y3 3610-C



CERTIFICATE OF WITHDRAWAL OF

CM ASSET ADVISORS, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that
duplicate originals of an Application of CM_ASSET_ADVISORS, TMC.
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 _______ October 15 ____, 19 _91



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; 1. The name of the corporation is _____ CM Asset Advisors, Inc. ___. The name which it used in Idaho is _____ CM Asset Advisors, Inc. Connecticut 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 ____ 140 Garden Street, Hartford, CT 06154 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. President lts Secretary Connecticut STATEOF COUNTY OF Hart ford , a notary public, do hereby certify that on this ______, 19_9/__, personally appeared , who being by me first duly sworn, declared that he is the

that he signed the foregoing document as ______ that the statements therein contained are true.

ly Commission Expires Dec. 31, 1995