

# REINSTATEMENT FILED EFFECTIVE

No. <b>W 52063</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 09/05/2007		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>SABINO VILLALOBOS</b> 760 ENSIGN DR AMMON, ID 83406													
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	1. Mailing Address - Correct in this box, if applicable <b>SABBY RENTALS, LLC</b>  760 ENSIGN DR  AMMON, ID 83406		3. New registered agent signature													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>SABINO JESUS VILLALOBOS</td> <td>760 ENSIGN DR</td> <td>AMMON</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	SABINO JESUS VILLALOBOS	760 ENSIGN DR	AMMON	ID	83406
Office held	Name	Street or P.O. Address	City	State	Zip											
OWNER	SABINO JESUS VILLALOBOS	760 ENSIGN DR	AMMON	ID	83406											
5. Organized under the laws of:  IDAHO W 52063		6. Signature <u><i>Sabino Jesus Villalobos</i></u> Date <u>07 SEP 27 AM 8:05</u> Name (Typed or Printed) <u>SABINO JESUS VILLALOBOS</u> Title <u>OWNER</u>														

Issued 09/17/2007 by SLD