

CERTIFICATE OF WITHDRAWAL OF

JOHNSTOWN FINANCIAL CORPORATION

	•		State of Idaho, hereby certify that
duplicate originals of an A	pplication of	NSTOWN FINAN	CIAL CORPORATION
	٠		rawal from this State, duly signed
and verified pursuant to th	e provisions of the Ic	laho Business (Corporation Act, have been received
in this office and are four	d to conform to law	<i>/</i> .	
ACCORDINGLY an	d by virtue of the aut	hority vested in	n me by law, I issue this Certificate of
Withdrawal and attach he	ereto a duplicate orig	ginal of the Ap	plication for such Certificate.
Dated	March 31		_ , 19 <u>83</u> .
S S S S S S S S S S S S S S S S S S S	O. L. C.		ARY OF STATE
		C	orporation Clerk

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

of	Pursuant to Section 30-1-119, Idaho Code, the undersigned corporation hereby applies for a Certificate Withdrawal from the State of Idaho and for that purpose submits the following statement:			
	The name of the corporation is			
	The name which it used in Idaho is			
3. 1. 5.	It is incorporated under the laws of			
	The post office address to which process against the corporation that may be mailed is Attn: Louise M. W			
7	Morris & Manning, Ste. 2100, 230 Peachtree St., Atlanta, GA 30303 All sums due or accrued by this corporation to the State of Idaho have been paid. All known creditors or claimants have been paid or provided for and the corporation is not involved in or threatened with litigation in any court in the State of Idaho.			
	By MOUNTAIN			
	And Jan Dan President Its President Secretary			
S	TATE OF GEORGIA) ss:			
C	I, which Ann Nave a notary public, do hereby certify that on this day of March 1983, personally appeared			
- ь	before me George H. Lane, III , who being by me first duly sworn,			
	leclared that he is the President of Johnstown			
_	Financial Corporation			
t]	hat he signed the foregoing document as President of the corporation and hat the statements therein contained are true.			

Notary Public, Gaergia, State at Large My Commission Expires May 31, 1985