

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2006 JAN 12 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

SINCLAIR FAMILY KETCHUM LIMITED PARTNERSHIP

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

2/21/86

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:

DISOLVED

6. Other matters (optional):

7. Signatures of all general partners:

Signature

Typed Name

J. WALTER SINCLAIR

Signature

Typed Name

Signature

Typed Name

Signature

Typed Name

Secretary of State use only

g:\corpforms\forms\cancellation LP .pms
Revised 09/2002

IDAHO SECRETARY OF STATE

01/12/2006 05:00
CK: 240 CT: 195837 BH: 931674
1 @ 30.00 = 30.00 CANCEL LP # 2

L1075