



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

Hope C. Watkins Family Limited Partnership

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

June 29, 1983

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: SEPTEMBER 27, 2005

(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is:

The Limited Partnership was dissolved, all assets were distributed to the partners, and the Limited Partnership terminated effective December 31, 1998.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Dane H. Watkins*

Typed Name Dane H. Watkins, General Partner

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

2005 SEP 27 AM 10:43
SECRETARY OF STATE
STATE OF IDAHO

Secretary of State use only

IDAHO SECRETARY OF STATE
09/22/2005 05:00
CK: 23054 CT: 2552 BH: 913878
1 @ 30.00 = 30.00 CANCEL LP # 3

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