

W 132723

11/18/15, 9:17 AM

<p>No. W 132723</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</p> <p>1. Mailing Address: Correct in this box if needed. GLACIER EXPLORATION GROUP, LLC AUSTIN HERN 3180 N HONEYSUCKLE DRIVE COEUR D ALENE ID 83814</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) AUSTIN HERN 3180 N HONEYSUCKLE DRIVE COEUR D ALENE ID 83814</p> <p>3. New Registered Agent Signature.</p>																																								
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:20%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Gabriel Hern</td> <td>3180 N Honeysuckle Dr</td> <td>Coeur d'Alene</td> <td>ID</td> <td>Kootenai</td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Gabriel Hern	3180 N Honeysuckle Dr	Coeur d'Alene	ID	Kootenai	83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>								Manager <input type="checkbox"/> Member <input type="checkbox"/>								Manager <input type="checkbox"/> Member <input type="checkbox"/>							
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<p>5. Organized Under the Laws of:</p> <p style="text-align: center;">IDAHO W 132723</p>	<p>6. Signature: _____ _____ Name (type or print): Gabriel Hern</p> <p>Date: _____ _____ Title: Manager</p>																																									
<p>Issued 11/18/2015 by online</p>																																										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM