

**EXHIBIT 2**  
**IRS Summons to Wells Fargo 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: Wells Fargo Bank

At: Subpoena Processing; 2700 S Price Road, 2nd Floor, Chandler, AZ 85286

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](http://www.irs.gov)

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

on the 15th day of July, 2016 at 10 o'clock a m.

Issued under authority of the Internal Revenue Code this 16th day of June, 2016

Signature of issuing officer

Revenue Agent

Title

Signature of approving officer (if applicable)

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: \_\_\_\_\_  
Subpoena Processing; 2700 S Price Road, 2nd Floor, Chandler, AZ 85286

Signature 	Title Revenue Agent
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7013 2250 0000 3268 1895

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 7461 7009 2820 0003 5770 7485

- How Notice Was Given**
- I gave notice by certified or registered mail to the last known address of the noticee.
  - I gave notice by handing it to 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).
  - 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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CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 46
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 646



Sent to  
 Street, Apt. No., or PO Box No.  
 DCLIBBLT INC  
 4035 S 4000 WEST  
 City, State, ZIP+4  
 DELTA, UT 84624

PS Form 3800, August 2006 See Reverse for Instructions

**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.

1. Article Addressed to:  
 DCLIBBLT INC  
 4035 S 4000 WEST  
 DELTA, UT 84624

2. Article Number (Transfer from service label)  
 7009 2820 0003 5770 7461

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Glenda E. Johnson*  Agent  Address

B. Received by (Printed Name)  
 GLENDA E JOHNSON

C. Date of Delivery  
 6/21/16

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 Restr. 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  Insured Mail Restricted Delivery (over \$500)

2942 0225 0003 0202 6002

CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 46
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 646



Sent to  
 Street, Apt. No., or PO Box No.  
 WELLS FARGO BANK  
 2700 S PRICE RD, 2ND FL  
 City, State, ZIP+4  
 CHANDLER, AZ 85286

PS Form 3800, August 2006 See Reverse for Instructions

**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.

1. Article Addressed to:  
 PAUL W JONES  
 4766 S HOLLADAY BLVD  
 HOLLADAY, UT 84117

2. Article Number (Transfer from service label)  
 7009 2820 0003 5770 7485

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *J. Jones*  Agent  Address

B. Received by (Printed Name)  
 JAMIE LONG

C. Date of Delivery  
 06/22/16

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 Restr. 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  Insured Mail Restricted Delivery (over \$500)

5691 892E 0000 0522 E702

CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 46
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 646



Sent to  
 Street, Apt. No., or PO Box No.  
 PAUL W JONES  
 4766 S HOLLADAY BLVD  
 City, State, ZIP+4  
 HOLLADAY, UT 84117

PS Form 3800, August 2006 See Reverse for Instructions

**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.

1. Article Addressed to:  
 WELLS FARGO BANK  
 2700 S PRICE RD, 2ND FL  
 CHANDLER, AZ 85286

2. Article Number (Transfer from service label)  
 7013 2250 0000 3268 1895

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Cassandra Diane*  Agent  Address

B. Received by (Printed Name)  
 CASSANDRA DIANE

C. Date of Delivery  
 6-23-16

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 Restr. 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  Insured Mail Restricted Delivery (over \$500)

5942 0225 0003 0202 6002