

STATEMENT OF QUALIFICATION OFFILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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The undersigned elects to be a Limited Liability Partnership, and submits the still Wing STAT information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is: FUTURISTIC LOGISTICS, LLP
2.	If previously filed a statement of partnership, the name used in that statement is:
	The date it was filed with the Idaho Secretary of State's Office was:
3.	The street address of the limited liability partnership's chief executive office is:
	1565 LENZ LANE; BOISE, ID 83712
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:
5.	The mailing address for future correspondence is: C/O BARBARA J. STOTT; 1565 LENZ LANE; BOISE, ID 83712
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
8.	Signature of at least 2 partners:
$\stackrel{\sim}{-}$	Typed Name BARBARA J. STORY
	Typed Name BARBARA J. STORY . 2)