STATUTORY AGENT RESIGNATION

ENTITY INFORMATION

ENTITY NAME: BLAIR FARMS, INC.

ENTITY ID: 05279539

ENTITY TYPE: Domestic For-Profit (Business) Corporation

STATUTORY AGENT NAME: C JANE WYATT

If the company is using your address as its official business address with the ACC, do you want to discontinue that

use of your address?

NOTICE OF RESIGNATION MAILED TO: NO

SIGNATURE

STATEMENT OF RESIGNATION – by the electronic signature below, the statutory agent hereby resigns from the appointment as statutory agent for BLAIR FARMS, INC.. The appointment as statutory agent terminates (the resignation is effective) as of the thirty-first (31st) day after the date on which the Statutory Agent Resignation is received by the Arizona Corporation Commission or upon appointment of a new statutory agent, whichever first occurs.

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

Entity Information	
Entity Name: BLAIR FARMS, INC.	Entity Type: Domestic For-Profit (Business) Corporation
Entity ID: 05279539	Formation Date: 01/13/1993
Entity Email Address: awblair@awblair.com	Status: Active
Effective Date: 06/19/2018	
Effective Time: 04:19PM	
If the company is using your address as its official busine Yes No	ess address with the ACC, do you want to discontinue that use of your address?
Uploaded Attachments	
File Name	
Wyatt Death Certificate 03-07-2016 14-18-31.pdf	
Signature	
BLAIR FARMS, INC The appointment as statutory ag	signature below, the statutory agent hereby resigns from the appointment as statutory agent for ent terminates (the resignation is effected) as of the thirty-first (31st) day after the date on which izona Corporation Commission or upon appointment of a new statutory agent, whichever first occurs.
, , , , , , , , , , , , , , , , , , , ,	etronic signature acknowledging that this electronic document is submitted in compliance with ronic document is true, complete, and accurate as of the date the electronic filing is submitted.
	☐ I Agree
Signature:	

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH
State F

I. DECEDENT'S LEG	GAL NAME (FIRST, MIDDLE, LA	AST)	****	2. AKA'S (IF ANY	,			3. DATE OF DEATH
CAROLYN JANE	ENAVATE				z. 4	,		***************************************
	5. SOCIAL SECURITY NUMBER	In pure	- 111 H.			77 /h		01/24/2016
		16. DATE	OF BIRTH	7. AGE	8 MONTHS	DER 1 YEAR	10. HOURS	UNDER 1 DAY
FEMALE	526-46-8595	03/24	/1938	77	I MONTHS	9 DAYS	10. HOURS	TI. WIII WOTES
2. PLACE OF DEATH			13. PLACE OF	DEATH - OTHER TH	AN HOSPITAL:		*** ** **	
X INPATIENT	E.R.OUTPATIENT DEAD	ON ARRIVAL	NURSING I	HOME OR LONG TER	M RESIDENCE	HOSPICE FACILI	TY OTHER	1777
4. FACILITY NAME (OR	STREET ADDRESS IF NOT A FACE	ILITY):	T— CARL PAC			ZIP CODE OR LOCATI		16. COUNTY OF DEAT
MT GRAHAM R	EGIONAL MEDICAL CEN	1750						GRAHAM
7. BIRTHPLACE (CITY	Y AND STATE OR FOREIGN COUN	NTRY		18 MARITAL STATUS	SAFFORD 85		IVING SPOUSE (N	IAIDEN NAME IF WIFE)
			*********	DEATH	SAT TIME OF	19. NAME OF SUR	TVING SPOUSE (N	ADERTONIE II JIII E)
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5256 S HWY 19			SAFFORD,	GRAHAM	2.55	ARIZONA	85546	NO
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TES, PUERTO RIC		☐ NATIVE	HAWAIIAN :				·	
YES, CUBAN		CHINES	SE	□ OT	HEH PACIFIC ISL	ANDER (SPECIFY)	ADDITIONAL TRIBE	
YES, OTHER (SPE	CIFY)	☐ FILIPIN					14.41.41	
\$ 10 mm'		☐ GUAMA	ANIAN OR CHAM	ORRO DOT	HER (SPECIFY)	3.65	ADDITIONAL TRIBE	:
UNKNOWN		☐ KOREA					† 	
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PROFESSOR	(FIRST, MIDDLE, LAST)	□ AMERIC	CAN INDIAN OR	ALASKA NATIVE	IE CEDOT MEDOL	- A (407 NAME DO)		1405
9. FATHER S NAME !	(FIRST, MIDDLE, LAST)		400.0	30 MOTHER S NAM	ME (FIRST, MIDDLE	E. & LAST NAME PRIC	H TO FIRST MARK	IIAGE)
				TAME ALOTE ! DA				10.00
				WILMOTH PA				
WILLIAM OSCA 31. INFORMANT'S NA				32 RELATIONSHIP		'S MAILING ADDRESS	3:	
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G9527484



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH. SERVICES, PHOENIX, ARIZONA

KRYSTAL COLBURN

ASSISTANT STATE REGISTRAR

Department of **Health Services**

Arizona 7

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.