

APPLICATION FUNCTIONAL APPLICATION FUNCTION APPLICATION APPLICATIO

SECRETARY OF STATE STATE OF IDAHO

To the Secretary of State of Idaho

Pursuant to the provisions of Title 53, Chapter 2, Idaho Code, the undersigned foreign limited partnership hereby applies to cancel its certificate of authority from the State of Idaho and for that purpose submits the following statement:

	dvanced Financial Company LP
The name which it used in Id	laho is:
A	dvanced Financial Company LP
It is organized under the laws	of: California
This limited partnership [🗆 is] [🗹 is not] a limited liability limited partnership.
It is not transacting business i	in the State of Idaho.
It hereby surrenders its autho	prity to transact business in said state.
process and consents that set any cause of action arising in t	registered agent in the State of Idaho to accept service or rvice of process in any action, suit or proceeding based upon the State of Idaho during the time it was authorized to transacter be made on it by registered or certified mail to the limited ted in item 8.
The address to which process	s against the limited partnership may be mailed is:
5900 Pa	asteur Ct., #200, Carlsbad,CA 92008
5900 Pa	Signature Signature

IDAHO SECRETARY OF STATE /30/2006 05:00 4985 CT: 169528 DH: 1816686 8.88 = 28.80 LP WITHDRA # 2

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