

No. <b>W 144436</b>		<b>Due no later than Nov 30, 2016</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>  DIETRICH DROP HYDRO, LLC ONE TECH DRIVE SUITE 220 ANDOVER MA 01810 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL I STORCH	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	WILLIAM PRICE	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	DAVID POST	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	STEPHEN PIKE	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	MELISSA MORGANTE	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	DON MILLER	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	RAFAEL GONZALEZ	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
MANAGER	STEPHEN E CHAMPAGNE	ONE TECH DRIVE SUITE 220	ANDOVER	MA	USA	01810	
5. Organized Under the Laws of:  <b>DE</b> <b>W 144436</b>		6. Annual Report must be signed.*  Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 10/14/2016 Title: POA					
Processed 10/14/2016		* Electronically provided signatures are accepted as original signatures.					