FORM D

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UNIT

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

//39696 OMB APPROVAL

OMB APP	ROVAL
OMB Number: Expires:	3235-0076 April 30, 2008
Estimated average bur hours per response	

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Name of Offering PIMCO Private Series C	`	is is an amendment and name h	as changed, and in	dicate change.)	05068518
Filing Under (Check box(		□ Rule 504□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	☐ New Filing	☑ Amendment		····	
		A. BASIC IDENTII	FICATION DA	TA	
1. Enter the information re	equested about the	issuer			
Name of Issuer (☐ check PIMCO Private Series C		ment and name has changed, an	d indicate change.	)	
Address of Executive Offi 840 Newport Center Driv		(Number and Street, City, Stavport Beach, CA 92660	ate, Zip Code.)	Telephone Number ( 949-720-6000	Including Area Code)
Address of Principal Busin (if different from Executiv	•	(Number and Street, City, Sta	nte, Zip Code)	Telephone Number (	Including Area Code)
Brief Description of Busir Private investment Fund					D OCT 17 200s
Type of Business Organiz  ☐ corporation ☐ business trust	□lin	nited partnership, already forme mited partnership, to be formed		☑ other (please specif	fy): Limited Robility Company
Actual or Estimated Date Jurisdiction of Incorporati	•		ostal Service abbre		

# **GENERAL INSTRUCTIONS**

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be riled with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless exemption is predicated on the filing of a federal notice.

Λ

		A. BASIC IDENTIFI	CATION DATA		
<ul> <li>2. Enter the information requested</li> <li>Each promoter of the issuer,</li> <li>Each beneficial owner having issuer;</li> <li>Each executive officer and dientification</li> <li>Each general and managing processing in the processing issuer.</li> </ul>	if the issuer has be g the power to vote irector of corporate	een organized within the pe or dispose, or direct the e issuers and of corporate	vote or disposition of, 10		
Check Box(es) that Apply:	Promoter	Beneficial Owner	□Executive Officer	☐ Director	☑ General and/or  Managing Partner
Full Name (Last name first, if indi Pacific Investment Management	•				Managing Farmer
Business or Residence Address 840 Newport Center Drive, Suit	(Number and St	reet, City, State, Zip Code Beach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or  Managing Partner
Full Name (Last name first, if indi	ividual)	<del></del>	7		
Business or Residence Address 840 Newport Center Drive, Suit	•	reet, City, State, Zip Code each, CA 92660	e)	•	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if indi William Robert Benz, II	ividual)		,		
Business or Residence Address 840 Newport Center Drive, Suit		reet, City, State, Zip Code each, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if ind. John B. Brynjolfsson	ividual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	reet, City, State, Zip Code leach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if inde Wendy W. Cupps	ividual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	rreet, City, State, Zip Code each, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or  Managing Partner
Full Name (Last name first, if inde Chris Pete Dialynas	ividual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	treet, City, State, Zip Code each, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, if ind: Mohamed Aly El-Erian	ividual)		A Marine Commission of the Com		
Business or Residence Address 840 Newport Center Drive, Suit	,	reet, City, State, Zip Code	e) .		V 47 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
		t, or copy and use addition	nal copies of this sheet, a	s necessary.)	a de la constantina del constantina de la constantina del constantina de la constant

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director □General and/or Managing Partner Full Name (Last name first, if individual) William Hunt Gross Business or Residence Address (Number and Street, City, State, Zip Code) 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 ☐ Beneficial Owner ☑ Executive Officer □General and/or Check Box(es) that Apply: ☐ Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Changhong Zhu (Number and Street, City, State, Zip Code) Business or Residence Address 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Pasi Matti Hamalainen Business or Residence Address (Number and Street, City, State, Zip Code) 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 ☐ Promoter ☑ Executive Officer Check Box(es) that Apply: ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Brent Richard Harris** Business or Residence Address (Number and Street, City, State, Zip Code) 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Douglas M. Hodge Business or Residence Address (Number and Street, City, State, Zip Code) 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Brent Lawrence Holden Business or Residence Address (Number and Street, City, State, Zip Code) 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660 ☐ Beneficial Owner ☑ Executive Officer ☐ Director □General and/or Check Box(es) that Apply: ☐ Promoter

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

Margaret Ellen Isberg

Business or Residence Address

Managing Partner

		A. BASIC IDENTIFI	CATION DATA		
<ul> <li>2. Enter the information requested</li> <li>Each promoter of the issuer,</li> <li>Each beneficial owner having issuer;</li> <li>Each executive officer and di</li> <li>Each general and managing p</li> </ul>	if the issuer has be g the power to vot rector of corporat	een organized within the pe or dispose, or direct the e issuers and of corporate	vote or disposition of, 10		
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Full Name (Last name first, if indi	vidual)				
Business or Residence Address 840 Newport Center Drive, Suite	•	treet, City, State, Zip Cod Beach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi Raymond G. Kennedy	vidual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	treet, City, State, Zip Cod Beach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if indi John Sebastian Loftus	vidual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	treet, City, State, Zip Cod Beach, CA 92660	e)		
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Business or Residence Address 840 Newport Center Drive, Suite		treet, City, State, Zip Cod Beach, CA 92660	e)		
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Full Name (Last name first, if indi Scott A. Mather	vidual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	treet, City, State, Zip Cod Beach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi Paul A. McCulley	vidual)				
Business or Residence Address 840 Newport Center Drive, Suit	· ·	treet, City, State, Zip Cod Beach, CA 92660	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if indi Joseph McDevitt	ividual)				
Business or Residence Address 840 Newport Center Drive, Suit	•	treet, City, State, Zip Cod Beach, CA 92660	e)		

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	iness or Residence Address Newport Center Drive, Suite	•	eet, City, State, Zip Code each, CA 92660	e) 		
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
	Name (Last name first, if indiv han V. Phansalkar	vidual)				
	iness or Residence Address Newport Center Drive, Suite	•	reet, City, State, Zip Code each, CA 92660	е)		
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
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	Name (Last name first, if indiv Scott Simon	vidual)				
	iness or Residence Address  Newport Center Drive, Suite		reet, City, State, Zip Code each, CA 92660	e)		
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
	l Name (Last name first, if individiam Samuel Thompson, Jr.	vidual)				
	siness or Residence Address  Newport Center Drive, Suite	•	reet, City, State, Zip Code each, CA 92660	e)		
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
	Name (Last name first, if indiv hard MacCoy Weil	vidual)				
	siness or Residence Address  Newport Center Drive, Suite	•	reet, City, State, Zip Code each, CA 92660	e)		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					B. IN	FORMA	TION AB	OUT OFF	ERING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No
*unless waived Yes No  Yes No  1. Does the offering permit joint ownership of a single unit?	1. Has	the issuer so	old, or does	the issuer in									
3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission of similar remaneation for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. There than five (5) persons to be listed are associated persons of such a broker or dealer, was may set forth the information for that broker or dealer eigstered with the SEC and/or with a state or states, list the name of the solve ror dealer dealer. You may set forth the information for that broker or dealer entry.  Full Name (Last name first, if individual)  Allana Global Investors Distributors LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  2187 Atlantic Street, Stamford, CT 06902  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	2. Wha	at is the mini	mum invest	ment that w	ill be accep	ted from any	v individual	?			***************************************		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remaneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sacto or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Allianz Global Investors Distributors LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  2187 Atlantic Street, Stamford, CT 06902  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Cheek "All States" or check individual States)  (Cheek "All States" or check individual States)  (Cheek "All States" or check individual States)  (AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI					·								
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be bitsed is an associated person or agent of a broker or dealer right or of ealer right or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Allianz Global Investors Distributors LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  2187 Atlantic Street; Stamford, CT 06902  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Cheek "All States" or check individual States)					_							lacktriangle	
Allianz Global Investors Distributors LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  2187 Atlantic Street, Stamford, CT 06902  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI	com a pe state	mission or s rson to be li s, list the n	imilar remu isted is an a ame of the	neration for ssociated pe broker or d	solicitation erson or age ealer. If mo	of purchas nt of a brok ore than five	ers in conne er or dealer (5) person	ection with some registered visites to be liste	sales of secu with the SE	irities in the C and/or wi	offering. If th a state or		
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(Check "All States" or check individual States)	Name o	f Associated	Broker or I	Dealer									
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]   Full Name (Last name first, if individual)   Business or Residence Address (Number and Street, City, State, Zip Code)   Name of Associated Broker or Dealer   States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   (Check "All States" or check individual States)   [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]   [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]   [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							<del></del>			<u></u>		<u></u>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Busines	s or Resider	ice Address	(Numbe	er and Stree	t, City, State	e, Zip Code	)			· · · · · · · · · · · · · · · · · · ·		
(Check "All States" or check individual States)       □ All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Name o	f Associated	Broker or I	Dealer									
(Check "All States" or check individual States)       □ All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States in	Which Per	son Listed L	las Solicites	or Intende	to Solicit P	urchasers	<u> </u>	<del> </del>				
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	[IL]		[IA]	[KS]		[LA]		[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
T	Agg	regate Offering	Amount Already
Type of Security Debt	•	Price	Sold
	\$_	0	S0
Equity	\$_	0	\$0
☐ Common ☐ Preferred	\$_		\$0
Convertible Securities (including warrants)	\$_	0	\$0
Partnership Interests.	\$_	0	\$0
Other (Specify LLC Interests)	\$	Unlimited	\$ <u>1,000,000</u>
Total	\$	Unlimited	\$ <u>1,000,000</u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	\$	1	\$1,000,000
Non-accredited Investors	\$	0	\$ 0
Total (for filings under Rule 504 only)	\$	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Time of	Dollar Amount
Type of Offering		Type of Security	Sold
Rule 505			\$
Regulation A	_		\$
Rule 504			\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$0
Printing and Engraving Costs			\$0
Legal Fees		☑	\$100,000
Accounting Fees		Ø	\$25,000
Engineering Fees			\$0
Sales Commissions (specify finders' fees separately)			\$0
Other Expenses (identify)		◩	\$ 25,000
Total (for filings under Rule 504 only)			\$ 0

