

No. W 156671	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN KING 11419 W PRISTINEBROOK DR STAR ID 83669																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			1. Mailing Address: Correct in this box if needed. A BUILT, LLC 11419 W PRISTINEBROOK DR STAR ID 83669																																			
REINSTATEMENT FEE DUE: \$30.00			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 ☐ Member ☒</td> <td>SHAWN KING</td> <td>11419 W PRISTINEBROOK DR</td> <td>STAR</td> <td>ID</td> <td></td> <td>83669</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	SHAWN KING	11419 W PRISTINEBROOK DR	STAR	ID		83669	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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