

No. C 104367		Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. GREENTIMBER DENTAL LAB, INC. CURTIS C HATCH 834 FALLS AVE STE 1020-D TWIN FALLS ID 83301		CURTIS C HATCH 1015 LAUREN LANE 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: ID C 104367		6. Annual Report must be signed.* Signature: CURTIS HATCH Name (type or print): CURTIS HATCH Date: 01/12/2018 Title: PRESIDENT					
Processed 01/12/2018		* Electronically provided signatures are accepted as original signatures.					