

|                                                                                                                                                        |           |                                                                                                                                                                    |            |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 88238</b>                                                                                                                                     |           | <b>Due no later than Nov 30, 2010</b>                                                                                                                              |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |           | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EUROPE, LLC<br>RUDI LERH<br>679 FILER AVE<br>TWIN FALLS ID 83301 |            | RUDI LERH<br>679 FILER AVE<br>TWIN FALLS ID 83301  |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                                    |            | 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                                                                                                                                                | RUDI LERH | 908 MORTON                                                                                                                                                         | TWIN FALLS | ID                                                 | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                                                  |            |                                                    |         |                  |  |
| <b>ID<br/>W 88238</b>                                                                                                                                  |           | Signature: Rudi Lerh                                                                                                                                               |            |                                                    |         | Date: 10/06/2010 |  |
|                                                                                                                                                        |           | Name (type or print): Rudi Lerh                                                                                                                                    |            |                                                    |         | Title: Owner     |  |
| Processed 10/06/2010                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                                          |            |                                                    |         |                  |  |