

State of Idaho

Department of State

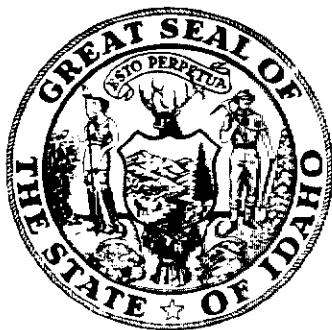
CERTIFICATE OF WITHDRAWAL OF NORTHERN MEDICAL IMAGING, INC.

File Number C 102408

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: 07/13/1998



Pete T. Cenarrusa
SECRETARY OF STATE

By Pete T. Cenarrusa

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)



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 Northern Medical Imaging, Inc.

The name which it used in Idaho is Northern Medical Imaging, Inc.

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STATE OF IDAHO
RECEIVED
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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 P.O. Box 8070,
2101 North University Drive, Fargo, ND 58109-8070

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

By

Mauris N. Molbert
Its Vice President &
Assistant Secretary

By

Sally L. Duval

Its Controller

(specify capacity of signer)

Customer Acct #:

(If using pre-paid account)

G:\corp\forms\ACW72.pmd Revised 4/97

IDAHO SECRETARY OF STATE

07/13/1998 09:00
CX: 130021759 CT: 22105 BH: 1273%

10 20.00 = 20.00 FOR WITHDRAWAL