

|                                                                                                                                                        |                    |                                                                                                                                                     |             |                                                                  |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 86161</b>                                                                                                                                     |                    | <b>Due no later than Aug 31, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>EUROTECH, LLC<br>CHRISTINE POTTORFF<br>3180 N WRIGHT RD #1<br>IDAHO FALLS ID 83401 |             | DANIEL D POTTORFF<br>3333 GREENWILLOW LN<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |             | 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      |  |
| MEMBER                                                                                                                                                 | CHRISTINE POTTORFF | 3333 GREENWILLOW LN                                                                                                                                 | IDAHO FALLS | ID                                                               | USA     | 83401            |  |
| MEMBER                                                                                                                                                 | DANIEL D POTTORFF  | 3333 GREENWILLOW LN                                                                                                                                 | IDAHO FALLS | ID                                                               | USA     | 83401            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                   |             |                                                                  |         |                  |  |
| <b>ID<br/>W 86161</b>                                                                                                                                  |                    | Signature: Christine Pottorff                                                                                                                       |             |                                                                  |         | Date: 06/14/2010 |  |
|                                                                                                                                                        |                    | Name (type or print): Christine Pottorff                                                                                                            |             |                                                                  |         | Title: Co-owner  |  |
| Processed 06/14/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |             |                                                                  |         |                  |  |