

FILED EFFECTIVE

CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2003 NOV 13 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: E. G. BLUM FAMILY LIMITED PARTNERSHIP
2. The date its certificate of limited partnership was filed with the Secretary of State:
JANUARY 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:

Agreement of all Partners to terminate

6. Other matters (optional):

7. Signatures of all general partners:

Signature Edward G. Blum
Typed Name EDWARD G. BLUM, General Partner

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\formscancellation LP.pm6 Revised 1/2001

IDAHO SECRETARY OF STATE
11/13/2003 05:00
 CK: 8494 CT: 45546 DN: 711361
 10 30.00 = 30.00 CANCEL LP # 2

L 4602