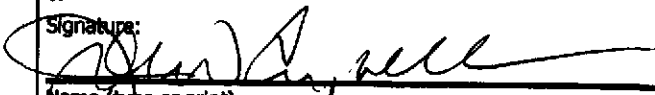


No. W 151542	Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1. Mailing Address: Correct in this box if needed. ANDERSON MERCHANDISERS, LLC 5601 GRANITE PARKWAY 14TH FL PLANO TX 75024	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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Anderson Management Services, Inc.</td> <td>265 Brookview Towne Centre Way, Suite 501</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Knoxville, TN USA</td> <td>37919</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Anderson Management Services, Inc.	265 Brookview Towne Centre Way, Suite 501					Manager <input type="checkbox"/> Member <input type="checkbox"/>	Knoxville, TN USA	37919					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 151542	6. Signature:  Name (type or print): <u>John Campbell</u> Date: <u>5/11/17</u> Title: <u>CFO</u>																																					