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|--|------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 40669 | | Due no later than Jun 30, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ENCLAVE LLC APRIL MEDINA 3029 E BONVIEW DR BOISE ID 83712 USA | | APRIL FLORCZYK 3029 E. BONVIEW DRIVE BOISE ID 83712 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name APRIL FLORCZYK | Street or PO Address 5460 N MENDELSON | | City MERIDIAN | State ID | Country USA | Postal Code 83642 |
| 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: 08/01/2012 Title: Managing Member | | | | | |
| Processed 08/01/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |