## State of Idaho

Office of the Secretary of State

## CERTIFICATE OF WITHDRAWAL

OF

CAPITAL ONE INSURANCE AGENCY, INC.

## File Number C 154915

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is 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 of the Application for such Certificate.

Dated: June 29, 2009



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## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

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Pursuant to Section 30-1-1520, 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:

	CAPITAL ONE INSURANCE AGENCY, INC.		•
	The name which it used in Idaho is:		
2.	It is incorporated under the laws of VIRGINIA		
3.	It is not transacting business in the State of Idaho.		
	•	to and distant	
4.	It hereby surrenders its authority to transact business	in said state.	
	It revokes the authority of its registered agent in the S consents that service of process in any action, suit or arising in the State of Idaho during the time it was authoreafter be made on it by registered or certified mail 6., below.	proceeding based upon any norized to transact business to the corporation at the ad	rcause of action therein may dress listed in item
6.	The post office address to which process against the o	corporation may be mailed l	<b>S:</b>
	1680 CAPITAL ONE DRIVE, MCLEAN, VA 2210	)2	
7.	It agrees to notify the Secretary of State of the State o		address in Item 6.
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7.		f Idaho of any change to the	address in Item 6.
		f Idaho of any change to the  Customer Acct #:  (If using pre-paid account)	address in Item 6.
Sigr	It agrees to notify the Secretary of State of the State of	f Idaho of any change to the  Customer Acct #:  (If using pre-paid account)	

