

|                                                                                                                                                        |                                |                                                                                                                                      |       |                                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 45002</b>                                                                                                                                     |                                | <b>Due no later than Dec 31, 2010</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>1. Mailing Address: Correct in this box if needed.</b><br><br>ACFI 1998-2, LLC<br>412 E PARKCENTER BLVD STE 300<br>BOISE ID 83706 |       | AMRESCO COMMERCIAL FINANCE LLC<br>412 E PARKCENTER BLVD STE 300<br>BOISE ID 83706 |         |                  |  |
|                                                                                                                                                        |                                |                                                                                                                                      |       | 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                                                                                                                                                | AMRESCO COMMERCIAL FINANCE LLC | 412 E PARKCENTER BLVD STE 300                                                                                                        | BOISE | ID                                                                                | USA     | 83706            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                                | 6. Annual Report must be signed.*                                                                                                    |       |                                                                                   |         |                  |  |
| <b>ID<br/>W 45002</b>                                                                                                                                  |                                | Signature: Matthew Moore                                                                                                             |       |                                                                                   |         | Date: 12/15/2010 |  |
|                                                                                                                                                        |                                | Name (type or print): Matthew Moore                                                                                                  |       |                                                                                   |         | Title: President |  |
| Processed 12/15/2010                                                                                                                                   |                                | * Electronically provided signatures are accepted as original signatures.                                                            |       |                                                                                   |         |                  |  |