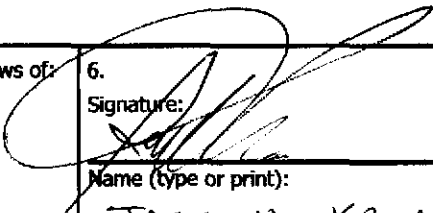


No. W 144696 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016 1. Mailing Address: Correct in this box if needed. BETTER BUILT, LLC JACOB KRAMER 725 E SIXTH ST 1029 S. Meadow MOSCOW ID 83843	2. Registered Agent and Office (NOT A P.O. BOX) JACOB E REISENAUER 326 E SIXTH ST MOSCOW ID 83843 <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div>																																			
		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jacob H. Kramer,</td> <td>1029 S. Meadow,</td> <td>Moscow, ID,</td> <td>US</td> <td>Idaho</td> <td>83843</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"/>	Jacob H. Kramer,	1029 S. Meadow,	Moscow, ID,	US	Idaho	83843	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: <div style="font-size: 1.5em; font-weight: bold;">IDAHO W 144696</div>		6. Signature:  Name (type or print): JACOB H. KRAMER																																			
		Date: 3/4/2018 Title:																																			