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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SATORIS AMERICA, INC.

(Name of Corporation)

DOCUMENT NUMBER: 78-8013403685-7

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL A GALL

(Name of Person)

SATORIS AMERICA, INC

(Firm/Company)

PO BOX 773

(Address)

FARIBAULT MN 55021-0773

(City/State and Zip code)

For further information concerning this matter, please call:

CAROL GALL

at (507

, 3313190

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

SATORIS AMERICA, INC.

(Name of Corpora	tion)
78-8013403685-7	2008 FT SECT
(Document Number of Corpor	ation (if known)
MINNESOTA	一里。
(Incorporated Under I	aws of)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or cond	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in	ocess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
PO BOX 773	
(Mailing Addres	ss)
FARIBAULT MN 55021-0773 (City/ State /Zip	b)
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	2/22/08 (Date)
CAROL A GALL	SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35