

Capacity/Title:\_

## 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 26 AM 9: 57

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undoposition business is:    Race   Ra	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Senjumin Zaverukha	
3. The general type of business transacted un  Retail Trade  Wholesale Trade  Construction  Services  Agriculture	and Public Utilities
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Benjamin Zaverukha  4463 N. Montelino Ave  Meridian IP 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	ut .
	Secretary of State use only
Signature: Devamin ZAVERUKHA  Printed Name: Benjamin ZAVERUKHA  Capacity/Title: OUNER	IDAHO SECRETARY OF STATE 02/26/2015 05:00 CK:CASH CT:158010 BH:1463664 16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	D177672

ahn pmd Rev 07/2010