



No. W 82371	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) ANTHONY WEBB 2235 E 25TH ST STE 285 IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CODE PRESS, LLC ANTHONY WEBB 2235 E 25TH ST STE 285 IDAHO FALLS ID 83404 USA		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ANTHONY WEBB</td> <td>2235 E 25th Ste 285</td> <td>IDAHO FALLS</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DAVID HOFF</td> <td>1 CRESCENT DR.</td> <td>BRIELLE</td> <td>NJ</td> <td>USA</td> <td>08730</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	ANTHONY WEBB	2235 E 25th Ste 285	IDAHO FALLS	ID	USA	83404	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID HOFF	1 CRESCENT DR.	BRIELLE	NJ	USA	08730	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 82371	6. Signature:  Date: <u>SEPT 1, 2013</u> Name (Type or print): <u>ANTHONY WEBB</u> Title: <u>MANAGER</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM