
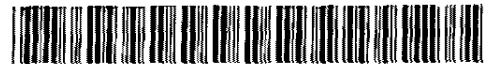


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M010000071814</b> 1. Entity Name <b>GLACIER MANAGEMENT, LLC</b>	
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Principal Place of Business <b>10220 N. AMBASSADOR DR. KANSAS CITY, MO 64153</b>	Mailing Address <b>10220 N. AMBASSADOR DR. KANSAS CITY, MO 64153</b>
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03282003 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1910862</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 6, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM J.B., HUNT 611 W. HIGHWAY 45 FAYETTEVILLE, AR 72703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MID-AM CAPITAL, LLC 10220 N. EXECUTIVE HILLS BLVD. KANSAS CITY, MO 64153
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAIRY FARMERS OF AMERICA, INC. 10220 N. EXECUTIVE HILLS BLVD. KANSAS CITY, MO 64153
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/10/04-80004-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-7-04 (816) 801-6455