No. <b>W 66314</b>	D	Due no later than Sep 30, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LISA M WOLFE 12037 W PEAK VIEW CT BOISE ID 83709			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LISA M WO	ENHANCED CLARITY, LLC LISA M WOLFE 12037 W PEAK VIEW CT BOISE ID 83709		POISE ID 83709			
	BOISE ID 8			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LISA M WOLFE		12037 W PEAK VIEW CT	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: L	Signature: Lisa Wolfe		Date: 09/22/2008			
W 66314	Name (type	Name (type or print): Lisa Wolfe		Title: Member			
Processed 09/22/2008	* Electronically	* Electronically provided signatures are accepted as original signatures.					