## State of Idaho

Office of the Secretary of State

OF
RUSSELL POND OUTFITTERS, INC.

File Number C 123571

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: March 29, 2007



Ben youra SECRETARY OF STATE

By South L



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

2007 MAR 29 AM 8: 51

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| he Secretary of State of Id   | aho  |   | SIAIE O                                      | F IDAHO"                           |
|---|--|---|--|------------------------------------|
| Pursuant to Section 30-1-   | 1520, Idaho Code, tr                             | ne undersigned Corp                             | oration hereby applie                        | s for a                            |
| certificate of withdrawal fr  | om the State or Idano                            | , and for that purpos                           | e submits the followin                       | g sætement:<br>                    |
| The name of the corporati   | ion is:  |   |  |                                    |
| Russell Pond Outfitters,  | Inc.   |   |  |                                    |
| The name which it used in   | Idaho ie:  |   |  |                                    |
| Russell Pond Outfitters,  |  |   | 4  |                                    |
| Russen Polio Outricers,   |  |   |  | •                                  |
| It is incorporated under th   | e laws of <u>Maine</u>                           |   |  |                                    |
| It is not transacting busine  | ess in the State of Ide                          | sho.  | •  |                                    |
| . •   | •  |   |  |                                    |
| It hereby surrenders its a  |  |   | •  |                                    |
| it revokes the authority of<br>consents that service of p<br>arising in the State of idal<br>thereafter be made on it b<br>6., below. | rocess in any action,<br>no during the time it w | suit or proceeding by<br>as authorized to treat | ased upon any cause<br>nsact business therei | n may                              |
| The post office address to  | which accepses again                             | withe composition m                             | iou ha mailad ie:                            |                                    |
| PO Box 512, St Maries,  |  | ist the corporation in                          | ey or manes is.                              |                                    |
| PO BOX 512, St telatics,  | 15 60001   |   |  |                                    |
| It agrees to notify the Sec   | retary of State of the                           | State of Idaho of any                           | y change to the addre                        | ss in Item 6.                      |
|   |  | •   |  |                                    |
|   |  |   | and the second second                        |                                    |
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| × ***   |  |   |  |                                    |
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| $\wedge$  |  | Customer  | Acct # :                                     | j                                  |
| Mund  |  | 1 0 (Hustra)                                    | pre-paid eccount)                            |                                    |
| nature  | 7 / - 2  | excel .   | Secretary of State t                         | ize only                           |
| ed Name Joseph J Cabral   |  | \$9.50<br>VIII &                                |  |                                    |
| ecity President   | Andrew Delivers                                  | 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5         | : • • • •                                    |                                    |
|   | No. of the second state                          |   | 110A<br>110A                                 | 0 SECRETARY OF STATE<br>9/2007 05= |