No. <b>W 95374</b>		<b>Due no later than Aug 31, 2011</b> 2. Registered Ager				nt and Address (NO PO BOX)		
Return to:		Annual Report Form		BETTY NICHO	BETTY NICHOLS 2691 N BOBCAT WAY MERDIAN ID 83642  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.  ENHANCED RECOVERY COMPANY, LLC GINNY L WALKER 8014 BAYBERRY RD JACKSONVILLE FL 32256		100000 - 010000000000000000000000000000				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	: Enter Nar	nes and Address	ses of at least one Member or Manager.	'				
Office Held Na	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KIMBERLY H		OWELL 8014 BAYBERRY RD.		JACKSONVILLE	FL	USA	32256	
MEMBER KIRK R. MO			8014 BAYBERRY RD.	JACKSONVILLE	FL	USA	32256	
MEMBER MA	ARK A TH	OMPSON	8014 BAYBERRY RD.	JAKCOSNIVLLE	FL	USA	32256	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 95374		Signature: Mark A. Thompson			Date: 06/30/2011			
		Name (type or print): Mark A. Thompson			Title: Co-CEO			
Processed 06/30/2011	* Electronically provided signatures are accepted as original signatures.							