No. W 99922	Di	Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. LONG TERM PLANNING, LLC KRISTIN M KOSKELLA 5203 W SILVERLAKE LN BOISE ID 83703		KRISTIN KOSKELLA 5203 W SILVERLAKE LN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LONG TERM F			BOISE ID 83703			
	BOISE ID 83			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KRISTIN	M KOSKELLA	5203 W SILVERLAKE LANE	BOISE	ID	USA	83703	
6. Annual Report must be signed.*							
ID	Signature: Kr	Signature: Kristin Koskella		Date: 02/09/2014			
W 99922	Name (type o	Name (type or print): Kristin Koskella		Title: Manager			
Processed 02/09/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					