No. W 80926		Due no later than Jan 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEBINK, LLC STEPHANIE E DEYO 2237 DENT BRIDGE ROAD OROFINO ID 83544		2237 DENT B OROFINO ID	STEPHANIE DEYO 2237 DENT BRIDGE ROAD OROFINO ID 83544-8354 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses	of at least one Member or Manager					
Office Held	Name	ries and Addresses	Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEPHANIE	E DEYO	2237 DENT BRIDGE ROAD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 80926		Signature: Stephanie Deyo		Dat	Date: 11/16/2015			
		Name (type or print): Stephanie Deyo		Titl	Title: Manager/Owner			
Processed 11/16/2015	* Electronically provided signatures are accepted as original signatures.							