

State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL

OF

ASSOCIATES FINANCIAL SERVICES COMPANY, INC.

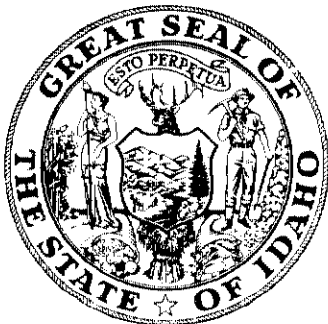
dba ASSOCIATES FINANCIAL SERVICES COMPANY OF WASHINGTON, INC.

File Number C 127934

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: March 29, 1999



Pete T. Cenarrusa
SECRETARY OF STATE

By *Sonya Herold*



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 _____
Associates Financial Services Company, Inc.

The name which it used in Idaho is _____
Associates Financial Services Company of Washington, Inc.

- 2. It is incorporated under the laws of Washington
- 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 660237, Dallas, Texas 75266-0237
- 7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6

By *[Signature]*
 Its Assistant Secretary
 (specify capacity of signer)

IDAHO SECRETARY OF STATE
 03/29/1999 09:00
 CK: 0017 CT: 19577 BH: 201002
 1 @ 10.00 = 10.00 EXPEDITE C # 3

Customer Acct # _____

(if using pre-**IDAHO SECRETARY OF STATE** Secretary of State use only)
03/29/1999 09:00
 CK: 16315 CT: 84696 BH: 201004

1 @ 20.00 = 20.00 FOR WITHDR # 2
 1 @ 10.00 = 10.00 EXPEDITE C # 3

C127934

9: vcorptormsACW pm6 Revised 7/98