

No. W 165117		Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																					
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. FORT BUILDER LLC 1161 W MAIN STREET #210 BOISE ID 83702			GIVENS PURBLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA <i>Amber Lawless 1161 W. Main St. #210 Boise, ID 83702</i>																																					
REINSTATEMENT FEE DUE: \$30.00					3. New Registered Agent Signature. <i>Amber Lawless</i>																																					
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>Amber Lawless</td> <td>1161 W. Main Boise, ID USA</td> <td></td> <td></td> <td></td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>#210</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"/>		#210					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:  IDAHO W 165117		6. Signature:  Name (type or print): Amber B. Lawless			Date: 8/3/18 Title: manager																																					
Issued 08/03/2018 by online																																										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM