No. W 77084	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE:** $30.00	1. **Mailing Address: Correct in this box if needed.** MRP/COEUR D'ALENE, LLC 911 WISCONSIN AVE STE 103 WHITEFISH MT 59937	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	Glacier Restaurant Group, LLC	911 Wisconsin Ave. Suite 103	Whitefish	MT	USA	59937
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 77084	Signature: [signature] Name (type or print): William P. Foley, II Date: 2-11-14 Title: CEO

Issued 02/11/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM