No. <b>W 101459</b>		Due no later than Mar 31, 2014		2	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SEMONS IRA, LLC.  MARK S SEMONS  2824 POLELINE RD  POCATELLO ID 83201			MARK S SEMONS 2824 POLELINE RD POCATELLO ID 83201  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MARK S. SI	EMONS	2824 POLELINE RD.		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark S Semons			Date: 01/27/2014			
W 101459		Name (type or print): Mark S Semons			Title: Manager			
Processed 01/27/2014 * Electronically provided signatures are accepted as original signatures.								