

|  |                   |   |            |  |         |             |  |
|--|-------------------|---|------------|--|---------|-------------|--|
| No. <b>C 104367</b>  |                   | <b>Due no later than Dec 31, 2013</b>   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<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>Annual Report Form</b><br><br><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<br/>C 104367</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Curtis Hatch<br>Name (type or print): Curtis Hatch<br>Date: 01/02/2014<br>Title: President  |            |  |         |             |  |
| Processed 01/02/2014   |                   | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |