

<b>FORM D</b>
<b>Notice of Exempt Offering of Securities</b>

**UNITED STATES SECURITIES  
AND EXCHANGE COMMISSION  
Washington, D.C.**

<b>OMB APPROVAL</b>
OMB Number: 3235-0076
Expires: June 30, 2012
Estimated Average burden hours per response: 4.0

### 1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input type="checkbox"/> None	Entity Type
<b>0000778164</b>	<b>ACCESSITY CORP</b>	<input checked="" type="checkbox"/> Corporation
Name of Issuer	<b>DRIVERSSHIELD COM CORP</b>	<input type="checkbox"/> Limited Partnership
<b>Pacific Ethanol, Inc.</b>	<b>FIRST PRIORITY GROUP INC</b>	<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
<b>DELAWARE</b>		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Over Five Years Ago		
<input type="checkbox"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="checkbox"/> Yet to Be Formed		

### 2. Principal Place of Business and Contact Information

Name of Issuer			
<b>Pacific Ethanol, Inc.</b>			
Street Address 1		Street Address 2	
<b>400 CAPITOL MALL, SUITE 2060</b>			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<b>SACRAMENTO</b>	<b>CALIFORNIA</b>	<b>95814</b>	<b>916-403-2123</b>

### 3. Related Persons

Last Name	First Name	Middle Name	
<b>Jones</b>	<b>William</b>	<b>L.</b>	
Street Address 1		Street Address 2	
<b>400 Capitol Mall, Suite 2060</b>			
City	State/Province/Country	ZIP/Postal Code	
<b>Sacramento</b>	<b>CALIFORNIA</b>	<b>95814</b>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text"/>			

Last Name	First Name	Middle Name
<b>Koehler</b>	<b>Neil</b>	<b>M.</b>
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>

400 Capitol Mall, Suite 2060

City	State/Province/Country	ZIP/Postal Code
Sacramento	CALIFORNIA	95814

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Stone	Terry	L.

Street Address 1	Street Address 2
400 Capitol Mall, Suite 2060	

City	State/Province/Country	ZIP/Postal Code
Sacramento	CALIFORNIA	95814

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Prince	John	L.

Street Address 1	Street Address 2
400 Capitol Mall, Suite 2060	

City	State/Province/Country	ZIP/Postal Code
Sacramento	CALIFORNIA	95814

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Kieta	Douglas	L.

Street Address 1	Street Address 2
400 Capitol Mall, Suite 2060	

City	State/Province/Country	ZIP/Postal Code
Sacramento	CALIFORNIA	95814

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Layne	Larry	D.

Street Address 1

Street Address 2

400 Capitol Mall, Suite 2060

City

State/Province/Country

ZIP/Postal Code

Sacramento

CALIFORNIA

95814

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Kandris

Michael

D.

Street Address 1

Street Address 2

400 Capitol Mall, Suite 2060

City

State/Province/Country

ZIP/Postal Code

Sacramento

CALIFORNIA

95814

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Turner

Ryan

W.

Street Address 1

Street Address 2

400 Capitol Mall, Suite 2060

City

State/Province/Country

ZIP/Postal Code

Sacramento

CALIFORNIA

95814

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

McGregor

Bryon

T.

Street Address 1

Street Address 2

400 Capitol Mall, Suite 2060

City

State/Province/Country

ZIP/Postal Code

Sacramento

CALIFORNIA

95814

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Wright Christopher W.

Street Address 1: 400 Capitol Mall, Suite 2060 Street Address 2:

City: Sacramento State/Province/Country: CALIFORNIA ZIP/Postal Code: 95814

Relationship: [X] Executive Officer [ ] Director [ ] Promoter

Clarification of Response (if Necessary)

4. Industry Group

- Agriculture, Banking & Financial Services, Business Services, Energy, Health Care, Manufacturing, Real Estate, Retailing, Restaurants, Technology, Travel, Other

5. Issuer Size

- Revenue Range: [X] Decline to Disclose Aggregate Net Asset Value Range: [X] Decline to Disclose

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- Rule 504(b)(1)(i) [X] Rule 506 [ ] Rule 504(b)(1)(ii) [ ] Rule 504(b)(1)(iii) [ ] Rule 505 [ ] Securities Act Section 4(6) [ ] Investment Company Act Section 3(c) [ ]

## 7. Type of Filing

- New Notice      Date of First Sale             First Sale Yet to Occur
- Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?       Yes       No

## 9. Type(s) of Securities Offered (select all that apply)

- Pooled Investment Fund Interests       Equity
- Tenant-in-Common Securities       Debt
- Mineral Property Securities       Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon
- Exercise of Option, Warrant or Other Right to Acquire Security       Other (describe)

## 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

## 11. Minimum Investment

Minimum investment accepted from any outside investor      \$  USD

## 12. Sales Compensation

Recipient      Recipient CRD Number       None

(Associated) Broker or Dealer       None

(Associated) Broker or Dealer CRD Number       None

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

State(s) of Solicitation       All States       Foreign/Non-US

MINNESOTA  
NEW YORK

### 13. Offering and Sales Amounts

Total Offering Amount \$  USD  Indefinite  
Total Amount Sold \$  USD  
Total Remaining to be Sold \$  USD  Indefinite

Clarification of Response (if Necessary)

**Common Stock and Warrants to Purchase Common Stock**

### 14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

### 15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$  USD  Estimate  
Finders' Fees \$  USD  Estimate

Clarification of Response (if Necessary)

**In consideration of placement agent services provided to the issuer in connection with the offering (excludes expenses).**

### 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$  USD  Estimate

Clarification of Response (if Necessary)

### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Pacific Ethanol, Inc.	Christopher W. Wright	Christopher W. Wright	Secretary	2011-12-15