



**Department of State.**

**AMENDED CERTIFICATE OF AUTHORITY  
OF**

**PIONEER WESTERN DISTRIBUTORS, INC.**

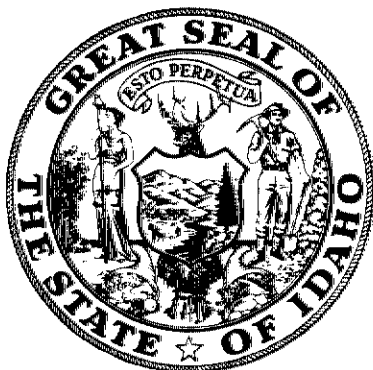
I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that  
duplicate originals of an Application of **PIONEER WESTERN DISTRIBUTORS, INC.**

\_\_\_\_\_ for an Amended Certificate of Authority to transact business in  
this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation  
Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended  
Certificate of Authority to **IDEX DISTRIBUTORS, INC.**

\_\_\_\_\_ to transact business in this State under the name \_\_\_\_\_  
**IDEX DISTRIBUTORS, INC.** and attach hereto a duplicate  
original of the Application for such Amended Certificate.

Dated October 11, 19 90.



*Pete T. Cenarrusa*

SECRETARY OF STATE

\_\_\_\_\_  
Corporation Clerk

APPLICATION FOR AMENDED CERTIFICATE  
OF AUTHORITY

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-118, Idaho Code, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement.

1. A Certificate of Authority was issued to the corporation by your office on February 11 19 85, authorizing it to transact business in the State of Idaho under the name of PIONEER WESTERN DISTRIBUTORS, INC.
2. Its corporate name has been changed to IDEX DISTRIBUTORS, INC.

(Note: If the corporation name has not been changed, insert "No change.")

3. The name which it shall use hereafter in the State of Idaho is \_\_\_\_\_

Note: If the corporate name has been changed and the new name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or any abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Idaho. If a professional service corporation, add the appropriate word in place of those listed above.)

4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows:

No change

(Note: If no additional purposes are proposed, insert "No change.")

Dated September 17 19 90

By \_\_\_\_\_

G. John Hurley

Its \_\_\_\_\_ President

And \_\_\_\_\_

William H. Geiger

Its \_\_\_\_\_ Secretary

STATE OF Florida )

COUNTY OF Pinellas ) ss:

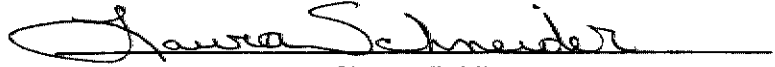
I, Laura Schneider, a notary public, do hereby certify that on this

17th day of September, 19 90, personally appeared

(continued on reverse)

before me William H. Geiger, who being by me first duly sworn,  
declared that he is the Secretary of IDEX DISTRIBUTORS, INC.

that he signed the foregoing document as Secretary of the corporation and  
that the statements therein contained are true.



Notary Public

NOTARY PUBLIC, State of Florida  
My Commission Expires June 16, 1991



State of Delaware



## Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "PIONEER WESTERN DISTRIBUTORS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS CORPORATE TITLE TO "IDEX DISTRIBUTORS, INC.", ON THE SIXTH DAY OF SEPTEMBER, A.D. 1990, AT 10 O'CLOCK A.M.

Dec 11 6 47 AM '90  
SECRETARY OF STATE

: : : : : : : : : : :



720249046

*Michael Harkins*  
Michael Harkins, Secretary of State

12783027

AUTHENTICATION:

DATE:

09/06/1990