19352



CERTIFICATE OF WITHDRAWAL OF

JAY	D.	FITCH	INSURANCE	AGENCY.	INC.	
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I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of __JAY D. FITCH INSURANCE AGENCY, INC. _______ for a Certificate of Withdrawal from this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are 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 original of the Application for such Certificate.

Dated _______, 19 _ 91_______

THE SEALOR OF OUR PORT OF THE SEALOR OF THE

SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of State of the State of Idaho: Pursuant to Section 30-1-119, Idaho Code, the undersigned corporation hereby applice for a Certificate of Withdrawal from the State of Idaho and for that purpose submits the following statement. 1. The name of the corporation is _____ Jay D. Fitch Insurance Agency, Inc. an . The name which it used in Idaho is ______ ayes. Fitch corporation Insurance Agency, Inc. an Oregon corporation. 2. It is incorporated under the laws of <u>Oregon</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 that may be mailed is Post Office Box 547, Payette, Idaho 83661 7. All sums due or accrued by this corporation to the State of Idaho have been paid. 8. 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. _ Secretary STATE OF ____ IDAHO__ COUNTY OF ____PAYETTE CAROL A MANSER-CALVERT , a notary public, do hereby certify that on this 26TH day of April , 19 91, personally appeared before me BARBARA S. FITCH , who being by me first duly sworn, declared that he is the ______ of ____ JAY D. FITCH INSURANCE AGENCY, INC., an Oregon Corporation that he signed the foregoing document as ____President that the statements therein contained are true.

Notary Public