No. **W 40669**	**Due no later than Jun 30, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ENCLAVE LLC APRIL MEDINA 3029 E BONVIEW DR BOISE ID 83712 USA	APRIL FLORCZYK 3029 E. BONVIEW DRIVE BOISE ID 83712 3. New 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	APRIL FLORCZYK	5460 N MENDELSON	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 40669**	Signature: April Medina Name (type or print): April Medina	Date: 05/07/2013 Title: Owner
Processed 05/07/2013	* Electronically provided signatures are accepted as original signatures.	