

No. W 101459	Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. SEMONS IRA, LLC. MARK S SEMONS 2824 POLELINE RD POCATELLO ID 83201		MARK S SEMONS 2824 POLELINE RD POCATELLO 83201			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MARK S. SEMONS	2824 POLELINE RD.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 101459	6. Annual Report must be signed.* Signature: Mark Semons Name (type or print): Mark Semons		Date: 01/15/2015 Title: MANAGER			
Processed 01/15/2015		* Electronically provided signatures are accepted as original signatures.				