## State of Idaho

Office of the Secretary of State

OF
WALGREENS HOME CARE, INC.

File Number C 154344

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, 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: September 2, 2011



Ben youra

SECRETARY OF STATE



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

11 SEP -2 AM 8: 49

| <u> </u>                |   | THE STATE  |
|-------------------------|---|--|
| То                      | o the Secretary of State of Idaho Pursuant to Section 30-1-1520, <b>Idaho Code</b> , the undersigned 0 certificate of withdrawal from the State of Idaho, and for that pu   |  |
| 1.                      | The name of the corporation is:  Walgreens Home Care, Inc.  |  |
|                         |   |  |
|                         | The name which it used in Idaho is:   |  |
|                         | Walgreens Home Care   | <u> </u>   |
| 2.                      | It is incorporated under the laws ofIL  |  |
| 3.                      | It is not transacting business in the State of Idaho.   |  |
| 1.                      | 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. |  |
| ١.                      | The post office address to which process against the corporation may be mailed is:  104 Wilmot Road Deerfield, IL 60015   |  |
| 7.                      | It agrees to notify the Secretary of State of the State of Idaho or   | fany change to the address in Item 6.                              |
| ian                     | $\Lambda\Lambda$ $\kappa$   | omer Acct # : fusing pre-paid account) Secretary of State use only |
| _                       | ped Name Michael Felish pacity Asst. Treasurer  | doctory of their and only  |
| apacity Asst. Treasurer |   |  |
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Web Form

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