

No. <b>W 40669</b>		<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ENCLAVE LLC APRIL FLORCZYK 3029 E BONVIEW DR BOISE ID 83712 USA		APRIL FLORCZYK 3029 E. BONVIEW DRIVE BOISE ID 83712			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 3029 E BONVIEW DRIVE		City BOISE	State ID	Country	Postal Code 83712
5. Organized Under the Laws of:  <b>ID</b> <b>W 40669</b>		6. Annual Report must be signed.*  Signature: April Florczyk Name (type or print): April Florczyk  Date: 05/07/2015 Title: managing member					
Processed 05/07/2015 * Electronically provided signatures are accepted as original signatures.							