State of New Hampshire

Filing fee: \$10.00 Form TN-7 Use black print or type. RSA 349:2

CERTIFICATE OF WITHDRAWAL IN MEMBERS USING TRADE NAME

(Please type or print clearly; if more space is needed, attach additional sheet[s].)

1. Business name:	(Name a superational	- I- IINO II amadhan ann an ta daoine	- t' \	
2. Puningga address:		ude "INC." or other corporate design	ation)	
2. Business address: No. & Street		City / town	State	Zip
Mailing address (if different):				
,	No. & Street	City / town	State	Zip
3. Effective date of withdrawal (ca	annot be future date): _			
4. Member(s) being withdrawn: Name	No. & Street	City/town	State	Zip
5. Member(s) remaining: Name No. & Sti		City/town	State	Zip
6. Signed: (must be signed by A	ALL members including	withdrawing member(s))		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989 Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH