



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**11 MAR 14 AM 9:13**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Semons IRA, LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

2824 Poleline Rd. Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Mark S. Semons

(Name)

2824 Poleline Rd. Pocatello, ID 83201

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Mark S. Semons

2485 N. Cimмерon Circle Pocatello, ID 83204

5. Mailing address for future correspondence (annual report notices):

2824 Poleline Rd. Pocatello, ID 83201

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Mark S. Semons

Signature

Typed Name:

Secretary of State use only

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03/14/2011 05:00  
CK: 5172 CT: 156033 BH: 1264210  
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