



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

01 SEP 28 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: McBride Family Limited Partnership

2. The date its certificate of limited partnership was filed with the Secretary of State:
May 8, 1997

3. The limited partnership hereby cancels its certificate of limited partnership.

4. The effective date of cancellation, if other than the date of filing, is: _____
(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is: death of a partner.

6. Other matters (optional):

7. Signatures of all general partners:

Signature

Larry D. McBride

TypedName

Larry D. McBride, as personal representative for the estate of

Signature

Judith M. McBride, Manager

TypedName

Signature

TypedName

Signature

TypedName

Secretary of State use only

Partnership Cancellation LP.pdf
 Revised 1/2001

IDAHO SECRETARY OF STATE
 09/28/2001 05:00
 CK: 160 CT: 151855 DN: 421617
 1 @ 30.00 = 30.00 CANCEL LP # 2

L3423