

No. W 40669		Due no later than Jun 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ENCLAVE LLC APRIL MEDINA 3029 E BONVIEW DR BOISE ID 83712 USA		APRIL FLORCZYK 5460 N MENDELSON MERIDIAN ID 83642			
				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	APRIL FLORCZYK	3029 E. BONVIEW DRIVE	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID W 40669		6. Annual Report must be signed.* Signature: April Medina Name (type or print): April Medina Date: 05/26/2009 Title: Owner					
Processed 05/26/2009		* Electronically provided signatures are accepted as original signatures.					