State of Idaho

Office of the Secretary of State

OF

ADULT CARE PLANS/RX AMERICA AGENCY, INC.

File Number C 157383

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: February 27, 2009



Ben youra

SECRETARY OF STATE

By



APPLICATION FOR CERTIFICATE OF WITHDRAWAL

FILED EFFECTIVE

09 FEB 27 AM 8: 40

(Instructions on back of application)

SECRETARY OF STATE

To the Secretary of State of Idaho Pursuant to Section 30-1-1520, Idaho Code, the u certificate of withdrawal from the State of Idaho, ar	undersigned Corporation hereby applies	
The name of the corporation is:		9 - 3000
Adult Care Plans/Rx America Agency,	Inc.	
		•
The name which it used in Idaho is:		<u> </u>
		*
2. It is incorporated under the laws of Delaware		•
3. It is not transacting business in the State of Idaho) .	-1
4. It hereby surrenders its authority to transact busin	ness in said state.	
5. It revokes the authority of its registered agent in the		moses suid
consents that service of process in any action, sui arising in the State of Idaho during the time it was thereafter be made on it by registered or certified in 6., below.	it or proceeding based upon any cause authorized to transact business thereir	of action 1 may
6. The post office address to which process against	the corporation may be mailed is:	er en
4929 West Royal Lane, Suite 200, Irv	ving. Texas 75063	
7. It agrees to notify the Secretary of State of the Sta	ate of loano of any change to the addre	ss an Rem O.
1		
	Customer Acct # :	
Signature Paren Robb	(If using pre-paid account) Secretary of State L	se only
Typed Name Karen L. Robb	p. p85	
Canacity Assistant Secretary	PO DE LEVIN CE.	CRETARY OF STOTE