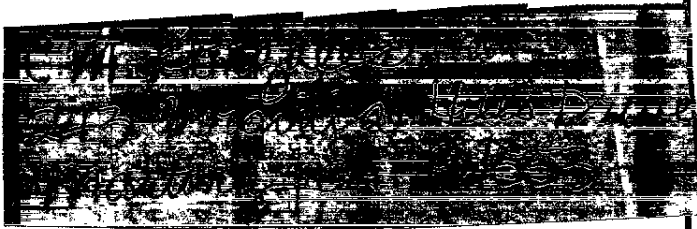


F00000003344

Requester's Name



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-09/04/01--01122--021
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 SEP -4 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

9/12

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

Financial Credit Network, Inc.
(Name of Corporation)

State of California
(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

1300 W. Main Street
(Mailing Address)

Visalia, CA. 93291
(City/ State /Zip)

Attn: Alicia Sundstrom, Vice President

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

Paul Flannery by his
attorney in fact [Signature]
Signature of the chairman or vice chairman of the board,
president, or any officer.

President
Title

Paul S. Flannery
Typed or printed name

8/17/01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 AM 10:03

FILED

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

NAME FINANCIAL CREDIT NETWORK, INC.
STREET 1300 W MAIN STREET
ADDRESS
CITY, STATE & ZIP CODE VISALIA, CA 93291

SPACE ABOVE THIS LINE FOR RECORDER'S USE

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That I, PAUL FLANNERY,
the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint
JULIE PETERSEN

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To execute documents related to Financial Credit Network's
multi-state licensing project.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

This Limited Power of Attorney is granted for a period of one year and shall become effective on

March 26, 2001 and shall terminate on March 25, 2002.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 26th day of March, 2001.

STATE OF CALIFORNIA

COUNTY OF TULARE

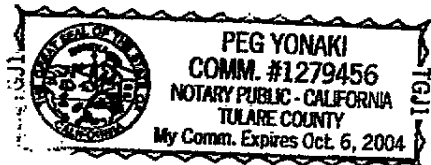
On 3/26/01 before me, PEG YONAKI, NOTARY PUBLIC
(NAME, TITLE OF OFFICER-I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared PAUL FLANNERY

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

(SIGNATURE)



(SEAL)

WOLCOTTS FORM 1406 - Rev. 1-95a (price class 3A)
LIMITED POWER OF ATTORNEY
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