

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

05 OCT 17 PM 3: 52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

Huntridge Plaza Associates, Limited Partnership

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

November 20, 2003

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 is no longer conducting business.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Blair Reiley*

Typed Name Blair Reiley

Signature *David J. Cordes*

Typed Name David J. Cordes

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/17/2005 05:00
CK: 13221 CT: 165016 BH: 917397
1 @ 30.00 = 30.00 CANCEL LP # 2

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