## State of Idaho

Office of the Secretary of State

## CERTIFICATE OF WITHDRAWAL COMMUNITY HEALTH CARE OF THE PALOUSE

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 8, 2008

Ben yeura

SECRETARY OF STATE

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## APPLICATION FOR CERTIFICATE FINE EFFECTIVE PROPERTY OF AM 8:59

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

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:

The name which it used in Idaho is:
Community Healthcare of the Palouse, Inc.
It is incorporated under the laws of
It is not transacting business in the State of Idaho.
It hereby surrenders its authority to transact business in said state.
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
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

Typed Name Robert Spady Capacity President

Customer Acct #:

(if using pre-paid account)

Secretary of State use only