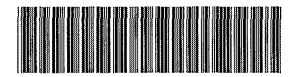
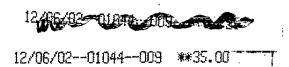
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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Assisted Living (Name of	Concepts Services Incorporation)
DOCUMENT NUMBER: F990000	01116
The enclosed withdrawal application and fee an	e submitted for filing.
Please return all correspondence concerning this matter to the following:	
Katie Mckdbie (Name of Person)	
Assisted Living Concepts, Inc. (Firm/Company)	•
11835 NE Glenn Widing Dr. #E (Address)	
Portland, OR 97220 (City/State and Zip code)	
For further information concerning this matter, pl	ease call:
Katie McRobbie (Name of Person)	at (503) 408-5298 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL, 32314

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

ASSISTED LIVIN	ng Concepts	Services	ino.	
	(Name of Corp	oration)		
	Nevada			
	(Incorporated Une	der Laws Of)		*
This corporation is no longer and hereby voluntarily surren				
This corporation revokes the behalf and appoints the Depa action arising during the time	rtment of State as its a	igent for service of	process based	on a cause of
The following is a current ma	niling address for the co	orporation:		
11835 NE	Glenn Wid	ing Drive,	Bldg. E	
Portland,	OR 97220 (City/ State	/ Z ip)		
The corporation agrees to not address.			of any change	in its mailing
Signature of the chairman or v president, or any officer, or if receiver, trustee, or other cour	the corporation is in the har	nds of a nat fiduciary.	ec/Trea	02 DEC.
Matthew G. Pa	atrick	Ì	125/02	RY SEE
Typed or printed name		r	Aute /	OF STA