State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL
OF

NME PSYCHIATRIC HOSPITALS, INC. File Number C 83913

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of NME PSYCHIATRIC HOSPITALS, INC. for a Certificate of Withdrawal from this State, duly executed 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: June 6, 1995



Pite of Cenarrusa SECRETARY OF STATE

or Shory rachies

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To	the Sec	cretary of State of	idaho 1-119. <i>Idaho Co</i>	ode, the undersigne	d Compration half	Independent title	MMGcata of	
wit	hdrawai	from the State of	Idaho, and for t	hat purpose submit	s the following star	tement	J.J	
			-		- SE	GRETARY OF STA	TE	
1.	The n	ime of the corpora	ation is <u>N</u>	ME PSYCHIATRIC	HOSPITALS, IN	STATE OF IDAHO	, .	
. The name which it used in Idaho is								
2.	It is incorporated under the laws of Delaware							
3.	lt is no	It is not transacting business in the State of Idaho.						
4.	lt here	t hereby surrenders its authority to transact business in said state.						
5 .	conser in the S	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 may be mailed is The Corporation							
	Trust Company, 1209 Orange Street, Wilmington, Delaware 19801							
7.	All sums due or accrued by this corporation to the State of Idaho have been paid.							
 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. 								
84	lua	Jam me	>	And	Bin/2			
Its President/Vice President (please specify) Its Secretary/Assistant Secretary (please specify)							-14.A	
Scott M. Brown				•	Richard B. Silver			
Its Senior Vice President Its Assistant Secr						nt Secretary		
				*				
	COU	NTY OF Los	Angeles)				
	,	William T	Chiaro					
William T. Chiaro a notary public, of this a quadrate day ofApril 19 _ q5						olic, do hereby cert	lo hereby certify that on	
th	nis <u>l</u>	std	ay of <u>Apri</u>	1	, 19 _95	_ , personally ap	peared before	
17.0	ne	COLE M. Bro	WIL	, wh	o being by me firs	t duly swom, decla	red that (s)he	
is the <u>Senior Vice President</u> of <u>NME Psychiatric Hospitals Inc</u>								
that (s)he signed the foregoing documents asSenior Vice President								
of the corporation and that the statements therein contained are true.								
Welliams Tokara								
Notary Public Secretary of State use only								
			041015 OCH ChinoSection ISSUITCOMPOTEN	ions #: 28272 C , Room 202 DRP	ETARY OF STATE 95031 2 UST# 2048 20.001@	19950606 0900	TARY OF STATE 95028 2 518 2048 20.00	
AC	W593	(IDAHO - 2543	- 11/9/94)	File in duplicate o	riginals		Fee: \$20	

C

TOTAL P.02