State of Idaho

Department of State.

CERTIFICATE OF WITHDRAWAL
OF

TRANSPORTATION BENEFITS ASSOCIATES, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of ~~TRANSPORTATION BENEFITS~~ ASSOCIATES, INC. 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 ~~October 29~~, 19 ~~87~~.

GREAT SEAL OF THE STATE OF IDAHO — ESTO PERPETUA

Pete T. Cenarrusa
SECRETARY OF STATE

Corporation Clerk

CW 779

No Fee

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of State of the State of Idaho:

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SECRETARY OF STATE

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SEC. OF STATE
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Pursuant to Section 30-1-119, **Idaho Code**, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Idaho and for that purpose submits the following statement:

1. The name of the corporation is TRANSPORTATION BENEFITS ASSOCIATES, INC. _____. The name which it used in Idaho is TRANSPORTATION BENEFITS ASSOCIATES, INC. _____.
2. It is incorporated under the laws of Wisconsin _____.
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 that may be mailed is _____ 511 East Arcadia, Waukesha, WI 53186 _____.
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 X P J Stockton

Its _____ President

And X P J Stockton

Its _____ Secretary

STATE OF WISCONSIN)
) ss:
COUNTY OF Waukesha)

X (pictured)

I, MARCIA N. BURSINGER, a notary public, do hereby certify that on this 22 day of OCTOBER, 19 87, personally appeared before me PETER J. STOCKTON, who being by me first duly sworn, declared that he is the President of TRANSPORTATION BENEFITS ASSOCIATES, INC., a Wisconsin corporation, that he signed the foregoing document as President of the corporation and that the statements therein contained are true.

Marcia N Bursinger
Notary Public

ACW 779