




No. W 108268	Due no later than Nov 30, 2017 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 CABLE COMMUNICATIONS MANAGEMENT, LLC JANE LEE 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 USA		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>COMCAST CABLE COMMUNICATIONS, LLC</td> <td>1701 JOHN F KENNEDY BLVD</td> <td>PHILADELPHIA, PA</td> <td>USA</td> <td></td> <td>19103-2838</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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, LLC	1701 JOHN F KENNEDY BLVD	PHILADELPHIA, PA	USA		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"/>						
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5. Organized Under the Laws of: DELAWARE W 108268		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>11/28/2017</u></td> </tr> <tr> <td>Name (type or print): Thomas J Donnelly</td> <td>Title: Vice President</td> </tr> </table>		Signature: 	Date: <u>11/28/2017</u>	Name (type or print): Thomas J Donnelly	Title: Vice President																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM