

|                                                                                                                                                        |                 |                                                                                                                                                                                     |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 71592</b>                                                                                                                                     |                 | <b>Due no later than Feb 28, 2011</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>PIERCEST.NO.2, LLC<br>TIMOTHY M DOYLE<br>2179 COLOMA WAY<br>BOISE ID 83712<br>USA |       | TIMOTHY M DOYLE<br>2179 COLOMA WAY<br>BOISE ID 83712 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                     |       | 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                                                                                                                                                | TIMOTHY M DOYLE | 2179 COLOMA WAY                                                                                                                                                                     | BOISE | ID                                                   | USA     | 83712       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 71592</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Tim Doyle<br>Name (type or print): Tim Doyle<br>Date: 01/03/2011<br>Title: Manager                                                  |       |                                                      |         |             |  |
| Processed 01/03/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                           |       |                                                      |         |             |  |