

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FILED EFFECTIVE OL DEC -3 PM 3: 05

D82378

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is: Angala	Enterprise
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	Complete Address EGG 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: (Signature required) Printed Name: (Signature required) Capacity/Title: (Capacity/Title)	Secretary of State use only IDAHO SECRETARY OF STATE 12/03/2004 05:00 CK: CASH CT: 158618 BH: 779747 1 8 25.86 = 25.86 ASSUM MANE #
Capacity/Title:	D82278