No. <b>W 47313</b>		Due no later than Feb 29, 2008		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SARAH FAC	SARAH FACKRELL 16700 N PAMELAS CT #101 NAMPA ID 83651  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ENCHANTED SOLUTIONS LLC SARAH FACKRELL 16700 N PAMELAS CT #101 NAMPA ID 83651		NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
MEMBER DANIEL FACI		KRELL	16700 N PAMELAS CT #101	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sarah Fackrell			Date: 04/03/2008			
W 47313		Name (type or		Title: Owner				
Processed 04/03/2008 * Electronically provided signatures are accepted as original signatures.								