

No. W 40669		Due no later than Jun 30, 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 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			
				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	5460 N MENDELSON	MERIDIAN	ID	USA	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.					