# State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF WITHDRAWAL**

OF

### **ALLIED WIRELESS COMMUNICATIONS CORPORATION**

#### File Number C 186146

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: October 10, 2013



Ben youra SECRETARY OF STATE

By Conthin hu



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

2013 OCT 10 AM 10: 18

SECRETARY OF STATE STATE OF IDAHO

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:	
	Allied Wireless Communications Corporation	
	The name which it used in Idaho is:	
	Allied Wireless Communications Corporation	
2.	It is incorporated under the laws of Delaware	
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:	
	Atlantic Tele-Network, Inc., 600 Cummings Center, Beverly, MA 01915	
7.	It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6.	

Signature \_\_\_\_\_

Typed Name Leonard Q. Slap

Capacity Secretary

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

g:\corp\forms\corp.p65 certofwithdrawal\_corp.p65 Revised07/2002

IDAHO SECRETARY OF STATE
10/10/2013 05:00
CK: 16259 CT: 288428 BH: 1393487
1 0 20.00 = 20.00 FOR WITHDR # 2

0/86/46