# State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF WITHDRAWAL**

OF

WELLS FARGO INSURANCE SERVICES OF NEW YORK, INC.

#### File Number C 173297

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: December 26, 2012



Ben youra

By Conthia/n

## FILED EFFECTIVE



### APPLICATION FOR CERTIFICATE OF WITHDRAWAL

2012 DEC 26 PH 1: 02

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

To 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:

<ol> <li>The name of the corporation is</li> </ol>	1.	The name	of the co	prporation is:
--	----	----------	-----------	----------------

Wells Fargo Insurance Services of New York, Inc.

The name which it used in Idaho is:

- 2. It is incorporated under the laws of  $\_^{\mbox{New York}}$
- 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. The post office address to which process against the corporation may be mailed is:

800 Walnut St., N0001-101, Des Moines, IA 50309

7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.

Typed Name Deidre A. Messenger

Capacity Assistant Secretary

Customer Acct #;

(if using pre-pald account)

Secretary of State use only

g:\cop\forms\copporms\ certofwithdrawal\_corp.p65

Web Form

IDAHO SECRETARY OF STATE 1233814 CT: 172899 BH: 1352978 65:60 26.06 = 20.00 FOR WITHDR # 2 20.00 EXPEDITE C # 3

C173297