State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL OF

CYNTHIA MABE SANDLIN, M.D., P.S.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of CYNTHIA MABE SANDLIN, M.D., P.S. 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: November 22, 1993



Pite of Cenarrusa SECRETARY OF STATE

By Stryp Dodries

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

То	the Secretary of State of Idaho Pursuant to Section 30-1-119, <i>Idaho Code</i> , the undersigned	Corporation hereby applies for a Certificate of
wit	hdrawal from the State of Idaho, and for that purpose submits	the following statement:
1.	The name of the corporation is <u>Cyn thia Mabe 5</u>	andlin, m. Dispers. 171 2 37
	Sandlin, M.D., D.S. The name which it use	d in Idaho is <u>Cynthia</u> Mabe
2.	It is incorporated under the laws of Washington	
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 may be mailed is 1779 Autumn Avenue, MemPhis, Tennessee 38/12	
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.		
By (Inthe Make Mullin) Its President/Vice President (please specify) And J. Patrick Trusci., Societary Its Secretary/Assistant Secretary (please specify) STATE OF Tennessee)		
COUNTY OF Shelby) ss:		
i,, a notary public, do hereby certify that on		
this 16th day of November, 19 93, personally appeared before		
me <u>Cunthia Mabe Sandlin</u> , who being by me first duly sworn, declared that (s) he		
is the <u>President</u> of <u>Cynthia Mabe Sandlin</u> , m.D., P.S.		
that (s)he signed the foregoing documents as President		
of the corporation and that the statements therein contained are true.		
of the corporation and that the statements therein contained are true.		
Borile K. Kaisa My Commission Expires May 19, 1997		
	Notary Public	Secretary of State use only IDAHO SECRETARY OF STATE
	Submit application and filing fee to:	19931122 0900 35687 2
		CK #: 1897 CUST# 22172 CDRP 10 20.00= 20.00
	Office of the Secretary of State Division of Corporations Statehouse, Room 203 Boise, Idaho 83720	CORP 16 20,00= 20,00 # = C
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