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Department of State.	
CERTIFICATE OF WITHDRAWAL OF	
LOWER COMPANY, INC.	
I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application ofLOWEN_COMPANY, THE	
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	
SECRETARY OF STATE	
Corporation Clerk	

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of State of the State of Idaho: 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: RECEIVED 1. The name of the corporation is _____ LOWEN COMPANY, INC. ______. The name which it used in Idaho is LOWEN COMPANY, INC. Kansas 2. It is incorporated under the laws of _____ 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 ____ Hutchinson, KS 67504-1907 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. Vice _ President _____ Secretary STATE OF ____ COUNTY OF ____ William B. Sweaker, , a notary public, do hereby certify that on this day of MARCH 19 90 personally appeared Ann L. Brown before me _____ _____, who being by me first duly sworn, declared that the is the Vice President of LOWEN COMPANY, INC. that the signed the foregoing document as Vice President of the corporation and that the statements therein contained are true.

WILLIAM II. SWEAREN
NOTARY PUBLIC
STATE OF KANSAN
MY APPT. EXPIRES 11-8-90

Notary Public