

|  |                   |  |            |  |         |  |  |
|--|-------------------|--|------------|--|---------|--|--|
| No. <b>C 104367</b>  |                   | <b>Due no later than Dec 31, 2017</b><br><b>Annual Report Form</b>   |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GREENTIMBER DENTAL LAB, INC.<br>CURTIS C HATCH<br>834 FALLS AVE STE 1020-D<br>TWIN FALLS ID 83301 |            | CURTIS C HATCH<br>1015 LAUREN LANE<br>FILER ID 83328 |         |  |  |
|  |                   |  |            |  |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                   |  |            |  |         |  |  |
| Office Held  | Name              | Street or PO Address   | City       | State  | Country | Postal Code                                |  |
| PRESIDENT  | CURTIS C HATCH    | 834 FALLS AVE STE 1020-D   | TWIN FALLS | ID   | USA     | 83301                                      |  |
| SECRETARY  | CHRISTINA S HATCH | 834 FALLS AVE STE 1020-D   | TWIN FALLS | ID   | USA     | 83301                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 104367</b>  |                   | 6. Annual Report must be signed.*<br><br>Signature: CURTIS HATCH<br>Name (type or print): CURTIS HATCH   |            |  |         |  |  |
| Processed 01/12/2018   |                   | * Electronically provided signatures are accepted as original signatures.<br><br>Date: 01/12/2018<br>Title: PRESIDENT  |            |  |         |  |  |