



APPLICATION FOR CANCELLATION OF FOREIGN LIMITED PARTNERSHIP

09 MAY -7 PM 1:05

(instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of Idaho

Pursuant to the provisions of Title 53, Chapter 2, Idaho Code, the undersigned foreign limited partnership hereby applies to cancel its certificate of authority from the State of Idaho and for that purpose submits the following statement:

1. The name of the limited partnership is:

M YOU FAMILY LIMITED PARTNERSHIP

2. The name which it used in Idaho is:

M YOU FAMILY LIMITED PARTNERSHIP

3. It is organized under the laws of: WYOMING

4. This limited partnership [is] [is not] a limited liability limited partnership.

5. It is not transacting business in the State of Idaho.

6. It hereby surrenders its authority to transact business in said state.

7. It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the limited partnership at the address listed in item 8.

8. The address to which process against the limited partnership may be mailed is:

14000 WEST POISON SPIDER RD CASPER, WYO 82604

Signature *Robert Leman*

Typed Name ROBERT LEMAN

Secretary of State use only

g:\app\form\app\cancel\cancel\foreign.lp.pmd Revised 07/2006

IDAHO SECRETARY OF STATE
05/07/2009 05:00
CK: 1142 CT: 234622 IN: 1169587
1 @ 20.00 = 20.00 LP WITHDRAW # 2

L6240