



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED
2002 SEP 25 AM 8:36
IDAHO

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:
June 16, 1997

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):

7. Signatures of all general partners:

Signature Rose H. Jones

Typed Name Rose H. Jones

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

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Revised 1/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
09/25/2002 05:00
CK: 125 CT: 82948 BH: 498123
1 @ 38.00 = 38.00 CANCEL LP # 2

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