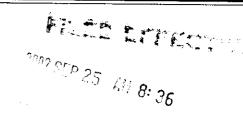


CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP



83452

(Instructions on back of application)

1.	The name of the limited partnership is:
	THE ROSE H. JONES FAMILY LIMITED PARTNERSHIP
2.	The date its certificate of limited partnership was filed with the Secretary of State:
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: Cancellation of the family limited partnership (1) simplifies the estate plan; (2) eliminates administrative detail by reducing accounting and the transfer of limited partnership interest to limited partners; (3) recent changes in the Internal Revenue Code (ie., the implimentation of the applicable credit sheltering estates to \$1,000,000) makes the living trust planning more powerful and eliminates the need for the family limited partnership as an estate tax planning strategy.
6.	Other matters (optional):
	Signatures of all general partners: Signature Rose H. Jones Signature Rose H. Jones
	Typed Name Secretary of State use only Signature Typed Name IDAHO SECRETARY OF STATE Signature O9/25/2002 05:00 Typed Name IR 36.90 = 30.90 CANCEL LP # 2