

# State of Idaho

## Department of State

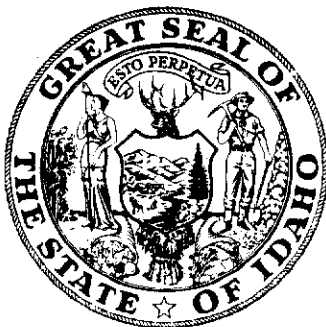
CERTIFICATE OF WITHDRAWAL  
OF

EMPLOYEE BENEFIT PLANS, INC.  
File Number C 89319

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of EMPLOYEE BENEFIT PLANS, INC. for a Certificate of Withdrawal from this State, duly executed 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: December 16, 1996



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By *Sonya Herold*

# APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of 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

DEC 16 11 18 AM '96  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the corporation is Employee Benefit Plans, Inc.

The name which it used in Idaho is Employee Benefit Plans, Inc.

2. It is incorporated under the laws of Delaware

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 \_\_\_\_\_  
435 Ford Road, Suite 500, Minneapolis, Minnesota 55426

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.

By 

Thomas A. Rossi Its ~~President, Vice President, Secretary, or Assistant Secretary~~  
(Please specify)

Submit application and filing fee to:

Office of the Secretary of State  
Division of Corporations  
700 West Jefferson  
P.O. Box 83720  
Boise, Idaho 83720-0080

Secretary of State use only

CEW  
IDAHO SECRETARY OF STATE

DATE 12/16/1996 0900 47173

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CK #: 10704182 CUST# 21069

FOR WITHDR

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