State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL OF

SCG FINANCIAL CORPORATION
File Number C 97506

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of SCG FINANCIAL CORPORATION for a Certificate of Withdrawal from this State, duly executed 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: September 19, 1995



Pete of Cenarrusa SECRETARY OF STATE

By _____ WMST

APPLICATION FOR CERTIFICATION FOR CERTIFICATION	CATE OF WITHDRAWAL
To the Secretary of State of Idaho	
SECTPursuant to Section 30-1-119, Idaho Code, the undersigned	Corneration haraby applies for a Cartificate of
withdrawal from the State of Idaho, and for that purpose submits	the following statement:
1. The name of the corporation is	NCIAL CORPORATION ed in Idaho is SCG FINANCIAL
COLPORATION . The hame which it use	d in idano is <u>SCS TINAILORS</u>
2. It is incorporated under the laws ofCALIFORNIA	
3. It is not transacting business in the State of idaho.	
4. It heréby surrenders its authority to transact business in said state.	
 It revokes the authority of its registered agent in the State or consents that service of process in any action, suit or proceed in the State of idaho during the time it was authorized to transon it by registered or certified mail to the corporation at the a 	ding based upon any cause of action arising
6. The post office address to which process against the corpora	ition may be mailed is
1575 Spinnaker Dr #204 Va	
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 threatened with litigation in any court in the State of Idaho.	$\langle \mathcal{A} \rangle$
	Januss. DE
Its Pyleident/Vice President (please specify)	Its (Secretary/Assistant Secretary (please specify)
V	
STATE OF)	•
) ss:	
COUNTY OF	
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l,	, a notary public, do hereby certify that on
this day of	. 19 nersonally appeared before
me, who	being by me first duly swom, declared that (s)he
is the of	
V	
that (s)he signed the foregoing documents as	
that (s)he signed the foregoing documents as of the corporation and that the statements therein contained are	
of the corporation and that the statements therein contained are	true.
Notary Public	Secretary of State use only
Submit application and filing fee to:	IDAHO SECRETARY OF STATE
-	9/19/95 9:00:00 @
Office of the Secretary of State	Customer # 49615 IVC960014623 16384
Division of Corporations	14C390014653 16394
Statehouse, Room 203 Boise, Idaho 83720	CORPORATION FOREN WITHOUGHE
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