| No. <b>C 181316</b>  |                 | Due no later than Dec 31, 2014  |   | 2. Registered Age             | 2. Registered Agent and Address (NO PO BOX) |            |                |  |
|--|-----------------|---|---|-------------------------------|---|------------|----------------|--|
| Return to:   |                 | Annual Report Form  |   |                               | ALVA A HARRIS                               |            |                |  |
| 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.  HODSON VENTURES, INC.  EMILY HODSON  171 S EMERSON AVE  SHELLEY ID 83274  USA |   | CO. M. M. MONTON MARKS (1990) | 171 S EMERSON AVE                           |            |                |  |
|  |                 |   |   |                               |   |            |                |  |
|  |                 |   |   | 3. <u>New</u> Registere       | 3. <u>New</u> Registered Agent Signature:*  |            |                |  |
|  |                 |   |   |                               |   |            |                |  |
| 4. Corporations: Enter   | Names and Busin | ess Addresses of I  | President, Secretary, and Directors. Treasu | rer (optional).               |   |            |                |  |
| Office Held  | Name            |   | Street or PO Address                        | City                          | State                                       | Country    | Postal Code    |  |
| DIRECTOR EMILY J HODSON PRESIDENT DANIEL G HODSON  |                 |   | 11 WILSON BUTTE ROAD<br>11WILSON BUTTE ROAD | GREAT FALLS<br>GREAT FALLS    | MT<br>MT                                    | USA<br>USA | 59405<br>76502 |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |   |                               |   |            |                |  |
| ID   |                 | Signature: Emily J Hodson   |   |                               | Date: 11/05/2014                            |            |                |  |
| C 181316   |                 | Name (type or   |   | Title: Director               |   |            |                |  |
| Processed 11/05/2014   |                 | * Electronically pr   | ovided signatures are accepted as original  | signatures.                   |   |            |                |  |