

Subscription Form for Beneficiary

The Shar'Rehn Inc., 391 N.W. 179 th Avenue, Beaverton, Oregon 97006, registered with the Secretary of State, Oregon, No. 321213-94, by G. Cordes decided the issue of participation rights with a total nominal value of 5,000,000.00 € 31.05 .. 2011th The participation rights are divided into 10,000 equal participation rights with a nominal value of € 100.00. The minimum investment is Euro.aufgeteilt 100th

Details of the signatory:

Name, first name: _____

Street: _____

Postal code, City: _____

Home phone: _____

Business Phone: _____

E-mail: _____

Bank: _____

Bank: _____

Sort Code: _____

Account no. _____

I hereby draw the following designated number of participation rights of Shar'Rehn Inc a nominal value of € 100.00 for their own account

Beneficiary á € 100.00: € _____,

Zzgl. 2.0% premium: € _____ (premium necessary until 08/01/2011)

Total subscription amount: € _____,

Place, Date Signature _____

Confirmation:

The granting of participation rights is based on the information brochure of the 31/05/2011 Shar'Rehn Inc and the participation rights conditions in society. The information brochure with the participation rights conditions

in particular its risk practices were commercial basis of this contract. The information brochure Shar'Rehn Inc I get handed out. The content, especially § 9 did with the guidelines for participation in the loss, I read and understood.

Place, Date Signature _____

Revocation

Withdrawal

You may cancel your contract within 2 weeks without giving reasons in writing (including e-mail). The period begins with receipt of this instruction. The revocation period is sufficient to send the revocation. The revocation must be sent to:

Shar'Rehn Inc. E-Mail: info@sharrehn.com

Consequences

In the case of an effective cancellation the mutually received benefits and any benefits (eg interest) surrendered. Can you give us the performance received whole or in part, or only in return a deteriorated condition, you must pay us compensation for the value.

Place, Date Signature _____