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CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2002 MAR 21 PM 2:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Eastman Est. Limited Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:
July 8, 1996
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:
All assets held by this limited partnership have been transferred to a different entity; therefore, the existence of this limited partnership is no longer necessary.
6. Other matters (optional):
7. Signatures of all general partners:
 Signature David V. Shaheen
 Typed Name David V. Shaheen
 Signature _____
 Typed Name _____
 Signature _____
 Typed Name _____
 Signature _____
 Typed Name _____

Secretary of State use only

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 Revised 1/2001

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 IDAHO SECRETARY OF STATE
 03/21/2002 05:00
 CK: 86814 CT: 20168 BH: 453753
 1 @ 30.00 = 30.00 CANCEL LP # 2
 TOTAL P.02

Received 03-21-2002 11:39

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