



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2006 FEB 23 AM 9:17
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

The J. Robb Brady and Rose P. Brady Family Limited Partnership

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

November 24, 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:

No longer needed.

6. Other matters (optional):

7. Signatures of all general partners:

Signature J. Robb Brady

Typed Name J. Robb Brady

Signature Rose P. Brady

Typed Name Rose P. Brady

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp\forms\cancellation LP.pmf
Revised 09/2002

IDAHO SECRETARY OF STATE
02/23/2006 05:00
CK: NONE CT: 113824 BH: 939259
1 @ 30.00 = 30.00 CANCEL LP # 3

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