


| No. W 77084 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------|-------------------|-------------|----------------------|------|-------|---------|-------------|---|-------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. MRP/COEUR D'ALENE, LLC 911 WISCONSIN AVE STE 103 WHITEFISH MT 59937 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Glacier Restaurant Group, LLC</td> <td>911 Wisconsin Ave Suite 103 Whitefish MT, 59937</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> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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> </tr> </tbody> </table> | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Glacier Restaurant Group, LLC | 911 Wisconsin Ave Suite 103 Whitefish MT, 59937 | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Glacier Restaurant Group, LLC | 911 Wisconsin Ave Suite 103 Whitefish MT, 59937 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 77084 | | 6. Signature:  Name (type or print): <u>William P. Foley, II</u> Date: <u>2-15-16</u> Title: <u>CEO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 02/15/2016 by online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |