Group \$ 1,075,095.27					
Base Rate Fee First Group \$ 5,112.39				Base Rate Fee Second Group \$ 5,719.51					
SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 7				COMMUNITY/ AREA Subgroup 8					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE		
WPSU-DT [C]		0.25			WQED-DT [C]		0.25		
WQED-DT [C]		0.25			WNEO-DT [C]		0.25		
Total DSEs 0.50				Total DSEs 0.50					
Gross Receipts Third Group \$ 1,242,066.08				Gross Receipts Fourth Group \$ 88,118.22					
Base Rate Fee Third Group \$ 6,607.79				Base Rate Fee Fourth Group \$ 468.79					
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)								\$	

U.S. Copyright Office

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast Cable Communications Management, LLC						SYSTEM ID# 006768		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		\$ 6,283,826.99		Gross Receipts Second Group		\$ 12,630.34			
Base Rate Fee First Group		\$ 0.00		Base Rate Fee Second Group		\$ 0.00			
ELEVENTH SUBSCRIBER GROUP					TWELVTH 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)									

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Computation
of
3.75 Fee
for
Partially
Distant
Stations