State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL OF

BLAIRLOGIE CAPITAL MANAGEMENT LIMITED File Number C 107051

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of BLAIRLOGIE CAPITAL MANAGEMENT LIMITED 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 7, 1995

THE TOP OF STREET

Peter P Enaveusa SECRETARY OF STATE

By Domost

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to Section 30-1-119, Idaho Code, the unde withdrawal from the State of Idaho, and for that purpose s	ersigned Corporation hereby applies for a Certificate of submits the following statement:
The name of the corporation isBlairlogie Cap:	ital Management Limited
Management Limited . The name whice	th it used in Idaho is Blairlogie Capital
2. It is incorporated under the laws of <u>Scotland</u>	
3. It is not transacting business in the State of Idaho.	
4. It hereby surrenders its authority to transact business	in said state.
It revokes the authority of its registered agent in the \$ consents that service of process in any action, suit or in the State of Idaho during the time it was authorized on it by registered or certified mail to the corporation a	proceeding based upon any cause of action arising to transact business therein may thereafter be made
6. The post office address to which process against the o	corporation may be mailed is
c/o Sharon A. Cheever, P.O. Box 9000, New	port Beach, CA 92658-9030
All sums due or accrued by this corporation to the Stat	
8. All known creditors or claimants have been paid or protein threatened with litigation in any court in the State of Id.	wided for, and the corporation is not involved in or aho.
STATE OF	Its Secretary/Assistant Secretary (please specify)
1.	, a notary public, do hereby certify that on
this day of	, 19, personally appeared before
me	, who being by me first duly swom, declared that (s)he
is the of	, , , , , , , , , , , , , , , , , , ,
that (s)he signed the foregoing documents as	
of the corporation and that the statements therein containe	
	- 1 -5 5
Notary Public	Secretary of State use only IDAHO SECRETARY OF STATE
Submit application and filing fee	8/7/95 9:00:00 AM
Office of the Secretary of State Division of Corporations	Customer # 48568 IVC960006800 16384 CORPORATION FOREN WITHDROWAL
	····-
	1 @ 20.00 = 20.00