



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2015 FEB -3 PM 3:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Vital Victory Global

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Vitaliy Elikh</u>	<u>2906 W. TORANA Drive</u>
<u>Elikh</u>	<u>Meridian, ID 83646</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Vitaliy Elikh
2906 W. TORANA DRIVE
Meridian, ID 83646

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Vitaliy Elikh

Printed Name: Vitaliy Elikh

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/03/2015 05:00

CK: CASH CT: 158010 BH: 1460134
1@ 25.00 = 25.00 ASSUM NAME #2

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