



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

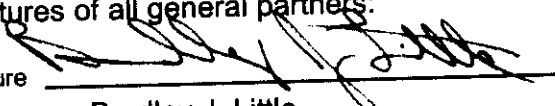
2004 DEC 13 05:00:44

STATE OF IDAHO

1. The name of the limited partnership is: D. L. Limited Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:
December 31, 1990
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:
Acquisition of all partnership interests by one person.

6. Other matters (optional):

7. Signatures of all general partners:

Signature 
 Typed Name Bradley J. Little
 Signature _____
 Typed Name _____
 Signature _____
 Typed Name _____
 Signature _____
 Typed Name _____

Secretary of State use only

g:\comp\partnership forms\cancellation LP.pms
Revised 1/2001

IDAHO SECRETARY OF STATE
 12/13/2004 05:00
 CK: 9661 CT: 84162 DH: 781235
 1 @ 38.00 = 38.00 CANCEL LP # 4

L1787