



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
 2005 SEP 12 AM 10:14
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited partnership is:

Shurtleff Ranches Limited Partnership

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

February 7, 1992

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:

Termination of Partnership.

6. Other matters (optional):

7. Signatures of all general partners:

Signature _____

Typed Name _____

LaRae S. Ferguson

Signature _____

Typed Name _____

Billy Keith Shurtleff

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/12/2005 05:00
 CK: none CT: 113824 BH: 911828
 1 @ 30.00 = 30.00 CANCEL LP # 2

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

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