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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------|---------------------|
| No. <b>W 70620</b>                                                                                                                                     |                 | <b>Due no later than Jan 31, 2018</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>PLEASANT VALLEY BIOFUELS, LLC<br>STEVEN E WORTON<br>179 POLK STREET<br>AMERICAN FALLS ID 83211 |                | STEVE WORTON<br>179 POLK STREET<br>AMERICAN FALLS ID 83211 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                  |                | 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                                                                                                                                                | STEVEN E WORTON | 179 POLK ST                                                                                                                                                                                      | AMERICAN FALLS | ID                                                         | 83211               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 70620</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Steven E. Worton<br>Name (type or print): Steven E. Worton<br>Date: 01/09/2018<br>Title: Manager                                                 |                |                                                            |                     |
| Processed 01/09/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |                |                                                            |                     |