State of Idaho

Office of the Secretary of State

OF CITICAPITAL COMMERCIAL LEASING CORPORATION

File Number C 41273

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: October 28, 2008



Ben youra SECRETARY OF STATE

APPLICATION FOR CERTIFICATE 28 PM 3: 43 OF WITHDRAWAL SECRETARY OF STATE

| | 0.00 | (Instructions on b | ack of application) |) | STATE OF IDAHO | |
|---------------------------|---|-------------------------|-----------------------------|--|---|--|
| T | o the Secretary o Pursuant to Se certificate of w | ection 30-1-1520, Idah | o Code, the under | rsigned Cor r that purpo | rporation hereby applies for a see submits the following statement: | |
| 1. | The name of the corporation is: | | | | | |
| | CitiCapital Commercial Leasing Corporation | | | | | |
| | | ch it used in Idaho is: | : : : | | • | |
| 2. | It is incorporate | od under the laws of Ir | ndiana | | • | |
| 3. | It is not transac | ting business in the S | tate 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 | | | | | |
| 14 1014A | ansing numbers | are oi idano difino me | B TIMO IT WAS at the | irizad to tra | insact business therein may ration at the address listed in item | |
| 6. | The post office address to which process against the corporation may be mailed is: c/o Paul Schaffer, 450 Mamoroneck Ave., Harrison, NY 10528 | | | | | |
| 7. | : 1 | | i | | y change to the address in item 6. | |
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| | | | • | Customer . | Acct #: | |
| Signature | | | (If using pre-paid account) | | | |
| Typed Name Michael Meehan | | | | Secretary of State use only | | |
| | city Secretary | Atecuan | | omskozytemst hdrawal_com.p65 keed07/2002 | | |
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