

CERTIFICATE OF WITHDRAWAL **OF**

COMPREHENSIVE REHABILITATION SERVICES, INC.

	RETIRESILITATION SERVICES, INC.
I, PETE T. CENARRUSA,	Secretary of State of the State of Idaho, hereby certify that
organials of an Applicatio	n of COMPREHENSIVE REHABILITATION SERVICES, INC.
f	or a Certificate of Withdrawal from this State, duly signed ons of the Idaho Business Corporation Act, have been received
in this office and are found to conf	form to law.
ACCORDINGLY and by virtue	e of the authority vested in me by law Licenset.
Dated March 20	plicate original of the Application for such Certificate.
CREAT SEAL	SECRETARY OF STATE
E A A A A	SECRETARY OF STATE
STE SE	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 cof Withdrawal from the State of Idaho and for that purpose submits the following statements. I. The name of the corporation is COMPREHENSIVE REHABILITATION SERVICES, INC. The name which it used in Idaho is COMPREHENSIVE REHABILITATION SERVICES, INC. 2. It is incorporated under the laws of California	(N) OS SY
COMPREHENSIVE REHABILITATION SERVICES, INC. 2. It is incorporated upder the lower C. California.	n, _{O,} , S,,
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4. It hereby surrenders its authority to transact business in said state. 5. It revokes the authority of its registered appear in said state.	
consents that service of amount in the State of Idaho to accept and	
on it by registered or certified mail to the corporation at the address listed in item 6. below	
The post office address to which process against the company	
41 West Santa Clara St., Arcadia, California 91006	
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	•
8. All known creditors or claimants have been paid or provided for and the corporation is not involve threatened with litigation in any court in the State of Idaho.	ed in or
By Richard H. Lafon Paron	
And Kerry M. Boyle	
STATE OF CALIFORNIA Secretary	
COUNTY OF LOS ANGELES) ss:	
1. L. J. LIEWER	
day of, a notary public, do hereby certify that on	
before meRichard H. Lafon 19_8/_, personally appe	
declared that he is the President of COMPREHENSIAN DELIVER DELIVERY	
SERVICES, INC.	<u>ION</u>
that he signed short	- .
that he signed the foregoing document as President of the corporation that the structure of the corporation.	
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L. J. LIEWER NOTATE OCALIFORNIA S	
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V 779 M. Carrier Spring St. 21. (2) DAHO - 2543 - 7/1/79)	

(IDAHO - 2543 - 7/1/79)