



**CERTIFICATE OF DISSOLUTION
OF**

JOSEPHSON INSURANCE AGENCY, INC.

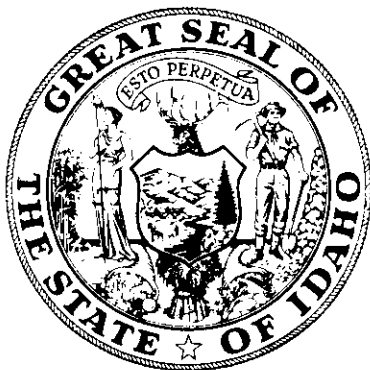
I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Dissolution of _____

JOSEPHSON INSURANCE AGENCY, INC.

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 Dissolution, and attach hereto a duplicate original of the Articles of Dissolution.

Dated March 7, _____, 19 90



Pete T. Cenarrusa

SECRETARY OF STATE

[Signature]

Corporation Clerk

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SEC. OF STATE

ARTICLES OF DISSOLUTION
OF

RECEIVED
SEC. OF STATE

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JOSEPHSON INSURANCE AGENCY, INC.

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I.

The name of and address of the corporation to be dissolved
is:

Josephson Insurance Agency, Inc.
405 May Street
Idaho Falls, Idaho 83401

II.

The names and addresses of the last corporate officers and
directors of the corporation are as follows:

<u>Name</u>	<u>Office Held</u>
Parke Josephson 2367 Eastview Drive Idaho Falls, Idaho 83401	President & Director
Darren Josephson 391 Carol Avenue Idaho Falls, Idaho 83402	Vice President & Director

III.

It is hereby declared by the corporation that the notice as
required by Idaho Code Section 30-1-87 has been complied with.

IV.

It is further declared by the corporation that all debts,
obligations and liabilities of the corporation have either been
paid and discharged or adequate provisions have been made to pay
such debts obligations and liabilities.

V.

All assets of the corporation after payment of all current liabilities of the corporation shall be distributed to the stockholders in proportion to their respective rights and interests.

VI.

There are no pending lawsuits against the corporation in any court.

VII.

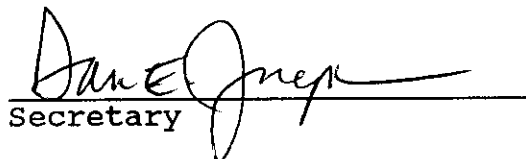
The dissolution of Josephson Insurance Agency, Inc. has been brought before both the Stockholders and Directors of the corporation all of which voted unanimously to dissolve said corporation.

DATED this 31st day of December, 1989.




President

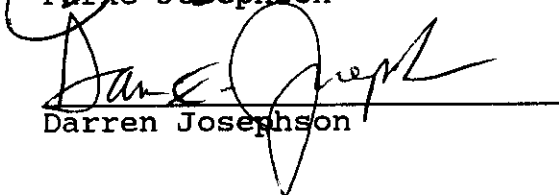
ATTEST



Secretary

RATIFIED AND AFFIRM




Parke Josephson


Darren Josephson

STATE OF IDAHO)
County of Bonneville) ss.

On this 31st day of December in the year 1989, before me, the undersigned, a Notary Public in and for said state, personally appeared Parke J. Josephson, known or identified to me to be the President and Director of the Idaho Corporation of Josephson Insurance Agency, Inc. and Darren Josephson, known or identified to me to be the Vice-President, Secretary, and Director of the Idaho Corporation of Josephson Insurance Agency, Inc., and executed as Corporate Officers that instrument attached hereto as the Articles of Dissolution of Josephson Insurance Agency, Inc.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



Notary Public for Idaho
Residing at Idaho Falls, Idaho
My Commission Expires: 1993

VERIFICATION

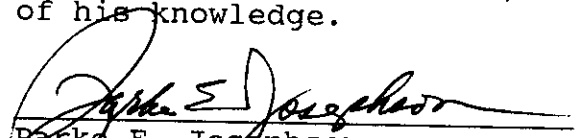
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STATE OF IDAHO)
 : ss.
COUNTY OF BONNEVILLE)

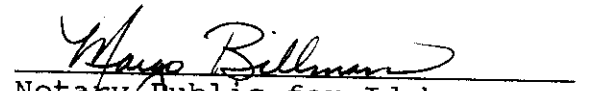
PARKE E. JOSEPHSON being first duly sworn upon oath, deposes and says:

That he is the President in the above-entitled action; that he has read the above and foregoing ARTICLES OF DISSOLUTION OF JOSEPHSON INSURANCE AGENCY, INC., knows the contents thereof, and that the same are true to the best of his knowledge.


Parke E. Josephson

SUBSCRIBED AND SWORN, to before me this 5 day of February, 1990.

(Seal)


Notary Public for Idaho
Residing at: Shelley, Idaho
My commission expires: 3-1-96