

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF WITHDRAWAL  
OF  
NORTHLAND RISK MANAGEMENT SERVICES, INC.**

**File Number C 105739**

I, PETE T. CENARRUSA, secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is 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 of the Application for such Certificate.

Dated: November 26, 2001



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By

*Melanie Tenenby*



# APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

01/26/25 PM 2:09  
STATE OF IDAHO

To the Secretary of State of Idaho

Pursuant to Section 30-1-1520, **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 \_\_\_\_\_  
Northland Risk Management Services, Inc.

The name which it used in Idaho is \_\_\_\_\_  
Northland Risk Management Services, Inc.

2. It is incorporated under the laws of Minnesota

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 may be mailed is \_\_\_\_\_  
1295 Northland Drive Mendota Heights, MN 55120

7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.

Effective date of Withdrawal needs to show 1/1/2002

Signature Barbara L. Sutherland  
Typed Name Barbara L. Sutherland  
Capacity Vice President, Secretary

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
11/26/2001 05:00  
CK: 1087739 CT: 153964 BH: 431399  
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