



# APPLICATION FOR WITHDRAWAL OF FOREIGN LIMITED PARTNERSHIP

(Instructions on back of application)

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SECRETARY OF STATE  
STATE OF IDAHO

To the Secretary of State of Idaho  
Pursuant to the provisions of Chapter 2, **Idaho Code**, the undersigned foreign limited partnership hereby applies to withdraw from the State of Idaho and for that purpose submits the following statement:

1. The name of the limited partnership is:

Emerald Medical Investors Limited Partnership

The name which it used in Idaho is:

same as above

2. It is organized under the laws of: Tennessee

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 limited partnership at the address listed in item 6., below.

6. The post office address to which process against the limited partnership may be mailed is

P. O. Box 3480, 3570 Keith Street, NW Cleveland, TN 37312

Emerald Medical Investors Limited Partnership  
By: Developers Investment Company, Inc. corporate general partner

Signature

Typed Name Joan E. Thurmond

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE  
10/11/2005 05:00  
CK: 7460 CT: 20168 BH: 916010  
1 @ 20.00 = 20.00 LP WITHDRA # 2

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