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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: AMRESCO Commercial (Name of corporatio			
DOCUMENT NUMBER: F930000056	9		
The enclosed withdrawal application and fee are submit	ed for filing.		
Please return all correspondence concerning this matter to the following:			
Lisa Mo-	H		
(Name of Person)			
AMRESCO Commercial Finance, LLC			
(Firm/Company)			
412 E. Parkcenter	Blvd., Ste 300		
(Address)			
BOISE, TO 87 (City/State and Z	3706 íp code)		
For further information concerning this matter, please call			
LISA Mott at (20)	333-2000		
(Name of Person) (A	rea 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

AMRESCO Commercial Finance, Inc.
(Name of Corporation)

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F93000056	19	FILED
(Document Number of Corporation ((if known)	SE SE
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Nevada (Incorporated Under Laws of		M 8: 50 Y OF STATE
(Incorporated Under Laws o	<u>, , , , , , , , , , , , , , , , , , , </u>	
		D
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a		la and hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arisi	
The following is a current mailing address for the corporation:		
	DIVI 66 3	F200
412 E, Park center (Mailing Address)	1611d, 5Te. 30	<u> </u>
(Mailing Address)		
Boise, TO 837	106	
(City/ State /Zip)	•	
The corporation agrees to notify the Department of State in the future	re of any change in its mailing:	address.
Matt May	ganvary:	1
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Matthew Moore (Typed or printed name of person signing)	Excl. V.P. (Title of person signing)	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35