State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL
OF

PARTNERS HEALTH GROUP, INC. File Number C 97353

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of PARTNERS HEALTH GROUP, INC. for a Certificate of Withdrawal from this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are 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 original of the Application for such Certificate.

Dated: August 21, 1995



Fite of Cenarrusa SECRETARY OF STATE

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APPLICATION FOR CERTIFICATE OF WITHDRAWAL To the Secretary of State of Ida 188 2 10 30 11 195 Pursuant to Section 30-1-119, Idaho Code, the undersigned Corporation hereby applies for a Certification withdrawal from the State of Idaho and for that purpose submits the following statement. 푩 STATE OF IDAHO Partners Health Group, Inc. The name of the corporation is . The name which it used in Idaho is _ Partners Health Group, Inc. It is incorporated under the laws of Illinois 3. It is not transacting business in the State of Idaho It hereby surrenders its authority to transact business in said state. 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. The post office address to which process against the corporation may be mailed is_ 1750 E. Golf Road, Ste. 450, Schaumburg, Illinois 60173 All sums due or accrued by this corporation to the State of Idaho have been paid. All known creditors or claimants have been paid or provided for, and the corporation is not involved in or threatened with litigation in any court in the State of Idaho. Ву ts Secretary/Assistant Secretary (please specify) Its President/Vice President (please specify) Carl H. Fischer A. Clark Waid STATE OF Illinois Iss: COUNTY OF Cook day of _______, a notary public, do hereby certify that on ______, 19_____, personally appeared before me <u>A. Clark Waid</u> ____, who being by me first duly sworn, declared that (s)he is the Secretary Partners Health Group, Inc. that (s)he signed the foregoing documents as <u>Secretary</u> of the corporation that the statements therein contained are true. OFFICIAL SEADING PUBL Secretary of State use only OFFICIAL SEAL ORE JUDITH M. MOORE NOTARY FUBLIC, STATE OF ILLINOIS NOTARY FUBLIC, STATE OF ILLINOIS MY COMMISSION EXPLIFIENT BOSTICATION AND FILING FEE TO: IDAHO SECRETARY OF STATE Office of the Secretary of State 9:00:00 AM 8/21/95 Customer # 21069 IVC960009401 16384 Division of Corporations Statehouse, Room 203 Boise Idaho 83720 CORPORATION FOREN MITHORIMAL