_	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND	USE	OF PRO	CEE	<u>EDS</u>	
b.	Enter the difference between the aggregate offeri and total expenses furnished in response to Part C gross proceeds to the issuer."					\$	<u>Unlimited</u>
5.		any purpose is not known, furnish an estimate and tal of the payments listed must equal the adjusted					
			Offi	Payments to cers, Direct & Affiliates	tors	-	ments To Others
Sa	laries and Fees		□ <b>\$</b>	*		<b>□</b> \$	0
Pu	rchase of real estate			0		□ \$	0
	rchase, rental or leasing and installation of machine			0			
	onstruction or leasing of plant buildings and facilitie					□ \$	
	equisition of other businesses (including the value o						
	ed in exchange for the assets or securities of another		□ \$	S0		□ <b>\$</b>	0
Re	payment of indebtedness		□ \$	<u> </u>		□ \$	0
W	orking capital		□ \$	S0		□ \$	0
Ot	her Expenses (identify) Payment of Organizational	Expenses	□ \$	S0		□ \$	0
To	stal Payments Listed (column totals added)				\$	_0	
0.3	*PIMCO Private Series Company LLC pay 35% annually of the issuer's net assets.	s to the Investment Manager a fee equal to					
		D. FEDERAL SIGNATURE					
sig	mature constitutes an undertaking by the issuer to fu	the undersigned duly authorized person. If this notice armish to the U.S. Securities and Exchange Commiss ited investor pursuant to paragraph (b)(2) of Rule 50	ion, u				
sig int Iss	mature constitutes an undertaking by the issuer to fu	the undersigned duly authorized person. If this notice urnish to the U.S. Securities and Exchange Commiss ited investor pursuant to paragraph (b)(2) of Rule 50	ion, u 2.		n reque		
sig int Iss PI	gnature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accreding suer (Print or Type)	the undersigned duly authorized person. If this notice arnish to the U.S. Securities and Exchange Commiss ited investor pursuant to paragraph (b)(2) of Rule 50	ion, u 2.	pon writter	n reque		
sig inf Iss PI Na Pa	gnature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accreding (Print or Type)  MCO Private Series Company LLC  ame of Signer (Print or Type)	the undersigned duly authorized person. If this notice arnish to the U.S. Securities and Exchange Commissified investor pursuant to paragraph (b)(2) of Rule 50 Signature  Title of Signer (Print or Type)	ion, u 2.	pon writter	n reque		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

**ATTENTION**