

State of Idaho

Office of the Secretary of State

CERTIFICATE OF WITHDRAWAL
OF
DIVERSIFIED PHARMACEUTICAL SERVICES, INC.
File Number C 106841

I, PETE T. CENARRUSA, secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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: October 8, 1999



Pete T. Cenarrusa
SECRETARY OF STATE

By *Kelli Kroach*

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

FILED
99 OCT -8 PM 2:18
SECRETARY OF STATE
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 DIVERSIFIED PHARMACEUTICAL SERVICES, INC.

The name which it used in Idaho is DIVERSIFIED PHARMACEUTICAL SERVICES, INC.

2. It is incorporated under the laws of MINNESOTA

3. It is not transacting business in the State of Idaho.

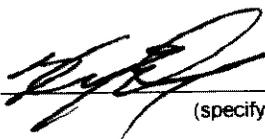
4. It hereby surrenders its authority to transact business in said state.

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
13900 RIVERPORT DRIVE MARYLAND HEIGHTS MO 63043

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

By KEITH J. EBLING 10/04/99

Its  ASST SECRETARY
(specify capacity of signer)

Customer Acct # :
(if using pre-paid) **IDAHO SECRETARY OF STATE**

Secretary of State use only
10/08/1999 09:00
CX: 44446735 CT: 121546 BH: 256815
1 @ 20.00 = 20.00 FOR WITHDR # 2:

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