No. W 150627		Due no later than Apr 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. STACKERS, LLC SCOTT E SCHLOFMAN 1031 E 250 S BOUNTIFUL ID 84010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				508 E. BROA	SCOTT E SCHLOFMAN 508 E. BROADWAY MERIDIAN ID 83642			
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SCOTT E S	CHLOFMAN	1031 E 250 S	BOUNTIFUL	ID	USA	84010	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sco		Date: 04/22/2018				
W 150627		Name (type or		Title: Agent				
Processed 04/22/2018 * Electronically provided signatures are accepted as original signatures.								