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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|---------------------|
| No. <b>W 59297</b>                                                                                                                                     |               | <b>Due no later than Feb 29, 2016</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>POWERTECH DIESEL, LLC<br>BRENT WILLSEY<br>3912 NORTH YELLOWSTONE HWY<br>IDAHO FALLS ID 83401 |       | BRENT WILLSEY<br>3912 NORTH YELLOWSTONE HWY<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                                                                                                                                                 | BRENT WILLSEY | 3919 EAST 154 NORTH                                                                                                                                                                            | RIGBY | ID                                                                  | 83442               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59297</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: BRENT WILLSEY<br>Name (type or print): BRENT WILLSEY<br><br>Date: 01/04/2016<br>Title: MEMBER                                                  |       |                                                                     |                     |
| Processed 01/04/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |       |                                                                     |                     |