



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M01000001814</b> 1. Entity Name <b>GLACIER MANAGEMENT, LLC</b>						<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>05 OCT 31 AM 9:34</b>	
Principal Place of Business <b>10220 N. AMBASSADOR DR.</b> <b>KANSAS CITY, MO 64153</b>				Mailing Address <b>10220 N. AMBASSADOR DR.</b> <b>KANSAS CITY, MO 64153</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>43-1910862</b>				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <b>XX</b>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <b>SEE ATTACHED</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.B., HUNT 611 W. HIGHWAY 45 FAYETTEVILLE, AR 72703 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000610430 10/31/05--01045--013 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>**\$5.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MID-AM CAPITAL, LLC 10220 N. EXECUTIVE HILLS BLVD. KANSAS CITY, MO 64153 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIRY FARMERS OF AMERICA, INC. 10220 N. EXECUTIVE HILLS BLVD. KANSAS CITY, MO 64153 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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. <b>Glacier Management, LLC, By Dairy Farmers of America, Inc., it's member</b> <b>SIGNATURE: By: [Signature]</b> <b>10/26/05 (816)801-6455</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <b>David A. Geisler, Corporate Vice President/Legal</b>							

*Having been named as registered agent and to accept service of process for **Glacier Management, LLC** at the place herein designated:*

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent for in Chapter 608, F.S.*

Dated: October 26, 2005

CT Corporation System

By: John J. Linnihan  
John J. Linnihan, Asst. Vice President