## State of Idaho

Office of the Secretary of State

OF
WILBUR SMITH ASSOCIATES, INC.

File Number C 189288

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: February 13, 2012



Ben youra SECRETARY OF STATE

By Allen



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

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(Instructions on back of application)

STATE OF IDAHO

1.	The name of the corporation is:		
	Wilbur Smith Associates, Inc.		
	The name which it used in Idaho is:		
2.	It is incorporated under the laws ofDelaware		<u> </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 consents that service of process in any action, sult or pro- arising in the State of Idaho during the time it was author thereafter be made on it by registered or certified mail to 6., below.	iceeding base ized to transa	ed upon any cause of action act business therein may
	O., DOIOW.		•
3.	The post office address to which process against the corp	poration may	be mailed is:
6.	The post office address to which process against the core One Cambridge Place 50 Hampshire Street, Cambridge, MA	. 02139	<u> </u>
6. 7.	The post office address to which process against the corp	. 02139	<u> </u>
6. 7.	The post office address to which process against the core One Cambridge Place 50 Hampshire Street, Cambridge, MA	. 02139	<u> </u>
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7.	The post office address to which process against the core One Cambridge Place 50 Hampshire Street, Cambridge, MA	02139 laho of any cl	hange to the address in Item 6.
7. Sign	The post office address to which process against the corpone Cambridge Place 50 Hampshire Street, Cambridge, MA  It agrees to notify the Secretary of State of the State of Id	02139 laho of any cl	hange to the address in Item 6.