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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MPL Holling, Inc. (Name of corporation)
DOCUMENT NUMBER: F050000 4448
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James West
(Name of Person)
Constant 121A Ton
Sonic Healthrane USA, Inc. (Firm/Company)
9737 Great Hills Tail, suite 120
(Address)
Autin, 7X 78759 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Sheridan Foster at (572) 439 - 1645
Sheridon Foster at (512) 439 - 1645 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

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

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

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

MPL Holling: Inc. (Name of Corporation)	
(Name of Corporation)	COR HAV
	Y-5
(Document Number of Corporation (if known)	—————————————————————————————————————
(Document Number of Corporation (If known)	me R M
	TST TO
(Incorporated Under Laws of)	22 N
(Incorporated Under Laws of)	77≫
This corporation is no longer transacting business or conducting affairs within the Sta 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 sappoints the Department of State as its agent for service of process based on a cause of time it was authorized to transact business or conduct affairs in Florida.	ervice on its behalf and
The following is a current mailing address for the corporation:	
9737 Great Aily Teil, Suik 19 (Mailing Address)	·
Austin, TX 78759 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in	its mailing address.
(Spinature of a director, president or other officer - if in the hands of a (D	1/08 ate)
Paul Miller (Typed or printed name of person signing) CFo (Typed or printed name of person signing)	rson signing)
(Typed or printed name of person signing) (Title of pe	rson signing)

FILING FEE \$35