



Department of State.

**CERTIFICATE OF WITHDRAWAL
OF**

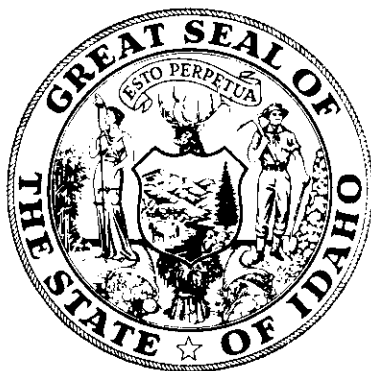
FIRST FAMILY FINANCIAL SERVICES, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of **FIRST FAMILY FINANCIAL SERVICES, INC.**

_____ 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 _____ **August 9** , 19 **85** .



Pete T. Cenarrusa
SECRETARY OF STATE

Shirley J. Clark

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:

The name of the corporation is FIRST FAMILY FINANCIAL SERVICES, INC.

The name which it used in Idaho is _____

FIRST FAMILY FINANCIAL SERVICES, INC.

2. It is incorporated under the laws of Georgia
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 _____
4362 Peachtree Road, N.E., Atlanta, GA 30319
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

[Signature]
Its Vice President

And

[Signature]
Its Asst. Secretary

STATE OF GEORGIA)
COUNTY OF DEKALB) ss:

I, Kathy S. Carter, a notary public, do hereby certify that on this
16th day of July, 19 85, personally appeared
before me Tryon K. Huggins, Jr., who being by me first duly sworn,
declared that he is the Vice President of _____
FIRST FAMILY FINANCIAL SERVICES, INC.

that he signed the foregoing document as Vice President of the corporation and
that the statements therein contained are true.

Kathy S. Carter
Notary Public

Notary Public, Georgia State at Large
My Commission Expires Sept. 20, 1985