No. C 68110		Due no later than Oct 31, 2011 Annual Report Form		2. Registered A	Registered Agent and Address (NO PO BOX) TIM HUBBARD			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			55 SMITHS FERRY DR CASCADE ID 83611			
		TIMBER TABERNACLE INCORPORATED PASTOR TIM HUBBARD 55 SMITHS FERRY DR CASCADE ID 83611-5510 USA			3. New Registered Agent Signature:*			
				J. Negiste				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT			55 SMITHS FERRY DR	CASCADE	ID	USA	83611-5510	
TREASURER MIKE PREST			420 BITTERROOT DR	BOISE	ID	USA	83709-0805	
DIRECTOR CHARLES MC			9761 MOORE DR.	CASCADE	ID	USA	83611-5509	
SECRETARY	ROBERT WA	.RD	166 SUMMIT DR.	CASCADE	ID	USA	83611-5424	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 68110		Signature: Tim P. Hubbard			Date: 12/05/2011			
		Name (type or p		Title: President				
Processed 12/05/2011 * Electronically provided signatures are accepted as original signatures.								