

CERTIFICATE OF WITHDRAWAL OF

HOSPITAL CORPORATION OF AMERICA

]	I, PETE T	. CENAR	RUSA,	Secre	tary of	State of	of the	State	of Ida	iho,	hereby	certify	that
dupli	cate origina	als of an A	pplicatio	on of _	HOSE	ITAL	COR	PORA!	CION	OF	AMER	ICA	
				for a	Certifi	cate of	With	drawal	from	this	State,	duly si	gned
and v	erified pur	suant to th	e provisi	ions of	the Id	aho Bus	siness	Corpo	ration	Act,	have b	een rec	eived
in thi	is office an	d are four	d to cor	ıform	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 January 24 , 19 91 .



SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

To the Secretary of State of the State	of Idaho:	.91
	ho Code, the undersigned corporation hereby appli	es for a Sartificate
	o and for that purpose submits the following stat	
1. The name of the corporation is	Hospital Corporation of America	- 96
	. The name which it used in Idaho is H	ospital m
Corporation of America		9
		- 06
2. It is incorporated under the laws of _	West Virginia	
3. It is not transacting business in the	State of Idaho.	
4. It hereby surrenders its authority to	o transact business in said state.	
). It revokes the authority of its regi	stered agent in the State of Idaho to accept servi	ce of process and
in the State of Idaho during the time	ny action, suit or proceeding based upon any caus it was authorized to transact business therein may t to the corporation at the address listed in item (hereafter be made
5. The post office address to which prod	cess against the corporation that may be mailed is _	
P.O. Box 550, Nashville,	TN 37202-0550	
1. All sums due or accrued by this co	rporation to the State of Idaho have been paid.	
All known creditors or claimants ha	ve been paid or provided for and the corporation is	not involved in or
threatened with litigation in any co	ourt in the State of Idaho.	
		T
	D. Dinall felter	
	Ronald P. Soltman	
	Its Vice Preside	ent
	Bay 10 11	
	And the Williegen as	
	Bettye D. Daugherty	. • .
	Its <u>Assistant</u> Seco	retary
TATEOF <u>Tennessee</u>)	
) ss:	
OUNTY OF)	
Colmilotte 1	Quant.	
i, <u>Evzavany.</u>	JUNOU , a notary public, do hereby ce	rtify that on this
18th O	a MARIA Q1	
day or	anuary , 19 <u>9/</u> , pe	rsonally appeared
efore me <u>Konald P.S</u>	oltman, who being by me	first duly sworn.
eclared that he is the <u>Vice Pre</u>	sident of Hospital	,
Comment of 1.		
corporation of An	renca	•
•	1/2 Part +	
hat he signed the foregoing document hat the statements therein contained a		corporation and
and the second the second contained a	Tole held Line	•
	- cerzavan junov	
	// Notary Public	