

EXHIBIT 1
IRS Summons to Zions Bank



Summons

In the matter of DCL16BLT Inc (TIN # [redacted] 1997)
 Internal Revenue Service (Division): Small Business/Self-Employed
 Industry/Area (name or number): Western Area
 Periods: Calendar years ending December 31, 2013 and December 31, 2014

The Commissioner of Internal Revenue

To: Zions Bank
 At: Legal Department; 1875 S Redwood Road, Salt Lake City, UT 84104

You are hereby summoned and required to appear before Joel Zielke, Revenue Agent, or Designee an officer of the Internal Revenue Service, to give testimony and to bring with you and to produce for examination the following books, records, papers, and other data relating to the tax liability or the collection of the tax liability or for the purpose of inquiring into any offense connected with the administration or enforcement of the internal revenue laws concerning the person identified above for the periods shown.

In lieu of appearance, you may mail the following documents to the address below before the date of the appearance.

Please produce for examination copies of signature cards, monthly bank statements, bank deposit slips, deposit items, credit memos, cancelled checks, and debit memos drawn on accounts which DCL16BLT Inc (TIN # [redacted] 1997), or its wholly owned limited liability company, RaPower-3 LLC (TIN # [redacted] 2043) owns for the period December 2012 - January 2015.

The term 'credit memos' includes internal and external bank transfers of funds and wires and includes any internal memoranda evidencing the payor bank name, the payor account name and the payor account number for the accounts paying such transferred and wired funds. The term 'debit memos' includes internal and external bank transfers of funds and wires and includes any internal memoranda evidencing the recipient bank name, the recipient account name and the recipient account number for the accounts receiving such transferred and wired funds. The term 'cancelled checks' includes counter checks, cashier's checks and money orders. The term 'accounts' includes but is not limited to checking accounts, savings accounts, money market accounts, investment accounts, merchant accounts, credit card accounts, and loan accounts.

You are authorized to receive reimbursement of up to \$500.00 for costs directly related to the search for, reproduction of, and transport of the records requested in this summons. If the amount of direct costs is expected to exceed this amount please contact the issuing officer listed below for further authorization.

Do not write in this space

Business address and telephone number of IRS officer before whom you are to appear:

50 South 200 East, MS: 4544JZ, Salt Lake City, UT 84111; Phone 801-799-6685; Fax 801-799-6724

Place and time for appearance at 50 South 200 East, Salt Lake City, UT 84111



Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 2039 (Rev. 12-2001)
Catalog Number 21405J

on the 15th day of July, 2016 at 10 o'clock a m.
(year)
 Issued under authority of the Internal Revenue Code this 16th day of June, 2016
(year)

[Handwritten Signature]
 Signature of issuing officer

[Handwritten Signature]
 Signature of approving officer (if applicable)

Revenue Agent
 Title
Revenue Agent Group Manager
 Title

Original — to be kept by IRS



Service of Summons, Notice and Recordkeeper Certificates

(Pursuant to section 7603, Internal Revenue Code)

I certify that I served the summons shown on the front of this form on:

Date	06/16/2016	Time	
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**How
Summons
Was
Served**

- I certify that I handed a copy of the summons, which contained the attestation required by § 7603, to the person to whom it was directed.
- I certify that I left a copy of the summons, which contained the attestation required by § 7603, at the last and usual place of abode of the person to whom it was directed. I left the copy with the following person (if any): _____
- I certify that I sent a copy of the summons, which contained the attestation required by § 7603, by certified or registered mail to the last known address of the person to whom it was directed, that person being a third-party recordkeeper within the meaning of § 7603(b). I sent the summons to the following address: _____
Legal Department; 1875 S Redwood Road, Salt Lake City, UT 84104

Signature		Title	Revenue Agent
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7014 1200 0001 5737 6420

4. This certificate is made to show compliance with IRC Section 7609. This certificate does not apply to summonses served on any officer or employee of the person to whose liability the summons relates nor to summonses in aid of collection, to determine the identity of a person having a numbered account or similar arrangement, or to determine

whether or not records of the business transactions or affairs of an identified person have been made or kept.

I certify that, within 3 days of serving the summons, I gave notice (Part D of Form 2039) to the person named below on the date and in the manner indicated.

Date of giving Notice: 06/16/2016 Time: _____

Name of Noticee: DCL16BLT Inc

Address of Noticee (if mailed): 4035 S 4000 West; Delta, UT 84624

7009 2820 0003 5770 7447

7009 2820 0003 5770 7492

**How
Notice
Was
Given**

- I gave notice by certified or registered mail to the last known address of the noticee.
- I left the notice at the last and usual place of abode of the noticee. I left the copy with the following person (if any): _____
- I gave notice by handing it to the noticee.
- In the absence of a last known address of the noticee, I left the notice with the person summoned.
- No notice is required.

Signature		Title	Revenue Agent
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I certify that the period prescribed for beginning a proceeding to quash this summons has expired and that no such proceeding was instituted or that the noticee consents to the examination.

Signature		Title	
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SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.
 Article Addressed to:

ZIONS BANK
 1875 S REDWOOD RD
 SLC, UT 84104



9590 9401 0135 5225 1381 74

Article Number (Transfer from service label)
 7014 1200 0001 5737 6420

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Mick C* C. Date of Delivery *10/22/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Insured Mail Restricted Delivery (over \$500)

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 4.16
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.44

Sent to
 ZIONS BANK
 1875 S REDWOOD RD
 SLC, UT 84104

S Form 3811, July 2015 PSN 7530-02-000-9053


Domestic Return Receipt

0249 225 000 0021 4702

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.
 Article Addressed to:

PAUL W JONES
 4766 S HOLLADAY BLVD
 HOLLADAY, UT 84117



9590 9401 0135 5225 1381 67

Article Number (Transfer from service label)
 1009 2820 0003 5770 7492

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Jamie Long* C. Date of Delivery *04/22/16*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Insured Mail Restricted Delivery (over \$500)

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 4.16
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.44

Sent to
 DCLIBLT INC
 4035 S 4000 WEST
 DELTA, UT 84624

S Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

2472 0225 0003 5770 7492

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.
 Article Addressed to:

DCLIBLT INC
 4035 S 4000 WEST
 DELTA, UT 84624



9590 9401 0135 5225 1381 29

Article Number (Transfer from service label)
 1009 2820 0003 5770 7447

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Glenda E. Johnson* C. Date of Delivery *6/24/10*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery (over \$500)
 Insured Mail Restricted Delivery (over \$500)

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 4.16
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.44

Sent to
 PAUL W JONES
 4766 S HOLLADAY BLVD
 HOLLADAY, UT 84117

S Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

2642 0225 0003 5770 7492