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DIVISION OF CORPORATIONS

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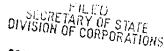
TO: Amendment Section

Tallahassee, FL 32314

Division of C	orporations	•		
SUBJECT:	SAFEWAY	SUPPORT	SERVICES, INC	•
DOCUMENT NUMB	ER:	<u>.</u>		
The enclosed Articles	of Dissolution and fe	e are submitted fo	or filing.	
Please return all corres	pondence concerning	this matter to the	following:	
		10N CRIEFF Contact Person)		
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	(City/State	and Zip Code)		
For further information	concerning this matt	er, please call:		
ANNA MOR	vcR15FF ontact Person)	at () <u>828 - 1039</u> Code & Daytime Telep	ohone Number)
Enclosed is a check for	the following amoun	t:		
\$35 Filing Fee \$\sum_\$\$C	43.75 Filing Fee & [ertificate of Status	\$43.75 Filing I Certified Copy (Additional copy enclosed)	Certificate o	f Status & py
MAILING ADI Amendment Se Division of Co P.O. Box 6327	ction rporations		STREET ADDRESS: Amendment Section Division of Corporat Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SAPENAY SUPPORT SERVICES, INC.
SECOND:	The fle data of the entire of incomposition (if known): 10000080234
THIRD:	The file date of the articles of incorporation: 27 JUNE 2006
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a received trustee, or other court appointed fiduciary, by that fiduciary.)
	ANNA MONCRIEFF (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35