

|  |                |   |       |   |         |             |  |
|--|----------------|---|-------|---|---------|-------------|--|
| No. <b>W 40669</b>   |                | <b>Due no later than Jun 30, 2014</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ENCLAVE LLC<br>APRIL MEDINA<br>3029 E BONVIEW DR<br>BOISE ID 83712<br>USA |       | APRIL FLORCZYK<br>3029 E. BONVIEW DRIVE<br>BOISE ID 83712 |         |             |  |
|  |                |   |       | 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  | BOISE | ID  | USA     | 83712       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40669</b>   |                | 6. Annual Report must be signed.*<br>Signature: April Florczyk<br>Name (type or print): April Florczyk<br>Date: 06/11/2014<br>Title: Co-owner                               |       |   |         |             |  |
| Processed 06/11/2014   |                | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |