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|--|-----------------|--|---------------|--|---------|-----------------------------------|--|
| No. W 95374 | | Due no later than Aug 31, 2012 | | 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 | | BETTY NICHOLS 2691 N BOBCAT WAY MERDIAN ID 83642 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ENHANCED RECOVERY COMPANY, LLC GINNY L WALKER 8014 BAYBERRY RD JACKSONVILLE FL 32256 | | 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 | |
| MEMBER | KIMBERLY HOWELL | 8014 BAYBERRY RD. | JACKSONVILLE | FL | USA | 32256 | |
| MEMBER | KIRK R. MOQUIN | 8014 BAYBERRY RD. | JACKSONVILLE | FL | USA | 32256 | |
| MEMBER | MARK A THOMPSON | 8014 BAYBERRY RD. | JAKCOSNIVILLE | FL | USA | 32256 | |
| 5. Organized Under the Laws of: DE W 95374 | | 6. Annual Report must be signed.* Signature: Mark Thompson Name (type or print): Mark Thompson | | | | Date: 06/25/2012 Title: Co Ceo | |
| Processed 06/25/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |