| No. C 196075 | | Due no later than Sep 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|--|--|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | MORNA LUSTIG | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CODE ESSENTIALS INC. MORNA LUSTIG 216 SUBSTATION RD COTTONWOOD ID 83522 | | | 216 SUBSTATION RD COTTONWOOD ID 83522 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Corporations: Enter Nam | nes and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Tre | easurer (d | optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT MORNA M LUSTIG | | USTIG | 216 SUBSTATION RD | | COTTONWOOD | ID | USA | 83522 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Morna Lustig | | Date: 07/14/2014 | | | | |
| C 196075 | | Name (type or print): Morna Lustig | | | Title: President | | | |
| Processed 07/14/2014 | rocessed 07/14/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |