



# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

2002 MAR 12 PM 3:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership is: \_\_\_\_\_  
C. Kramis Family Limited Partnership

2. The date its certificate of limited partnership was filed with the Secretary of State:  
September 21, 2000

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:

The Partnership business has been terminated.

6. Other matters (optional):

7. Signatures of all general partners:  
 S & C MANAGEMENT CORPORATION

Signature By: Casper Kramis  
 Typed Name Casper Kramis, President

Signature \_\_\_\_\_  
 Typed Name Casper Kramis

Signature Shryle Kramis  
 Typed Name Shryle Kramis

Signature \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 03/12/2002 05:00  
 CK: 11749 CT: 14917 BH: 451586  
 1 @ 30.00 = 30.00 CANCEL LP # 2

L 44/80