



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

NOV 11 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

6-S Family Limited Partnership

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

November 5, 1999

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: Dissolution of partnership

6. Other matters (optional):

7. Signatures of all general partners:

Signature Barbara A. Swenson

Typed Name Barbara A. Swenson

Signature Neil J. Swenson

Typed Name Neil J. Swenson

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp forms\cancellation LP.pmf
Revised 09/2002

IDAHO SECRETARY OF STATE
03/01/2005 05:00
CK: 39731 CT: 7289 BH: 795905
1 @ 30.00 = 30.00 CANCEL LP # 2

L4212