



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED

2005 DEC 14 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

REYNOLDS FAMILY LIMITED PARTNERSHIP II

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

12/29/1994

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: 12/31/2005

(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 General Partner

6. Other matters (optional):

7. Signatures of all general partners:

Signature *William E. Reynolds*

Typed Name William E. Reynolds

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp_forms\cancellation LP.ppt6
Revised 09/2002

IDAHO SECRETARY OF STATE
12/14/2005 05:00
CK: 4294 CT: 194971 BH: 926647
1 @ 30.00 = 30.00 CANCEL LP # 3

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