

F95000005367

(Requestor's Name)



111 Main Street  
P.O. Box 538  
Lewiston, ID 83501-0538

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

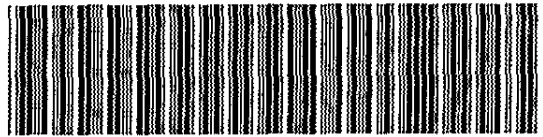
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Withdrawal/cus

1a 5/23/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIA INSURANCE, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F95000005367

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOLEE K. DUCLOS  
(Name of Person)

AIA INSURANCE, INC.  
(Firm/Company)

P.O. BOX 538  
(Address)

LEWISTON, ID 83501  
(City/State and Zip code)

For further information concerning this matter, please call:

JOLEE K. DUCLOS at ( 208 ) 799-9000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

FILED  
03 MAY 19 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

AIA INSURANCE, INC.

(Name of Corporation)

IDAHO

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


P.O. BOX 538

(Mailing Address)

LEWISTON, ID 83501

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



SECRETARY

Signature of the chairman or vice chairman of the board,  
president, or any officer, or if the corporation is in the hands of a  
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

JOLEE K. DUCLOS

5/15/03

Typed or printed name

Date

FILED  
03 MAY 19 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA