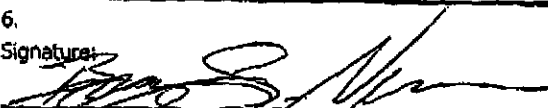


No. W 120039		Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) BARRY S NEWMAN 675 GATEWAY AVE MIDDLETON ID 83644																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WEB INSIGHTS LLC 675 GATEWAY AVE MIDDLETON ID 83644																																						
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.																																				
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>BARRY S. NEWMAN</td><td>675 Gateway Ave</td><td>Middleton</td><td>ID</td><td>Canyon</td><td>83644</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	BARRY S. NEWMAN	675 Gateway Ave	Middleton	ID	Canyon	83644	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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5. Organized Under the Laws of: IDAHO W 120039		6. Signature:  Date: 4-2-14 Name (type or print): BARRY S. NEWMAN Title: OWNER																																						
Issued 04/02/2014 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM