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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 80926</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2013</b>                                                                                                                                       |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WEBINK, LLC<br>STEPHANIE E DEYO<br>PO BOX 1027<br>OROFINO ID 83544<br>USA |         | STEPHANIE DEYO<br>2237 WELLS BENCH ROAD<br>OROFINO ID 83544 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                             |         | 3. <u>New</u> Registered Agent Signature:*                  |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                                                             |         |                                                             |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                        | City    | State                                                       | Country | Postal Code      |  |
| MANAGER                                                                                                                                                | STEPHANIE E DEYO | PO BOX 1027                                                                                                                                                                 | OROFINO | ID                                                          | USA     | 83544            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                           |         |                                                             |         |                  |  |
| <b>ID<br/>W 80926</b>                                                                                                                                  |                  | Signature: Stephanie Deyo                                                                                                                                                   |         |                                                             |         | Date: 11/19/2012 |  |
|                                                                                                                                                        |                  | Name (type or print): Stephanie Deyo                                                                                                                                        |         |                                                             |         | Title: Manager   |  |
| Processed 11/19/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                   |         |                                                             |         |                  |  |