



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

03 SEP 29 PM 3:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Miller Farms, LTD., Limited Partnership

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

December 30, 1994

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 has been reorganized as a limited liability partnership and according changed its name to Miller Farms Partnership, LLP

6. Other matters (optional):

7. Signatures of all general partners:

Signature Larry O. Miller

Typed Name Larry O. Miller, Personal Representative for
estate of Florence Miller, deceased.

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

g:\cc\pforms\lp_forms\cancellation LP form6
Revised 1/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
09/29/2003 05:00
CK: 42135312SLD CT: 172099 BH: 704109
1 @ 30.00 = 30.00 CANCEL LP # 2

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