

# *State of Idaho*

## **Department of State**

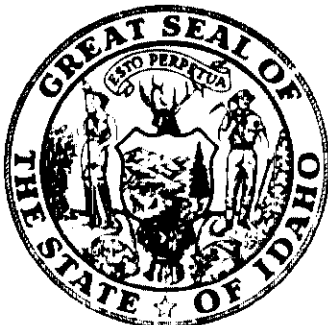
**CERTIFICATE OF WITHDRAWAL  
OF  
HOSPITAL MANAGEMENT PROFESSIONALS, INC.**

**File Number C 92025**

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: April 17, 1998



*Pete T. Cenarrusa*  
**SECRETARY OF STATE**

By *Natalie Lamb*

**APPLICATION FOR CERTIFICATE OF  
WITHDRAWAL**

(Instructions on back of application)

93 APR 17 AM 8:



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 Hospital Management Professionals, Inc.

The name which it used in Idaho is Hospital Management Professionals, Inc.

2. It is incorporated under the laws of Tennessee
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 103 Continental Place Brentwood, TN 37027
7. It agrees to notify the Secretary of State of the State of Idaho of any change to the address in Item 6

By

By Gary J. [Signature]

its

Assistant Secretary

(specify capacity of signer)

**Customer Acct #**

IDAHO SECRETARY OF STATE

(if using pre-paid account)

0471771998 09100  
CK: 25630 CNY 97471 DNY 002630

1 @ 20.00 = 20.00 FOR WITHDN

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