234



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

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SECURE ANY CONTACT STATE OF WATER

(Instructions on back of application) 1. The name of the limited partnership is: DBSI/TRI XVI Limited Partnership 2. The date its certificate of limited partnership was filed with the Secretary of State: 11/18/85 3. The limited partnership hereby cancels its certificate of limited partnership. 12/31/05 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: DBSI/TRI XVI Limited Partnership was dissoved and a final tax return was filed in 1999. 6. Other matters (optional): 7. Signatures of all general partners: Signature _____ Typed Name _____ see attached Signature _____ Secretary of State use only Typed Name Signature Typed Name Signature _____ Typed Name _____

IDAHO SECRETARY OF STATE 12/21/2005 05:00 CK: 684247 CT: 172099 BH: 927985 1 0 30.00 = 30.00 CANCEL LP # 7

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GENERAL PARTNERS:

DBSI Housing Inc. Ats General Partner

By: Douglas L. Swenson, President

DBSI Properties Company Limited Partnership, its General Partner

By: __

Douglas L. Swenson, President