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December 24, 1997

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*****52.50 *****52.50

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

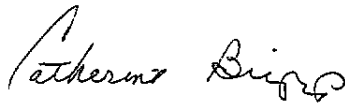
Attention: Limited Partnership Section

Dear Sir or Madam,

Enclosed please find the "Certificate of Cancellation for AMHP-1, L.P., a California limited partnership", along with the cancellation fee of \$52.50.

Please forward an acknowledgment copy to the person named below in the enclosed self-addressed postage paid envelope provided. Thanking you in advance for your assistance.

Sincerely,



Catherine Briggs
In-house Counsel

Enclosure

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -5 AM 11:41

B95-185

Name Availability	OK
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

**CERTIFICATE OF CANCELLATION
FOR**

AMHP-1, L.P.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 25, 1995, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Dissoluton of the business under this partnership

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State. 2

THIRD: Signatures of all general partners:

BY: AMHP-1, L.P., a California partnership

BY: AMHC CORP., a California corporation, its general partner

BY: _____


Paul N. Donnelly, President

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98 JAN -5 AM 11:41

**CERTIFICATE OF CANCELLATION
FOR**

AMHP-1, L.P.

(insert name currently on file with Florida Dept. of State)

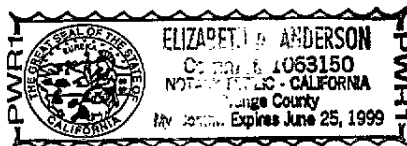
Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

STATE OF California

COUNTY OF Orange

On this 30th day of December, 1997, Paul N. Donnelly
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Elizabeth A. Anderson
Notary Public Signature

Elizabeth A. Anderson
Notary's Printed Name

Seal

My Commission Expires: 6-25-99

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