

P38956

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

## Certificates of Status

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07 MAY 10 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION IN THE STATE OF FLORIDA

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA BURNETT  
(Name of Contact Person)

A.K. RICE INSTITUTE  
(Firm/Company)

P.O. Box 1025  
(Address)

RAINIER, WA 98576  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA BURNETT at (360) 557-4655  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

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**MAILING ADDRESS**

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

THE A.K. RICE INSTITUTE  
P.O. BOX 1025  
RAINIER, WA 98576

2007

Date 01/29/07

19-57/1250  
57149

**PAY to the  
Order of**

FLORIDA DEPARTMENT OF STATE - \$ 35.00

THIRTY FIVE —

Dollars



Security feature  
see enclosed  
check for details



KeyBank National Association  
Tenino, WA 98589  
1-888-KEY4BIZ® Key.com®

For \_\_\_\_\_

⑆ 25000574⑆ 476491005487⑈ 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE A-K. RICE INSTITUTE  
(Name of Corporation)

**DOCUMENT NUMBER:** P38956

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA BURNETT  
(Name of Person)

A-K. RICE INSTITUTE  
(Firm/Company)

PO BOX 1025  
(Address)

RAINIER, WA 98576  
(City/State and Zip code)

For further information concerning this matter, please call:

SANDRA BURNETT at (360) 557-4655  
(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

The A. K. Rice Institute, Incorporated  
(Name of Corporation)

P38956

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

FILED  
07 MAY 10 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


P.O. Box 1025

(Mailing Address)

RAINIER, WA 98576

(City/ State /Zip)

The corporation agrees to notify the Department of State in the 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)

\_\_\_\_\_  
(Date)

SANDRA BURNETT

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)

FILING FEE \$35