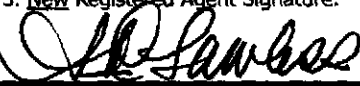



No. <b>W 165117</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/26/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FORT BUILDER LLC 1161 W MAIN STREET #210 BOISE ID 83702	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA <i>Amber Lawless</i> 1161 W. Main St. #210 Boise, ID 83702  <b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Amber Lawless</td> <td>1161 W. Main</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Amber Lawless	1161 W. Main	Boise	ID	USA	83702	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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<b>5. Organized Under the Laws of:</b>  IDAHO W. 165117	<b>6.</b> Signature:  Name (type or print): <u>Amber B. Lawless</u> Date: <u>8/3/18</u> Title: <u>manager</u>																																				

Issued 08/03/2018 by online

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**