



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

JAN 25 AM 10:04

STATE OF IDAHO

1. The name of the limited liability company is:

Long Term Planning, LLC

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

5203 West Silverlake Lane

(Street Address)

Boise, Idaho 83703

(Mailing Address, if different than street address)

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

Kristin Koskella

(Name)

5203 West Silverlake Lane Boise, ID 83703

(Street Address)

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

**Name**

**Address**

Kristin Koskella

5203 West Silverlake Lane Boise, ID 83703

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

5203 West Silverlake Lane Boise, Idaho 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Kristin Koskella

Typed Name: Kristin Koskella

Signature \_\_\_\_\_

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

Secretary of State use only

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