



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.

FILED EFFECTIVE
FEB 26 AM 11:50
SECRETARY OF STATE
IDAHO

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

IDA DISTRIBUTORS

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

EUGENE FREDERICK KRATZ

1601 W. SHERIDAN WAY NAMPA, IDAHO 83686

LISA MICHELE KRATZ

1601 W. SHERIDAN WAY NAMPA, IDAHO 83686

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

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

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

EUGENE F. KRATZ

1601 W. SHERIDAN WAY

NAMPA IDAHO 83686

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SAME

Phone number (optional):

442-1684

Secretary of State use only

Signature: E. F. Kratz

(signature required)

Printed Name: EUGENE F. KRATZ

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\comp\forms\abn form\abn form.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
02/24/2004 05:00
CK: CASH CT: 158010 BH: 729016
1 @ 25.00 = 25.00 ASSUM NAME # 2

D73421