No. <b>W 132858</b>		Due no later than Jan 31, 2017 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:					KARL JOHNSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WILLOW HEMISPHERE LLC  ANTHONY MIDSON HEMISPHERE LLC  2520 SE CLAY  PORTLAND OR 97214			115 S WASHINGTON ST STE 2 MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MEMBER	ANTHONY J	MIDSON	2520 SE CLAY	Р	ORTLAND	OR	USA	97214
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 132858		Signature: Anthony Midson			Date: 11/27/2016			
		Name (type or print): Anthony Midson			Title: Member			
Processed 11/27/2016 * Electronically provided signatures are accepted as original signatures.								