

| No. W 62911 | Due no later than May 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/TWC IDAHO CABLE ADVERTISING, LLC JANE LEE 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Comcast Cable Communications Management, LLC</td> </tr> <tr> <td></td> <td colspan="6">1701 John F Kennedy Blvd, Philadelphia PA 19103</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table> | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Comcast Cable Communications Management, LLC | | | | | | | 1701 John F Kennedy Blvd, Philadelphia PA 19103 | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Comcast Cable Communications Management, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1701 John F Kennedy Blvd, Philadelphia PA 19103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: DELAWARE W 62911 | | 6. Signature: <u>Thomas J Donnelly</u> Date: <u>05/01/2018</u> Name (type or print): <u>Thomas J Donnelly</u> Title: <u>Vice President</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |