

|                                                                                                                                                        |                |                                                                                                                                                   |          |                                                     |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------------|--|
| No. <b>C 74927</b>                                                                                                                                     |                | <b>Due no later than Feb 28, 2011</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>IDAHO DIESEL TECHNOLOGIES, INC.<br>JAMES M WAGNER<br>PO BOX 462<br>LEWISTON ID 83501 |          | JAMES M WAGNER<br>711 PARK AVE<br>LEWISTON ID 83501 |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                   |          | 3. <u>New</u> Registered Agent Signature:*          |         |                   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                   |          |                                                     |         |                   |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                              | City     | State                                               | Country | Postal Code       |  |
| SECRETARY                                                                                                                                              | ALICIA L KAZDA | 412 PARK AVE                                                                                                                                      | LEWISTON | ID                                                  | USA     | 83501             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                 |          |                                                     |         |                   |  |
| <b>ID<br/>C 74927</b>                                                                                                                                  |                | Signature: Alicia Kazda                                                                                                                           |          |                                                     |         | Date: 04/13/2011  |  |
|                                                                                                                                                        |                | Name (type or print): Alicia Kazda                                                                                                                |          |                                                     |         | Title: Bookkeeper |  |
| Processed 04/13/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |          |                                                     |         |                   |  |