



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE 4:20**

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Financial Coach, LLC

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

2502 N. Constance Pl., Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Daniel Thompson

(Name)

2502 N. Constance Pl., Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Daniel Thompson

2502 N. Constance Pl., Eagle, ID 83616

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

2502 N. Constance Pl., Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Daniel Thompson

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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03/09/2011 05:00  
CK: 1201 CT: 200625 BH: 1263548  
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