State of Idaho

Office of the Secretary of State

CERTIFICATE OF WITHDRAWAL

OF

WILLIAMS INSTRUMENTATION CONSULTANTS, INC.

File Number C 59655

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: February 10, 2005

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SECRETARY OF STATE

By



APPLICATION FOR CERTIFICATE

OF WITHDRAWAL

(Instructions on back of application)

SECRETARY

STATE OF LOWER BLOW AND 8:51

The Secretary of State of Idaho

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:

To the	Secretar	v of State	of Idaho
1000	COUCLA	, or oraco	01144110

	certificate of withdrawar from the State of idano, and for that purpose submits the following statement.		
1,	The name of the corporation is:		
	Williams Instrumentation Consultants Inc		
	The name which it used in Idaho is:		
	Williams Instrumentation Consultants, Inc		
2.	It is incorporated under the laws of <u>Washington</u> .		
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 may be mailed is:		
	PO Dox 1582 Woodinville, WA 98072		
7.	It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.		

Signature Zold Pure		
Typed Name _	Robert/Williams	
Capacity	President	

Customer Acct #: (if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

@2/10/2005 @5:00

CK: 35886 CT: 185964 DH: 792348
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