



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

2002 AUG 28 AM 8:44

STATE
SECRETARY OF STATE

1. The name of the limited partnership is: Anderson Family Partnership, a Limited Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State: June 29, 1984
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: July 25, 2002
(Leave blank if effective date is to be date of filing, or specify a **future** date.)
5. The reason for the cancellation is:

The partners have agreed to dissolve the partnership.

6. Other matters (optional):

7. Signatures of all general partners:

Signature _____

Typed Name Helen Anderson

Signature Helen Anderson

Typed Name Colleen Adams

Signature Colleen Adams

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp forms\cancellation LP.ppt6 Revised 1/2001

IDAHO SECRETARY OF STATE
08/28/2002 05:00
CK: 2376 CT: 163000 BH: 485167
1 @ 30.00 = 30.00 CANCEL LP # 2

L 721