

CERTIFICATE OF DISSOLUTION OF

HARVEST INTERNATIONAL MINISTRIES, INCORPORATED

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Dissolution of HARVEST INTERNATIONAL MINISTRIES.

INCORPORATED

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 Dissolution, and attach hereto a duplicate original of the Articles of Dissolution.



SECRETARY OF STATE

Corporation Clerk

ARTICLES OF DISSOLUTION

OF

HARVEST INTERNATIONAL MINISTRIES

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ARTICLE I

The name of the corporation is Harvest International Ministries Incorporated. Corporate address is $P.O.\ Box\ 9155\ Nampa,\ Idaho\ 83652.$

ARTICLE II

The certificate of incorporation in the State of Idaho was issued April 30, 1985.

ARTICLE III

Harvest International Ministries is a non-profit charitable organization and no shares were or have been issued.

ARTICLE IV

Other than initial organizational processes, Harvest International Ministries has not commenced business.

ARTICLE V

The majority of the incorporators voluntarily elect that this corporation be dissolved.

ARTICLE VI

The names and addresses of the last officers of the corporation are as follows:

James K. Forcum, President, 5031S 850W, Swayzee, Indiana 46986

C. William Fisher, Vice-President, 150 Delaware Street, Nampa, Idaho 83651

Rev. Pat Warren, Sec/Tresurer, 149 Delaware Street, Nampa, Idaho 83651

EXECUTED:

JAMES K. FORCUM

PRESIDENT

DATE: 12/18/85

C. WILLIAM FISHER VICE-PRESIDENT

DATE: 11/7/85

PAT WARREN

SECRETARY/TREASURER

DATE: 11/7/85

All correspondence to be sent to James K. Forcum, 5031S 850W Swayzee, In 46986

STATE OF INDIANA COUNTY OF GRANT

I,	Laurie A.	Weller		_, A NOTAE	RY PUB	LIC, DO) HERE	BY CE	RTIFY	Z
THAT ON	THIS	7th	DAY OF	Januar	сy		1986,	PERS	ONALI	ĽY
APPEAREI	D BEFORE ME	, JAMES	K. FORCE	UM, WHO, E	BEING	BY ME I	FIRST	DULY	SWORN	۱,
DECLAREI	THAT HE I	S THE PI	RESIDENT	OF HARVES	ST INT	ERNATI(ONAL M	INIST	RIES,	ı
INCORPOR	RATED, THAT	HE SIG	NED THE 1	FOREGOING	DOCUM	ENT AS	PRESI	DENT	OF TH	ΙE
CORPORAT	TION, AND T	HAT THE	STATEME	NTS THEREI	N CON	TAINED	ARE T	RUE.		
		paure a Weller								
				NOTARY PUBLIC FOR INDIANA						
				RESIDING	AT:	Grant	County	, Inc	liana	

MY COMMISSION EXPIRES: 7-29-86