

No. <b>W 101459</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SEMONS IRA, LLC. MARK S SEMONS 2824 POLELINE RD POCATELLO ID 83201		MARK S SEMONS 2824 POLELINE RD POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MARK S. SEMONS	Street or PO Address 2824 POLELINE RD.		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 101459</b>		6. Annual Report must be signed.*  Signature: Mark Semons Name (type or print): Mark Semons  Date: 01/25/2016 Title: President					
Processed 01/25/2016 * Electronically provided signatures are accepted as original signatures.							