State of Idaho

Department of State

CERTIFICATE OF WITHDRAWAL
OF

ASSOCIATION OF MEDICAL PROFESSIONALS, INC. File Number C 107485

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of ASSOCIATION OF MEDICAL PROFESSIONALS, 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: July 21, 1995



Pite of Cenarrusa SECRETARY OF STATE

APPINGATION FOR CERTIFICATE OF WITHDRAWAL To the Secretary of State of Idaho Pursuant to Section 30-1-119, Idaho Code, the undersigned Corporation hereby applies for a Certificate of withdrawal Trom the State of Idaho, and for that purpose submits the following statement: 1. The name of the corporation is <u>Association of Medical Professionals</u>, Inc. Medical Professionals, Inc. The name which it used in Idaho is _ Association of 2. It is incorporated under the laws of _Missouri 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 ______ 2111 Ptecinct Line Road, Hurst, TX 76054 7. All sums due or accrued by this corporation to the State of Idaho have been paid. 8. 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. Its President/Vice President (please specify) Its Secretary/Assistant Secretary (please specify) STATE OF Minnesota COUNTY OF Otter Tail Marilyn Olson _____, a notary public, do hereby certify that on this 16th day of June , 1995 , personally appeared before Stephen F. Rufer , who being by me first duly swom, declared that (x)he President of Association of Medical Professionals, Inc. is the that (s)he signed the foregoing documents as President of the corporation and that the statements therein contained are true. Mauly Olsen Notary Public Secretary of State use only Submit application and filing fee to: IDAHO SECRETARY OF STATE 7/21/95 9:00:00 AM Office of the Secretary of State Customer # 48155 IVC960003864 16384 **Division of Corporations** Statehouse, Room 203 CORPORATION FOREN WITHDRAWAL Boise, Idaho 83720

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