

No. W 95374	Due no later than Aug 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	ENHANCED RECOVERY COMPANY, LLC 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
MANAGER	MARK A. THOMPSON	8014 BAYBERRY RD.	JACKSONVILLE	FL	USA	32256
MANAGER	MARTY SARIM	8014 BAYBERRY RD.	JACKSONVILLE	FL	USA	32256
MANAGER	KIRK A. MOQUIN	8014 BAYBERRY RD.	JACKSONVILLE	FL	USA	32256
MANAGER	MIKE HARRISON	8014 BAYBERRY RD.	JACKSONVILLE	FL	USA	32256
5. Organized Under the Laws of: DE W 95374	6. Annual Report must be signed.*					
		Signature: Matthew Sawyer	Date: 08/03/2015			
		Name (type or print): Matthew Sawyer	Title: POA			
Processed 08/03/2015		* Electronically provided signatures are accepted as original signatures.				