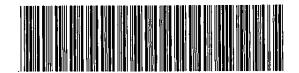
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(Re	equestor's Name)	
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ON SERVICE COMPANY
ACCOUNT NO. : I2000000195
REFERENCE : 283937 7914595
AUTHORIZATION : Louis Classes
COST LIMIT : (\$35.00
ORDER DATE : September 4, 2014
ORDER TIME : 2:18 PM
ORDER NO. : 283937-080
CUSTOMER NO: 7914595
FOREIGN FILINGS
NAME: PREDICTIVE BIOSCIENCES, INC.
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Courtney Williams - FYT# 62935

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations	
Predictive Biosciences. Inc.	
SUBJECT: (Name of Corporation)	
DOCUMENT NUMBER: F12000001662	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
Corporation Service Company	
(Firm/Company)	
1201 Hayes Street	
(Address)	
Tallahassee, FL 32301	
(City/State and Zip code)	
For further information concerning this matter, please call:	
at (
(Name of Person) (Area Code & Daytime Telep Enclosed is a check for the amount:	ohone Number)
	Fee, Status & Certified ional copy is enclosed)
MAILING ADDRESS:STREET ADDRAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive CorporationsTallahassee, FL.32314Tallahassee, FL.32314	ion orations enter Circle

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

(Name of Corporation)

Predictive Biosciences, Inc.

(Document Number of Corporation	ı (if known)	
Delaware		
(Incorporated Under Laws	of)	
reporation is no longer transacting business or conducting urily surrenders its authority to transact business or conduct		ereby
orporation revokes the authority of its registered agent in its the Department of State as its agent for service of proc	•	
e it was authorized to transact business or conduct affairs i	•	iui iii
lowing is a current mailing address for the corporation:		
DO Pov 447	· %4	
PO Box 117	># >#	14
PO Box 117 (Mailing Address)		14 SE
(Mailing Address)		14 SEP 1
(Mailing Address) Bolton, MA 01740	TO THE STATE OF TH	14 SEP 10
(Mailing Address)	A PARTIES OF THE PART	14 SEP 10 AM
(Mailing Address) Bolton, MA 01740	AREA CONTRACTOR	14 SEP 10 AH 8:
(Mailing Address) Bolton, MA 01740	iture of any change in its mailing applies	ä
(Mailing Address) Bolton, MA 01740 (City/ State /Zip)	ature of any change in its mailing at lies	ä
Bolton, MA 01740 (City/ State /Zip) rporation agrees to notify the Department of State in the fu	ature of any change in its mailing address	Ċ
(Mailing Address) Bolton, MA 01740 (City/ State /Zip)	ature of any change in its mailing address (Date)	ä
(Mailing Address) Bolton, MA 01740 (City/ State /Zip) reporation agrees to notify the Department of State in the full (Signature of Adjrector, president or other officer - if in the hands of a	ature of any change in its mailing actives: (Date) President	Ċ

FILING FEE \$35