

No. <b>W 117076</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814-8384 USA
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>	1. <b>Mailing Address: Correct in this box if needed.</b> SAB BOOKS, LLC PHILIP A WELLS 905 ORCHARD AVE MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Philip Wells	9 White Street #204	Brooklyn NY USA 11206
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Stephen Wells	905 Orchard Ave	Moscow ID USA 83843
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 117076</b> </div>		6. Signature: <u>Philip A. Wells</u> Date: <u>12/28/2015</u> Name (type or print): <u>Philip A. Wells</u> Title: <u>Operations Manager</u>	
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