



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

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1. The name of the limited liability partnership is:

Full Stack Solutions Limited Liability Partnership

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations)

If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.

2. The street address of the limited liability partnership's principal office is:

1105 N Adkins Dr, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

4. Name and street address of the registered agent:

Jeremy Krasin

1105 N Adkins Dr, Post Falls, ID 83854

(Name)

(Address)

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

1105 N Adkins Dr, Post Falls, ID 83854

(Address)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. See instructions for list of permitted professions.)

8. Signatures of all partners:

Printed Name: **Jeremy Krasin**

Signature:

Printed Name: **Aaron Flores**

Signature:

Secretary of State use only

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