

| No. W 116129 | | Due no later than Aug 31, 2018 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------|---|---------|-------------|-------------------|---|----------------------|-----------------------|-------|------------|--------------------|---|---------------------------------|--|--|----------------|--|--|----------------------------------|---------------------------------|--|--|--|--|--|----------------------------------|---------------------------------|--|--|--|--|--|----------------------------------|---------------------------------|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. COMCAST BUSINESS CLASS SECURITY, LLC JANE LEE 1701 JOHN F KENNEDY BOULEVARD PHILADELPHIA PA 19103-2838 | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td colspan="5">Comcast Cable Communications Management, LLC 1701 JFK Blvd Philadelphia, PA 19103-2838</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> </tbody> </table> | | | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> | Member <input type="checkbox"/> | Comcast Cable Communications Management, LLC 1701 JFK Blvd Philadelphia, PA 19103-2838 | | | | | Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | | Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | | Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> | Member <input type="checkbox"/> | Comcast Cable Communications Management, LLC 1701 JFK Blvd Philadelphia, PA 19103-2838 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> | Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: DELAWARE W 116129 | | <table border="1"> <tr> <td>6. Signature:</td> <td></td> <td>Date:</td> </tr> <tr> <td colspan="2">Name (type or print):</td> <td>07/24/2018</td> </tr> <tr> <td colspan="2">Thomas J. Donnelly</td> <td>Title:</td> </tr> <tr> <td colspan="2"></td> <td>Vice President</td> </tr> </table> | | | | | 6. Signature: |  | Date: | Name (type or print): | | 07/24/2018 | Thomas J. Donnelly | | Title: | | | Vice President | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Signature: |  | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): | | 07/24/2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thomas J. Donnelly | | Title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Vice President | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 07/24/2018 by online 115872 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM