

Florida Department of State  
Division of Corporations  
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## To:

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL**  
**SKILLED SERVICES CORPORATION OF ARIZONA**

Certificate of Status	0
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*D.S.S. / w/notes*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Skilled Services Corporation of Arizona

SECOND: The document number of the corporation (if known): P98000054843

THIRD: The date dissolution was authorized: June 29, 2007

Effective date of dissolution if applicable: June 29, 2007

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Todd Gilman

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

Filing Fee: \$35

### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Skilled Services Corporation of Arizona

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

(i) Name of claimants; (ii) address and phone number of all claimants;

(iii) nature of claim and description; and (iv) amount of claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Todd Gilman, c/o Labor Ready, Inc.

P.O. Box 2910

Tacoma, WA 98104-2910

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Todd Gilman, Assistant Secretary

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00