



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2004 APR 22 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: JAFFESON FAMILY LIMITED PARTNERSHIP

2. The date its certificate of limited partnership was filed with the Secretary of State:
MAY 29, 2001

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:

Agreement of all Partners to terminate

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Molly Jaffeson*
Typed Name MOLLY JAFFESON, General Partner

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp forms\cancellation LP.pmf
Revised 1/2001

IDAHO SECRETARY OF STATE
04/22/2004 05:00
CK: 7045 CT: 157320 BH: 740600
1 @ 30.00 = 30.00 CANCEL LP # 2

L 4668