

**CITY OF SOMERVILLE
 MASSACHUSETTS
 OFFICE OF THE CITY CLERK
 RENEWAL APPLICATION FOR GARAGE LICENSE**

DAVID APOSHIAN - TRUSTEE
 1667 COMMONWEALTH AVENUE
 BRIGHTON MA 02135

LIC #: 2012-226
 B.O.A.# 175100

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
 Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
 This Certificate must be signed and filed with the required fee of \$550.00 not
 later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
 records below. Please print or type your information, except for signature.

Company Name: SOMERVILLE HOUSING GROUP TRUST III TEL: _____
 Company Address: 00481 COLUMBIA ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Ship ___ Gov't Partner Other ___
 Owner Name: DAVID APOSHIAN - TRUSTEE TEL: 617-783-8888
 Owner Address: 1667 COMMONWEALTH AVENUE

Owner City: BRIGHTON State: MA Zip: 02135
 FID#: 043548614

This renewal is being sent to you as a courtesy, please file on time. If this
 renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
 MONDAY-FRIDAY: 08:00 AM-06:00 PM
 SATURDAY: 08:00 AM-02:00 PM
 SUNDAY: CLOSED

Very truly yours,

John J. Long
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-226
 FEE: \$550.00

This is to certify: DAVID APOSHIAN - TRUSTEE
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 09/25/2003

Garage situated at: 00481 COLUMBIA ST (MUNREG)
 Doing business as : SOMERVILLE HOUSING GROUP TRUST III
 Shall not exceed: 252 Vehicles Inside
 in addition the following restrictions apply:
APPROVED WITH CONDITIONS SUBJECT TO ISD APPROVAL.

This renewal certificate must be signed by the holder of the license.

Check One Owner Occupant Holder Managing Agent
[Signature]
 Signature of Applicant
46 ActionVest Management
1667 Commonwealth Avenue
 Address
Brighton MA 02135
 City State Zip

** Office Use Only **
 Mailed _____
 Taken 3/4
 Received: _____
 City Clerk

CITY CLERK'S OFFICE
 2012 MAR 30 PM 1:34

IMPORTANT

#487

REF 599

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Somerville Housing Group Trust III
 Somerville Address and Zip Code: 481 Columbia Street 02143
 Phone Number of the Business: _____

The Legal Name of the License Holder: SHG-III, David Apashian, Trustee
 Street Address of the License Holder: 138 Pleasant Street
 City, State and Zip Code of the License Holder: Cambridge, MA 02139
 Phone Number of the License Holder: 617-629-3014
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: ActionVest Management Corp
 Street Address: 1667 Commonwealth Avenue
 City, State and Zip Code: Brighton, MA 02135
 Email: esic.mason@actionvest.com
 Phone Number: 617-783-8888 x222

Federal ID # (Do Not Give a Social Security #): 04 354 8609

Emergency Contact and Phone (For Fire Dept. Use): 617-783-8881

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: David Apashian
 Corporation (inc. LLC): Name of President: _____
 Name of Secretary: _____
 Name of Treasurer: _____
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

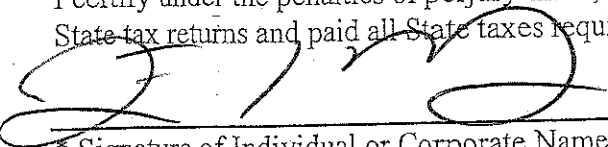
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 3-28-2012
 Managing Agent

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.


* Signature of Individual or Corporate Name (Mandatory) *Managing Agent*

By: Corporate Officer (Mandatory, if a corporation)

04 3548609

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somerville Housing Group Trust, III

Address of taxpayer/applicant's business in Somerville: 481 Columbia Street

Address of taxpayer/applicant's home in Somerville: 481 Columbia Street

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) for SAGT, III, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 28th day of March, 20 12. [Signature] Managing Agent
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

89000237 # _____ # _____ # _____

NOTES: 3710

CLERK'S INITIALS: R

ORIGINAL STAMP:

RECEIVED
4-4-50/12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Somerville Housing Group Trust III, David Apeshian, Trustee
 address: % Action Vest Management Corp. 1667 Commonwealth Avenue
 city: Brighton state: MA zip: 02135 phone # 617-783-8888

work site location (full address): 481 Columbia Street, Somerville, MA

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other Trust, no employees

I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature

Date 03-28-2012

Print name

Managing Agent, Eric MASON

Phone # 617-783-8888

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

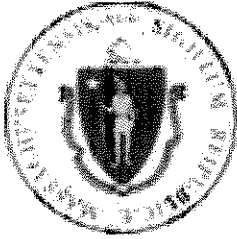
- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other

check if immediate response is required

contact person:

phone #:

(revised Sept. 2003)



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

SOMERVILLE HOUSING GROUP III LLC Summary Screen

Help with this form

Request a Certificate

The exact name of the Domestic Limited Liability Company (LLC): SOMERVILLE HOUSING GROUP III LLC

The name was changed from: SOMERVILLE HOUSING GROUP III, LLC on 9/9/2008

Entity Type: Domestic Limited Liability Company (LLC)

Identification Number: 043548609

Date of Organization in Massachusetts: 03/03/2000

The location of its principal office:

No. and Street: 138 PLEASANT STREET
City or Town: CAMBRIDGE State: MA Zip: 02138 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

The name and address of the Resident Agent:

Name: JAMES R. PELUSO, BERNKOPF GOODMAN LLP
No. and Street: 125 SUMMER STREET, SUITE 1300
City or Town: BOSTON State: MA Zip: 02110-1621 Country: USA

The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	DAVID L. APOSHIAN	138 PLEASANT ST CAMBRIDGE, MA 02138 USA

The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	DAVID L. APOSHIAN	138 PLEASANT ST CAMBRIDGE, MA 02138 USA

The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property

Title	Individual Name	Address (no PO Box)
-------	-----------------	---------------------