

State of Idaho

Department of State

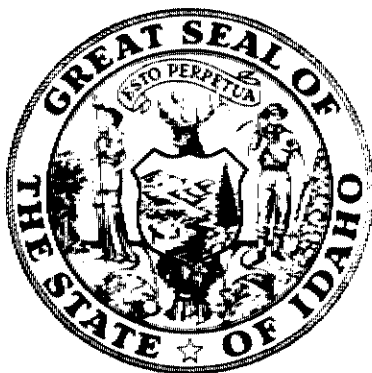
CERTIFICATE OF WITHDRAWAL OF

CRAVENS MANAGEMENT COMPANY INSURANCE SERVICES

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of CRAVENS MANAGEMENT COMPANY INSURANCE SERVICES for a Certificate of Withdrawal from 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 Certificate of Withdrawal and attach hereto a duplicate original of the Application for such Certificate.

Dated January 2, 19 91.



Pete T. Cenarrusa
SECRETARY OF STATE

[Signature]
Corporation Clerk

APPLICATION FOR
CERTIFICATE OF WITHDRAWAL

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-119, Idaho Code, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Idaho and for that purpose submits the following statement:

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1. The name of the corporation is Cravens Management Company Insurance Services

The name which it used in Idaho is _____

Cravens Management Company Insurance Services

2. It is incorporated under the laws of Delaware

3. It is not transacting business in the State of Idaho.

4. It hereby surrenders its authority to transact business in said state.

5. It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.

6. The post office address to which process against the corporation that may be mailed is _____

P. O. Box 1660, Houston, TX 77251-1660

7. All sums due or accrued by this corporation to the State of Idaho have been paid.

8. All known creditors or claimants have been paid or provided for and the corporation is not involved in or threatened with litigation in any court in the State of Idaho.

By Hartley D. Cravens

Its _____ President

And _____

Its Hinda Frey Secretary

STATE OF California)

COUNTY OF San Francisco) ss:

I, Susan J. Magoulas, a notary public, do hereby certify that on this 10th day of December, 19 90, personally appeared

before me Hartley D. Cravens, who being by me first duly sworn,

declared that he is the President of _____

Cravens Management Company Insurance Services

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



Susan J. Magoulas
Notary Public