



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE
2002 DEC 13 AM 9:24
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Kennedy Family Limited Partnership

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

April 19, 2001

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:

There is no business purpose for maintaining the Kennedy Family Limited Partnership, and reported that there are no assets, retained earnings, income, debts, or liabilities of the Partnership.

6. Other matters (optional):

7. Signatures of all general partners:

Signature Audrey J. Kennedy

Typed Name AUDREY KENNEDY

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corpforms\lp forms\cancellation LP.pmf Revised 1/2001

IDAHO SECRETARY OF STATE
12/13/2002 05:00
CK: 1908 CT: 145285 BM: 651298
1 @ 30.00 = 30.00 CANCEL LP # 2

L4649